
CAMPUS AFTER SCHOOL PROGRAM 2017-2018

Today's Date: _____

1. Student Information

Name: _____ Sex: M F Birth Date: _____

School: _____ Grade: _____ Teacher's Name: _____ Class # _____

Known Allergies: _____ Medical Conditions/Restrictions: _____

*Special Needs: Yes No If Yes Describe: _____

2. Parent/Guardian Information

Mother:

Name: _____

Occupation: _____

Address: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone Carrier: _____

Email: _____

Father:

Name: _____

Occupation: _____

Address: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone Carrier: _____

Email: _____

3. Student Pick-up and Emergency Contact Information:

Please list persons with phone numbers who you give permission to pick-up your child from the program.

Please note that we will not release children to anyone not on this list without prior authorization.

Children will not be released to anyone under the age of 16.

In the event of an emergency, these people will be contacted if a parent/guardian is unavailable.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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4. After School Program Monthly Fees

Monthly Fees	3 days per week	4 days per week	5 days per week
6:00pm Dismissal	\$404.00	\$427.00	\$450.00
7:00pm Dismissal	\$454.00	\$477.00	\$500.00

Start Date: _____

Days attending: M T W Th F

Tuition is collected automatically by either a credit card, checking or savings account on file.

All transactions will be processed on the 1st of each month.

Credit Card Transactions incur a 3% Fee

Cash may be paid before EFT date.

Registration Fee: **\$280.00**

Monthly Fee: \$: _____ (Monthly fee is the same every month, regardless of school days)

5. Parent/Guardian Consent and Policies

In case of an emergency injury or illness, I authorize the program to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the program representative designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

There will be no refund or pro-rating for absenteeism. It is our policy to charge \$5.00 per quarter hour past closing time, which is 6:00 PM or 7:00PM. If child is pulled out from program before end of year, remaining months will not be charged, however present month must be paid for regardless of drop date.

Rules and regulations must be adhered to at all times.

Campus ASP Inc. reserves the right to suspend or expel a child from the program for disruptive or dangerous behavior.

Registration fee is non-refundable.

Campus ASP Inc. and its employees are not responsible for personal items.

*We do not have a special needs program. Children may be accepted if they are able to be included within the group and do not require one on one or any other additional services. We require a trial before admission of any child with special needs.

I give consent for Campus ASP Inc to pick up my child using our full size school buses, mini buses, passenger vans or minivans/cars. For schools within 4 blocks children may be walked over. Yes

I give my consent for my child to attend Campus ASP Inc. and participate in its activities. Yes

Campus ASP Inc. may at times use your child's image on promotional items, both in print and online.

Monthly tuition is the same each month regardless of number of school days.

Closings and holidays have been taken into account. Campus ASP follows the NYC DOE Calendar.

I have read and understand the above.

Parent/Legal Guardian Signature _____

Date _____

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