



## NextLevel After School S.T. E.A.M.M. Program

(Science, Technology, Engineering, Arts, Math, Mental Health)

### Registration/Information Form

#### STUDENT INFORMATION

Student First & Last Name \_\_\_\_\_

Address \_\_\_\_\_

Gender Male\_\_\_\_ Female\_\_\_\_ Birth Date \_\_\_\_\_ Age\_\_\_\_\_

Grade Level \_\_\_\_\_ School Name \_\_\_\_\_

#### PARENT INFORMATION

Parent/Legal Guardian/mother \_\_\_\_\_

Phone (Day)\_\_\_\_\_ (Cell)\_\_\_\_\_ (Eve)\_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

Employment Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian/father \_\_\_\_\_

Phone (Day)\_\_\_\_\_ (Cell)\_\_\_\_\_ (Eve)\_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

Employment Address \_\_\_\_\_ Phone \_\_\_\_\_

#### SIGN OUT INFORMATION

Safety is a top priority at Impact Church SoNo NextLevel After School S.T.E.A.M.M. Program; therefore no children enrolled will be released from the program without a parent/guardian signature and/or pick up by individuals listed below.

(Note: The names that appear below must be someone 18 years or older.)

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**PHYSICIAN TO BE CALLED IN AN EMERGENCY**

Name: \_\_\_\_\_ Address: - \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ ID# \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Any Special Instructions or Accommodations list below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drop off time if dropping off child: \_\_\_\_\_

Pick-up Time (time you plan to pick-up child): \_\_\_\_\_

**\*OFFICIAL START DATE FOR DROP OFF/PICK UP** \_\_\_\_\_

**PERSON/CONTACT TO BE CALLED IN AN EMERGENCY WHEN PARENT CANNOT BE REACHED**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**AUTHORIZATION:**

Parent/Legal Guardian hereby authorizes emergency medical care should an emergency occur, and the parent/guardian cannot be located immediately: Yes \_\_\_\_\_ No \_\_\_\_\_

Due to religious our other grounds as indicated below I object to the provision of emergency medical treatment:

**IS THERE A WRITTEN ALLERGY PLAN FOR A DIAGNOSED FOOD ALLERGY WITH INSTRUCTIONS FROM A PHYSICIAN REGARDING THE FOOD AND STEPS TO BE TAKEN IN THE EVENT OF A SUSPECTED OR CONFIRMED ALLERGIC REACTION TO BE ATTACHED TO THIS FORM FOR THE CHILD:**

YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU COMPLETED THE **PERMISSION FOR TRANSPORTATION AND FIELD TRIPS**:

YES \_\_\_\_\_ NO \_\_\_\_\_

Impact agrees to notify the parent/legal guardian if the child should become ill; cannot participate comfortably, poses a risk to other children or more care is needed than Impact can provide and the parent agrees to arrange to have the child picked up as soon as possible if requested. Yes \_\_\_\_\_

Initials \_\_\_\_\_

Date copy of **birth certificate or other proof of child's identity** and age provided: Date \_\_\_\_\_

Are your child's immunizations up to date? \_\_\_\_\_ (a copy of your child's immunizations will be needed.

Have you received and reviewed the "Before your 1<sup>st</sup> Day" Parent Information packet? \_\_\_\_\_

**OFFICE ONLY:**

**Immunization records** received/added to file: Date \_\_\_\_\_

## Financial Agreement

At the time of enrollment the undersigned parent or guardian understands that the NextLevel STEAMM Afterschool Program will be billed at \$135 per week per child for the hours 2:00PM to 6:00PM (Monday thru Friday during the school year) except for School Holidays and certain closings [**Please refer to the applicable School and/or Summer Calendar provided at registration**]. **Children needing to be dropped off at school should arrive between the hours of 6:00AM and 7:00AM for on-time departure.** Hours of operation are from 6:00AM to 6:00PM during the summer. Summer billing will be at \$135 per week per child. A registration fee of \$60 is required for registration for the school year and a \$60 registration fee for summer registration. The parents or guardians shall give two weeks' notice or forfeit two weeks of tuition and fees, in the case of withdrawal from the program. This is a legal and binding agreement.

### A. TERMINATION OF THIS AGREEMENT

This agreement shall be terminated if any one or more of the following occur:

1. The school year has come to an end.
2. Serious illness of the child, preventing school attendance.
3. The parents or guardians of the child allow their account to become delinquent.
4. Failure of the parent or guardian to honor the obligations listed or any rules, regulations, or manuals promulgated or provided by the program.
5. The program in its sole and unfettered discretion determines that it is not in the best interest of the program or other children enrolled in the program to have the child in attendance.

### B. PROCEDURE

In exercising its discretion under the above paragraphs, the program may require the child and/or the child's parents or guardians to attend conferences with the program staff regarding the matters that potentially warrant termination of the Agreement.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

PAYMENT OPTIONS:

Out of pocket \_\_\_\_\_

DSS \_\_\_\_\_

# IMPACTCHURCH

SoNo

## TRANSPORTATION INFORMATION AND AUTHORIZAION

Impact NextLevel Afterschool STEAMM Program (Impact) offers transportation after school to our facility and transportation to school in the morning as part of our weekly fee. However, arrangements MUST be made to ensure each child is picked up and has parental permission. Our van will be in the parent pick up line. **PARENTS MUST PICK UP AT IMPACT AT THE END OF THE PROGRAM DAY.**

Impact may also offer transportation to and from field trips with advance notice and additional permissions as needed as events are scheduled. I give permission for my child to be transported in a motor vehicle driven by a member/representative of Impact. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle, including seat belt laws, and is expected to follow the directions provided by the driver and/or other adult members or volunteers. I understand that with any vehicle transportation there runs the risk of personal injury, death or permanent loss. I am aware of the potential risks and hereby assume such risks on behalf of myself and my child.

Name \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Best method of communication: ( ) email: \_\_\_\_\_ ( ) text/call: \_\_\_\_\_