



ALL-STAR KIDS 2

Prices reflect check or debit payments. 3% added for credit card payments.

Registration \$50

Date Paid _____

AFTER SCHOOL REGISTRATION FORM

Child's Name _____	Birthdate _____
Age _____ years Female Male	Code Word _____
Child Resides with Both Parents Mother Father Other _____	
Mother's Name _____	Father's Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Res. Phone: _____ Cell: _____	Res. Phone: _____ Cell: _____
Employer's Name: _____	Employer's Name: _____
Occupation: _____	Occupation: _____
Email Address: _____	Email Address: _____

School Name: _____ Grade: _____ Teacher Name: _____

_____ \$100/ week - Aftercare – Pierce Hammock – Frontier – Acreage Pines – Golden Grove (circle school)

_____ \$110/week – Before and Aftercare – Acreage Pines

_____ No school days (\$40/day - if enrolled in aftercare)

_____ No School – Camp \$230 / week — \$180 / 3 Days — \$150 / 2 days — \$80 / 1 day

In Case of emergency, persons authorized to pick up your child from the facility, when you cannot be reached:

Name _____ Address _____ Phone _____ Relation _____

Name _____ Address _____ Phone _____ Relation _____

Child's Physician _____ Phone _____

Hospital Preference _____ Phone _____

Any Medical Condition that we should be aware of? _____

In Case of accident or serious illness, I request the school to contact me. If the school is unable to contact my physician or any of the emergency numbers listed, we authorize the school administration to make whatever arrangements are necessary.

Parent's Signature _____ Date: _____

Witness: _____



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PARENT AGREEMENT CAMP/AFTERSCHOOL

As the parent (or guardian) of _____, I have carefully read, understand and will abide by the rules and regulations listed below:

1. HOLIDAYS

ALL-STAR KIDS will be closed on the following days:

*New Year's Day

*Thanksgiving Day

*Memorial Day

*4th of July

*Labor Day

*Christmas Day

*If the holiday falls on a Saturday, school will be closed on Friday, if it falls on a Sunday, school be closed on Monday. HOLIDAYS DO NOT REDUCE TUITION.

2. SECURITY – DROP OFF / PICK UP

Parents are required to sign in upon arrival and sign out upon departure.

3. DISTRACTED ADULT BROCHURE

My signature below verifies receipt of the Distracted Adult brochure.

4. “KNOW YOUR CHILD CARE CENTER”

I have received and read a copy of the “Know Your Child Care Center” pamphlet (Chapter 402.3125 F.S.)

5. ALTERNATE NUTRITION PLAN

The facility agrees to provide nutritious: Mid-morning and Mid-Afternoon Snacks. The parent agrees to provide a nutritious: Lunch and Drink (in non-glass container). Parent has received a copy of the USDA nutritional guidelines. WE DO NOT WARM UP FOOD. If you want you child's food warm, please use a thermos. I have carefully read and understand the USDA nutritional guidelines brochure. I understand that it is my responsibility to provide a nutritious lunch for my child every day.

6. PARENT HANDBOOK

I have received and read the “All-Star Kids 2” Parent Handbook and agree to abide by its policies. We understand that the school reserves the right to dismiss any students who do not cooperate, or whose parents do not cooperate with the educational process or school policies.

7. FLU BROCHURE

My signature below verifies that I have received, read, and acknowledge the information in the “Influenza Virus, The Flu, A Guide to Parents” brochure.

We understand that ALL-STAR KIDS has an open door policy and we can visit our child at any time.

Parent's Signatures(s):

X _____ Date: _____