

BEFORE SCHOOL REGISTRATION FORM

SCHOOL YEAR: 20 _____

Date of Child's Admission _____

Date of Child's Withdrawal _____

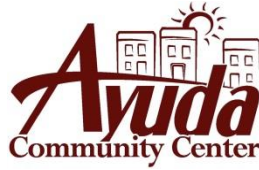
Child's Name _____	Child's	
Nickname _____		
Name of Parent _____	Cell#: _____	
Email: _____		
Address _____		
Zip Code _____		
Adult(s) to whom child can be released to other than parent: _____	Phone#: _____	
Child's Birth Date ___/___/___	Age _____	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>		
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____ 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





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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 20____ 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.**

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 in order for the child to be enrolled in the program.**

Please do not write in this section.

Fee due for 1st child _____

Total Tuition Due for Before Care: \$380

Fee due for 2nd child _____

Registration Fee \$10 : Payment

____/____/____

Fee due for 3rd child _____

Fee due for 4th child _____

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. The OST Program Coordinator, Randy Caro, can be reached at 215-329-5777 or Rcaro@ayudacc.org. Executive Director, Cynthia Wright-Whitley can be reached at 215-329-5777 or cwright-whitley@ayudacc.org.

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's Before school program.



4400 N. Marshall Street, Philadelphia, PA 19140
Tel: 215-329-5777. Fax: 215-329-1310. www.ayudacc.org

Mercy, Renewal, Justice





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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 _____ 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 _____ 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 _____

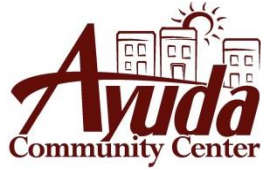
I agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum (§3270.124, 3280.124, 3290.124)

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: _____ Signature of Parent/Guardian: _____

Date: _____





BEFORE SCHOOL REGISTRATION FORM

PERIODIC REVIEW	
Child's Name	Signature of Parent/Guardian
Date:	

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