

**Affton School District
After-School Care Program
Grade 6-7-8
2018-2019 School Year**

Child's Name _____ DOB _____ Age _____ M _____ F _____

Address _____ Zip Code _____

Grade _____ Does student have an IEP? yes _____ no _____

Primary Party _____

Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Secondary Party _____

Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Emergency contact _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency contact _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Start Date _____

Program Attending _____ After-School Only _____

Days attending (*please circle*): M T W TH F

MONTHLY FEES: (There is a 15% discount per child for 2 or more children in the same family)

<u>Number of days per week</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
After-School	\$108	\$123	\$140	\$157	\$172

THE FEE FOR AUGUST 2017 IS REDUCED BY 50%. Service begins on the first day of school.

Monthly fees are due the first day of each month. **Please write your child(ren)'s name(s) on the check.** Make checks payable to **Affton School District**. Checks must be mailed or delivered to: Melissa Eckhard, Affton School District, 8701 Mackenzie Rd, St. Louis, MO 63123

Primary Party Signature _____ Date _____ Secondary Party Signature _____ Date _____

Primary signature indicates that you are the party that accepts full financial responsibility.

- OVER -

Child's Name: _____ Date of Birth: ____/____/____ Age: _____ () Male () Female

Child's Medical Information:

Child is Allergic to _____

Does your child require an EPI-PEN? () Yes () No

Does your child have Asthma? () Yes () No

Does your child require an inhaler? () Yes () No

Does your child require Nebulizer breathing treatments? () Yes () No

Special Medical Conditions or Illnesses _____

Current Medications _____

Does your child have health insurance? () Yes () No

Is your child on Medicaid? () Yes () No

Does your child have any **food restrictions**? () Yes () No If yes, please explain below:

is the district's procedure to contact the child's parent/guardian to obtain necessary medical treatment in case of an emergency. In order for authorized school personnel to obtain necessary medical treatment when parents/guardians cannot be reached, we request that you grant us permission by signing this form. Please be aware that the paramedics usually transport patients to the nearest hospital for emergency medical treatment. You may be assured every effort will be made to contact you prior to securing emergency medical treatment.

I hereby authorize the emergency treatment, administration of anesthesia, and surgical treatment(s) for my minor child, _____, in the event of an emergency medical situation occurring during my absence or when hospital/medical and school authorities are unable to contact me. I release them from responsibility and liability hospital/medical and school authorities for performing medical procedures deemed necessary during my absence.

Signature of Parent/Guardian

Date

**AFFTON SCHOOL DISTRICT
BEFORE/AFTER SCHOOL PERMISSION SLIP
FOR SPECIAL DAY FIELD TRIPS**

I give my child _____ permission to ride the bus and attend all field trips booked for Special Days at Gotsch.

I understand that this permission allows for any changes to scheduling that might occur during a trip due to traffic conditions or other variables.

This permission also allows my child to join in activities offered at the various field trip sites, including, but not limited to, special meals/snacks, or physically demanding activities such as hiking, long walks, bowling, swimming, etc.

I agree that any changes in field trip destination due to heat/rain/cold or other circumstances will be announced in writing, by phone, or in person prior to the trip. In case of field trip cancellation, no parent/guardian approval is necessary.

If my child does not wish to attend a particular trip, I will let the facilitators know in writing.

I will notify the nurse of any special medical needs that might apply to a certain trip a week prior to the trip.

Parent/Guardian Signature: _____

Date: _____

**AFFTON SCHOOL DISTRICT
COUGAR CARE
PHOTO RELEASE FORM**

Please be aware that your child may be photographed or videotaped at various Cougar Care events or activities. Please sign the form below indicating your preference:

_____ YES, I give permission for my child's photograph and/or video to be posted on the class website, Facebook, or other social media.

_____ NO, my child's photograph and/or video may not be posted on the class website, Facebook, or other social media.

Parent/Guardian Signature: _____

Date: _____

**REGISTRATION AGREEMENT
2018-2019**

I/We hereby enroll _____ in the Affton Before and After Care Program (K-8) for the 2018-2019 school year. I/We understand that the Before/After Care services provided are subject to the following terms and conditions:

TUITION: Tuition is determined by the program that you select for your child. The initial full tuition payment will be due on or before July 10th, 2018, (or upon enrollment if your child is registered after this date) followed by nine additional payments for the succeeding months thereafter. Each month's tuition payment shall be due and payable on or before the 10th of the preceding month. Students for whom payment is delinquent after the first of the month will be removed from the program. See Family Handbook for payment schedule.

The discount for siblings enrolled in the Affton Before and After Care Program (K-8) is 15% for the 2nd child and each subsequent child in the same family.

There will be no discounts for missed days in the month (due to illness, school breaks, vacation, or other reasons).

BEFORE AND AFTER CARE: The Before and After Care Program follows the Affton School District Calendar. There will be no tuition deduction for legal holidays, school district holidays, or professional development days because they are built into the tuition. The following discounts will be applied: August – 50%, December – 25%, and March – 25%. Days that the school district is required to close due to inclement weather will be made up at the discretion of the School Board according to district policy.

SPECIAL DAYS: If care is needed on days when school is not in session but Before/Aftercare is available, you must preregister for the Special Day with Melissa Eckhard. There is an additional charge for this full day service.

REGISTRATION: A \$150.00 deposit is required at the time of your child's registration for the 2018-2019 school year. This deposit will be applied to August tuition. Please complete the enrollment information below and return with your check made payable to Affton School District.

ENROLLMENT INFORMATION:

CHILD'S NAME _____

PARENT(S) NAME _____

Email Address for Tuition Invoices and Year End Tax Statements _____

Return this form, the completed registration packet, and the \$150.00 registration fee to:

**AFFTON SCHOOL DISTRICT
ATTN: MELISSA ECKHARD
8701 Mackenzie Road
ST. LOUIS, MO 63123**

I/We have read and understand the terms and conditions of this Agreement.

Signature _____ Date _____

Signature _____ Date _____