



Before & After Care Registration Form 2009-2010

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

There will be a one time *Registration Fee* of \$30.00 for one child, \$50.00 for families of two or more, to be paid by *cash, money orders or checks* made payable to Hollywood Academy of Arts and Science (HAAS).

2009-2010 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.

Child(ren)'s Full Name: _____ Grade _____

_____ Grade _____

_____ Grade _____

Parent/Guardian's Name: _____

For Office Use Only

Date of Enrollment: _____ Amount Paid: \$ _____

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

Participation: Before School: _____ After School: _____ Other: _____

Date Entered Into System: _____ By: _____

Before After Care Registration Information School Year 2009-2010

Program Participation (Please print clearly!)

Student Information

Student Name: Last _____ First _____ M.I. _____

Grade Level _____ Age _____ DOB _____

Student Name: Last _____ First _____ M.I. _____

Grade Level _____ Age _____ DOB _____

Student Name: Last _____ First _____ M.I. _____

Grade Level _____ Age _____ DOB _____

Family Information

Primary Parent/Guardian

Last Name _____ First Name _____

Home Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Place of Work & Address _____

City _____ State _____ Zip Code _____

EMAIL (required) _____

Telephone: Home _____ Work _____ Cell _____

Secondary Parent/Guardian

Last Name _____ First Name _____

Home Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Place of Work & Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

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.

Name _____ Relationship _____

Address _____ Primary Phone _____

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 be contacted first.

Name _____ Relationship to Child _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

Name _____ Relationship to Child _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

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** _____