

ARBC After-School – 2016/2017 Registration Form

Camper's Information

Camper's Name: _____ Grade Fall 2013: _____

Child's Age: _____ Birth Date: _____ School: _____

Mailing Address: _____

Home Phone: _____ Church Home: _____

Male: _____ Female: _____ E-Mail Address: _____

Anticipated Enrollment (circle one): 5- Day, 3-Day, 2-Day, Daily, Drop-off

Parent's Information

Father's Name: _____ Mother's Name: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Responsible Party: Yes _____ No _____ Responsible Party: Yes _____ No _____

Place of Business: _____ Place of Business: _____

Other Persons Authorized For Pick Up

Name: _____ Work #: _____ Home #: _____ Cell #: _____

After-School fees for the 2013-2014 school year are as follows:

Registration fee to be submitted with form: \$75.00 per child

5-Day: \$245.00

3-Day: \$220.00

2-Day: \$200.00

Daily: \$30.00

All Augusta Road Baptist Church members receive a 15% discount.

Name: _____ Work #: _____ Home #: _____ Cell #: _____

Payment Information

I am inclosing a non-refundable, non-transferable registration fee of \$75.00 per child, for a total of \$_____. I understand that I am responsible for paying my balance in full for each child attending by the 10th of each month.

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Parent Signature _____ Date Received _____

Medical Information

Allergies: _____

Please list any medication your child takes on a regular basis:

Name of Medication(s): _____ Dosage: _____

Physician's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Please list any additional information about your child's health history, behavior, and physical, emotional, or mental health about which the after-school staff should be aware.

Medication Authorization

Child's Full Name: _____ Name of Medicine: _____

Time of Medication Administration: _____ Dosage: _____

-All medication must be in original prescription container.

Parent/Guardian Signature _____ Date _____

Liability Releases

Release of Liability

In the event an accident occurs, I am aware that ARBC does not provide accident insurance, and I will not hold ARBC responsible for any injury.

Parent/Guardian Signature _____ Date _____

Transportation Release

I give my consent for my child to be transported by ARBC staff in ARBC vehicles to the After-School program, and/or any all-day field trips.

Parent/Guardian Signature _____ Date _____

Emergency Care Release

In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization.

Parent/Guardian Signature _____ Date _____

PG Movie Care Release

My child has permission to view movies rated PG and deemed appropriate by the After-School Director.

Parent/Guardian Signature _____ Date _____

Photography Release

I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of ARBC promotional use.

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Parent/Guardian Signature _____ Date _____