

After School Registration and Agreement Form

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

SCHOOL YEAR: 20____
PROGRAM: (CHECK ONE) SOS (K-5TH) LOL (6TH-8TH)

Date of Child's Admission _____
Date of Child's Withdrawal _____

Child's Name _____ Child's Nickname _____

Name of Parent _____

Home Phone #: _____ 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 Soc.Sec.# _____

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: _____

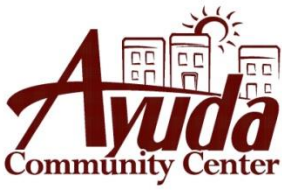
Late Fee: \$10.00 for every 15 minutes after Child's Designated Departure Time

I, [print name] _____, give my child, _____, permission to participate in Ayuda Community Center's 20__ to 20__ School Year's **Support Our Students (SOS-Elementary) After School Program** OR **Living Our Lives (LOL – Jr High) After School Program**. I understand that he/she will be engaged in the following services:

Services to be provided as part of the after school's tuition —academic enrichment activities (literacy, math, science, social studies), homework help, playing games, extracurricular activities (sports related) , Structured Activities, field trips, arts and crafts, 2 Art Courses offered through Orange Korner Arts Program (OKA) for LOL Students, and learning more about the Bible.

Extra services to be provided at an additional fee if applicable: some field trips

- 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 After School Tuition and Payment Schedules listed on the next page. Enclosed is my non-refundable **deposit of \$50** to hold my registration choices. **All balances are due according to the payment schedule listed on the next page. All former balances from previous program years are to be made in full before registering for current program year.**
- Also included are the completed Ayuda After School Emergency Contact / Policies Signature Form, the Civil Rights Compliance Form, and Child Health Report.
- **All forms must be completed and submitted BEFORE the start of the school year in order for the child to be enrolled in the program.**



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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: \$ _____

Registration Fee (\$50) Paid \$ _____ Date: __/__/__

Applying for CCIS?: Yes No

All Former Balances/Dues from previous program years are TO BE MADE IN FULL before registration

Payment Option 1: Full Payment

Total Tuition Due \$ _____ Paid \$ _____ Date __/__/__

Payment Option 2: Monthly Installments Monthly Rate for 9 months: \$ _____

Monthly rate must be paid by the 5th of every month for 9 months.

If monthly rate is different each month, please indicate amounts below.

Sept 15 th \$ _____	Dec 15 th \$ _____	March 15 th \$ _____
Oct 15 th \$ _____	Jan 15 th \$ _____	April 15 th \$ _____
Nov 15 th \$ _____	Feb 15 th \$ _____	May 15 th \$ _____

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 _____

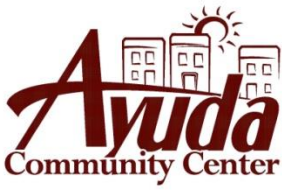
Child's Name Signature of Parent/Guardian Date

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



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PLEASE CHECK IF YOU AGREE

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

Signature of Parent/Guardian

Date

PERIODIC REVIEW

Child's Name

Signature of Parent/Guardian

Date

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

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 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 After 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 after school program.