



# Before & After Care Registration Form 2011-2012

- **Registration Fee - \$30.00 for one child, \$50.00 for families of two or more**
- **Payments may be made in cash or by money orders or check made payable to: HAAS (Hollywood Academy of Arts and Science).**
- **Separate payments must be made for registration fee and monthly tuition.**

### 2011-2012 Program Fees

After Care:	\$ 160.00 monthly
Before Care:	\$ 50.00 monthly
Before/After Care:	\$ 200.00 monthly
Occasional Before Care:	\$ 5.00 daily
Occasional After Care:	\$ 15.00 daily

### **10% discount on tuition fees for each additional sibling**

*All payments are due as indicated on the attached payment schedule. All daily payments for students dropped off on a daily basis are due on day of service. Late fees will be applied to all unpaid balances.*

**\*No student will be permitted in the Before/After Care Program without registering and paying all registration fees in advance. Please complete the following**

Child(ren)'s Full Name (please print):

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

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

### For Office Use Only

Date of Enrollment: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Form of Payment ( )cash ( )check # \_\_\_\_\_ ( )money order Receipt: # \_\_\_\_\_

Participation (check all that apply): Before School: \_\_\_\_\_ After School: \_\_\_\_\_ Other: \_\_\_\_\_

Date Entered Into System: \_\_\_\_\_ By: \_\_\_\_\_

# *Before After Care Registration Information*

## *School Year 2011-2012*

**Program Participation** (Please *print* clearly!)

### Student Information

**1. Student Name:** \_\_\_\_\_  
Last First M.I.  
Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

**2. Student Name:** \_\_\_\_\_  
Last First M.I.  
Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

**3. Student Name:** \_\_\_\_\_  
Last First M.I.  
Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

### Family Information

#### *Primary Parent/Guardian*

\_\_\_\_\_  
Last Name First Name  
\_\_\_\_\_  
Home Street Address Apt #  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Place of Work Street Address  
\_\_\_\_\_  
City State Zip Code  
Email address (required) \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Cell Home Work

#### *Secondary Parent/Guardian*

\_\_\_\_\_  
Last Name First Name  
\_\_\_\_\_  
Home Street Address Apt #  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Place of Work Street Address  
\_\_\_\_\_  
City State Zip Code  
Email address (required) \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Cell Home Work

## Authorized Pick-Ups

Permission is given for my child to be released from the program to the following individual including the above stated parent/guardian to receive my child at the end of the day. Drivers License or valid photo ID required, students will not be dismissed to any one without proper ID.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Primary Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Primary Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Primary Phone \_\_\_\_\_

***Emergency Contact – Must provide two additional names other than parents. List in order they are to be contacted.***

***Note: Parents will always be contacted first.***

1. \_\_\_\_\_  
Name Relationship to Child

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_  
Cell Home Work

2. \_\_\_\_\_  
Name Relationship to Child

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_  
Cell Home Work

*I hereby acknowledge that I have completed this form to the best of my knowledge. I give my child permission to participate fully in the Hollywood Academy of Arts and Science Before/After Care School Program. I/We agree to comply with all the rules, regulations and policies as set forth in this packet. In addition I/We agree to the financial obligation and terms of payment for this program and understand that all unpaid balances will result in late fees, possible termination from program. I/We also understand any past due balances may be submitted to a collection agency and subsequent collection agency fees applied to the open balances.*

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Photographs** – Pictures and photos are taken of activities from time to time for the purposes of art activities, Hollywood Academy web page, local newspaper or other publications. Any children pictured in these publications will not be identified by name. I am willing to allow my child to be photographed in the HAAS Before/After Care School Program:

Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_