Affton School District After-School Care Program Grade 6-7-8 2017-2018 School Year

Child's Name				DO)B	Age	M	F
Address							Zip Code	
Grade Does s	tudent 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-S	chool Only						
Days attending (please circle):	M	T	W	TH	F			
MONTHLY FEES: (There is a	15% discount	per child for	r 2 or n	nore children	in the s	ame family)		
Number of days per week	<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 201	7 IS REDUCE	D BY 50%.	Servi	ice begins on	the fir	st day of school	•	
Monthly fees are due the first of payable to Affton School Distr Mackenzie Rd, St. Louis, MO 65	rict. Checks m			•				
Primary Party Signature		Date	-	Secondary F	arty Sigr	nature		Date

- OVER -

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

EMERGENCY MEDICAL TREATMENT CONSENT

Child's Name:	
Medical Concerns (list all allergies, dietary restrictions, medications taken, other	concerns)
It is the district's procedure to contact the child's parent/guardian to obtain necessary medicannot be reached, we request that you grant us permission by signing this form usually transport patients to the nearest hospital for emergency medical treatment will be made to contact you prior to securing emergency medical treatment.	cal treatment when parents/guardians. Please be aware that the paramedic
I hereby authorize the emergency treatment, administration of anesthesia, and sur	
medical situation occurring during my absence or when hospital/medical and some. I release from responsibility and liability hospital/medical and school procedures deemed necessary during my absence.	chool authorities are unable to contact
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.	
I understand that this permission allows for any changes to scheduling the conditions or other variables.	hat might occur during a trip due to traffic
This permission also allows my child to join in activities offered at the limited to, special meals/snacks, or physically demanding activities such etc.	
I agree that any changes in field trip destination due to heat/rain/cold or writing, by phone, or in person prior to the trip. In case of field trip c necessary.	
If my child does not wish to attend a particular trip, I will let the facilitators	s know, in writing.
I will notify the nurse of any special medical needs that might apply to a ce	ertain trip a week prior to the trip.
Parent/Guardian Signature:	
Date:	