



BEFORE SCHOOL Registration and Agreement Form

4400 N. Marshall Street
Philadelphia, PA 19140
215-329-5777
www.ayudacc.org

SCHOOL YEAR: 20_____

Date of Child's Admission_____

Date of Child's Withdrawal_____

Child's Name _____	Child's Nickname _____	
Name of Parent _____	Cell#: _____	Email: _____
Address _____		Zip Code _____
Adult(s) to whom child can be released to other than parent: _____		Phone#: _____
Child's Birth Date ___/___/___	Age _____	Gender: F M
Grade in September 20 _____	Name of school _____	School I.D.# _____
Do you or your child receive any prevention or other services from the Department of Human Services (DHS)? Yes No		
Child's Arrival Time: _____	Child's Departure Time: _____	
Late Fee: \$10.00 for every 15 minutes after Child's Designated Departure Time		

I, [print name] _____, give my child, _____, permission to participate in Ayuda Community Center's 2016-17 Before School Program. I understand that he/she will be engaged in the following services:
Services to be provided as part of the before school's tuition –light instructive activities.
Extra services to be provided at an additional fee if applicable: none

I relieve Ayuda Community Center and anyone connected with it from all financial liability for my child during the program and on all the trips outside our facility.

I agree to pay for the above services according to the 2016-2017 Before School Tuition and Payment Schedules listed on the next page. Enclosed is my non-refundable deposit of \$10 to hold my registration for Before Care. All balances are due according to the payment schedule listed on the next page. All former balances/due from previous program year must be made in full before registering for current program year.



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Also included are the completed Ayuda Emergency Contact / Policies Signature Form, the Civil Rights Compliance Form, and Child Health Report. All forms must be completed and submitted by in order for the child to be enrolled in the program.

Please do not write in this section.

Fee due for 1st child _____

Fee due for 2nd child _____

Fee due for 3rd child _____

Fee due for 4th child _____

Total Tuition Due for Before Care: \$380

Registration Fee \$10 : Payment ___/___/___

Payment Option 1: Weekly Payment of \$10 must be made every Monday

Payment Option 2: Full Payment

Total Tuition Due \$380 Paid \$_____ Date ___/___/___

Ayuda recognizes the great responsibility of caring for your children. We endeavor to give you the most dependable and trustworthy professional services possible. In so doing, we have strict policies for our staff regarding observing and interacting with the children. If, for any reason, you think your child has been mistreated by another child or by a member of our staff, please call us. Please call us anytime: The Site Supervisor Pam Ramos can be reached at 215-329-5777 or pramos@ayudacc.org, or the Executive Director Cynthia Wright-Whitley can be reached at 215-329-5777 or cwright-whitley@ayudacc.org. We are here to serve you.

I have read the enclosed Ayuda After School Parent Handbook and I/we agree to comply with the policies and procedures within it.

The signature below confirms your Registration and Agreement for Before School provisions stated above. Please note amounts due and credited tuition.

Parent/Guardian Signature: _____ Date: _____

Ayuda Staff Signature: _____ Date: _____

Thank you for choosing Ayuda for your child's Before school program.



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If you have already filled out an After School Registration Form, you do not need to complete this section

Picture/Art Release Form

I give permission for Ayuda Community Center Staff to take photos of my child for use in the displays and program (bulletin boards, wall décor, memory books, gifts, etc.) for After School or Summer Camp Program. Yes _____ and No _____

I give permission for Ayuda Community Center to use my child's photo on the website, and for promotional and/or training materials. (Personal information will NOT be included.) Yes _____ and No _____

Child's Name

Signature of Parent/Guardian

Date

In case of emergency, the Director will replace the staff person accompanying the child. In case of accident or sudden illness, I/We authorize Ayuda staff to use the medical services of the nearest hospital. I/We consent to administration of medical care in the child's best interest.

Signature of Parent/Guardian authorizing above

Date

FIRST AID : Parental consent is given to Ayuda staff to administer minor First-Aid procedures in the child's best interest.

Signature of Parent/Guardian

Date

PLEASE CHECK ALL THAT APPLY

I certify that all information in the Emergency Contact / Parental Consent Form is correct and updated.

I certify that only the following are Persons Designated by Parent to whom Child may be released.
Only Those Listed on the Emergency Contact Form.

Other _____

I agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum (§3270.124, 3280.124, 3290.124)

I have received complete written program information at the time of enrollment (§3270.121, 3280.121, 3290.121) and have read the enclosed Ayuda Summer Camp Parent Handbook and I agree to comply with the policies and procedures within it.

Child's Name
Date

Signature of Parent/Guardian



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PERIODIC REVIEW

Child's Name
Date

Signature of Parent/Guardian

PLEASE RETURN EMERGENCY CONTACT/PARENTAL CONSENT FORM WITH YOUR After School REGISTRATION FORM.