Affton School District
Before- and After-School Care Program
Grades K-5
2016-2017 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 (*please circle)* Before-School Only After-School Only Before- and After-School

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

MONTHLY FEES: (Multiple Children Discount: First child is full-price, each subsequent child (same family) 15% discount)

Number of days per week	1	2	3	4	5
Before-School	$74	$95	$115	$137	$157
After-School	$105	$126	$147	$168	$189
Before- & After- School	$168	$200	$230	$262	$294

THE FEE FOR AUGUST 2016 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 -**

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 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 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: _____