

Office Use Only

Receipt Number _____
 Start Date ____/____/____
 Registration Fee \$30.00 paid \$ _____
 Weekly Fee: \$60.00 paid \$ _____
 Total Paid \$ _____
 Received By _____ Ck# _____
 ___ Returning ___ New ___ Keyed

Upon registration, the following fees are due: registration fee: \$30 & weekly fee: \$60

Sneed

Southside

Name _____ DOB: _____ Age: _____ Gender: M F Grade: __ Teacher _____
 Last First Middle

Name _____ DOB: _____ Age: _____ Gender: M F Grade: __ Teacher _____
 Last First Middle

Name _____ DOB: _____ Age: _____ Gender: M F Grade: __ Teacher _____
 Last First Middle

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Work Phone: _____

Place of Employment: _____ Position: _____

Email Address: _____

Father's Name: _____ Work Phone: _____

Email Address: _____

Place of Employment: _____ Position: _____

Child Pick-Up Authorization

Name: _____ Relationship to Student: _____ Contact #: _____

Name: _____ Relationship to Student: _____ Contact #: _____

Name: _____ Relationship to Student: _____ Contact #: _____

All students must be picked up by the person(s) authorized by the registering parent/guardian.

Parent/Guardian Signature 1: _____ Date: _____

Parent/Guardian Signature 2: _____ Date: _____

**Florence 1 School
Afterschool STEMS Academy**

Medical Release

In the event that I/we, as the parent(s)/guardian(s) cannot be contacted, I/we authorize the Florence 1 Schools **Afterschool STEMS Academy** Staff to act in my/our behalf with the full authority to grant permission for any medical or surgical procedure that is in the best interest of the above named child in the opinion of a licensed physician. If a Florence 1 Schools **Afterschool STEMS Academy** Staff Member is unable to make any contact with parent(s)/guardian(s) relative to the authorization of care, the physician is hereby authorized in an emergency situation to perform whatever acts that is in his professional opinion are in the best interest of the child named above. Since medicine and surgery are not an exact science, it is acknowledged that no result can be guaranteed.

I, _____, as parent/guardian, authorize Florence 1 Schools **Afterschool STEMS Academy** personnel to seek emergency treatment as required and to transport my child to the appropriate medical facility in the event that urgent/emergency care is necessary.

Child's Doctor: _____ Phone Number: _____

Date of Last Physical Exam: _____ Name of Insurance Carrier: _____

Medication used or needed (Circle one): No Yes Explain: _____

List any specific medical conditions or behavioral problems: _____

Does your child have any other allergies (food, hay fever, etc.)? (Circle one) Yes No

If yes, please list: _____

Are there any activities in which your child may not participate? (Circle one) Yes No

If yes, please list: _____

Are there conditions or specific needs that require special attention? (Circle one) Yes No

If yes, please list: _____

The information listed on this health information form is correct to the best of my knowledge, and the student described herein has permission to engage in all prescribed **Afterschool STEMS Academy** activities, except as noted on this form.

Parent Signature: _____ Relationship: _____

Florence 1 Schools
Afterschool STEMS Academy

Media Release Form

Florence 1 Schools **Afterschool STEMS Academy** may develop, participate in, or be the subject of media-based presentations and events which highlight various **Afterschool STEMS Academy** activities that take place during the school year.

I hereby give my consent and authorization for the image and likeness of my child, to be videotaped, audio taped, or photographed for the following uses:

Newspaper Articles

TV Presentations

PowerPoint Presentations

F1S Web Page

F1S Public Relations

I understand that should I not want my child's image or likeness captured and broadcast through these mediums that I must submit a request in writing to the staff for their records.

Parent/Guardian Signature: _____

Date: _____

**Florence 1 Schools
Afterschool STEMS Academy**

Parent Responsibilities and Billing Procedures

Parent Responsibilities/Agreements:

I understand and agree that:

1. I must maintain communications with Site Coordinator about my child and keep him/her informed of any pertinent changes (Telephone, Address, Authorized Pick-Up and Job). **(Initial)**_____
2. The **Afterschool STEMS Academy** will operate from 3:30pm to 6:30pm **(Initial)**_____
3. If my child is picked up after 6:30pm, I am responsible for paying the late pick-up fee, in cash, upon arrival. The late fee is \$1 per minute per child after 6:30pm. (If late fees are not paid at the time of the arrival, your child will not be allowed to return to the **Afterschool STEMS Academy**. **(Initial)**_____
4. The **Afterschool STEMS Academy** services may be terminated at any time for any of the following:
 - A. Failure to pay fees due.
 - B. Failure to conform to Rules and Regulations of Florence 1 Schools.
 - C. Failure to conform to the hours of attendance agreed upon in your signed Contract.
5. I will be given a receipt for each payment and it is my responsibility to maintain receipts for income tax purposes. **(Initial)**_____
6. The program will be closed whenever Florence 1 Schools are closed. If school is cancelled due to inclement weather while children are in school, there will be no **Afterschool STEMS Academy** on that day. **(Initial)**_____

Billing Procedures:

I understand and agree that:

1. Once enrolled, **I must pay in advance** for services rendered weekly/monthly whether my child(ren) is present or not. **(Initial)**_____
2. Please note that fees will be paid by cash or check with proper identification. **(Initial)**_____
3. If your check is returned, we will no longer accept your check. **(Initial)**_____
4. All tax information regarding **Afterschool STEMS Academy** fees will only be given to the parent/guardian whose signature is on the application. **(Initial)**_____

**Afterschool STEMS Academy
Parent Contract
(Office Copy)**

Please read the following agreement carefully before signing.

The conditions of this agreement provide protection for our parents as well as our program in order to assure that we can provide the services to which your children are entitled. This agreement is a parental guarantee to the program that you will support financially the enrollment space guaranteed for your child.

AGREEMENT

I agree to:

1. Registration

Pay a non-refundable registration fee of \$30.00 per child at the time of enrollment for August 19, 2019 - May 22, 2020.

2. Payments

All weekly payments of **\$60** (sixty dollars) per child are due on **Monday** with no deductions for absences.

3. Student Withdrawal

Should I decide to withdraw my child from the program for any reason, I agree to provide a **week's notice** and an official drop form to the **Afterschool STEMS Academy Office**, which will include the signature of the parent and the current date.

4. Pick-up Procedures

The **Afterschool STEMS Academy** utilizes a checkout system to ensure that each child is dismissed to the proper person at the end of the day. Children will not be allowed to leave the program unattended. There needs to be a written notice from the parent/guardian with signature on file if a child is to be picked up by someone under the age of 18.

I, _____ do understand that by signing this agreement that I am obligated to adhere to the policies and procedures of this program. I also realize that any infraction that may occur will terminate my rights to participate in the Afterschool STEMS Academy.

Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date

Please retain a copy of this contract for your records.