



CHRISTIAN LIFE ACADEMY

Building Christian Leaders of Tomorrow

CLA OFFICE USE ONLY

Reg. Fee Paid (date, type) _____

Before & After Care Registration Form 2016-2017

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

ONE-TIME REGISTRATION FEE	\$25
WEEKLY RATE PER CHILD	\$30
LATE PICK-UP FEE	\$1.00 per minute
LATE PAYMENT FEE	\$5.00
PAYMENT INFORMATION (due monthly)	Cash, check/money order payable to CHRISTIAN LIFE ACADEMY OR Credit card payment online at claftl.org

Student Information- Please PRINT clearly.

Student Name: Last _____ First _____ Middle _____

Student Address _____

City _____ State _____ Zip Code _____

Grade Level _____ Age _____ DOB _____

Height _____ Weight _____ Sex _____ Hair Color _____ Eye Color _____

Family Information - Primary Parent/Guardian

Last Name _____ First Name _____

Home Street Address _____

City _____ State _____ Zip Code _____

Work Name/Address _____

City _____ State _____ Zip Code _____

E-MAIL (required): _____

Telephone #'s: Home # _____ Work # _____

Cell # _____

Family Information - Secondary Parent/Guardian

Last Name _____ First Name _____

Home Street Address _____

City _____ State _____ Zip Code _____

Work Name/Address _____

City _____ State _____ Zip Code _____

E-MAIL (required): _____

Telephone #'s: 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.

1. Name _____ Relationship _____
Address _____ Phone _____

2. Name _____ Relationship _____
Address _____ 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.

1. Name _____ Relationship to Child _____
Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell/Pager _____

2. Name _____ Relationship to Child _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell/Pager _____

Allergies

Please list any Allergies and/or medical conditions your child may have: _____

Photographs

Pictures and photos are taken of activities from time to time for the purposes of art activities, CLA web page and social media platforms, 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 CLA Before & After School Care: YES/NO

(circle) Parent's Signature _____ Date _____

Before/After-Care Reminders

All children must be registered in the program before attending. Registration forms need to be completed each year for each child and the \$25.00 registration fee paid for each child. Waiting lists might occur when groups have reached the ratio capacity. As soon as new staff members are in place, parents will be contacted.

Withdrawal Procedures

If a student is absent for five (5) days without program notification, the student will be withdrawn and no refund given. ALL PAYMENTS MUST BE MADE BY THE INDICATED DUE DATE. IF PAYMENT IS NOT PAID BY PAYABLE DATE, CHILD (REN) WILL BE WITHDRAWN FROM THE PROGRAM AND A RE- REGISTRATION FEE WILL NEED TO BE PAID BEFORE RE- ENTERING THE PROGRAM.

Parent/Guardian Roles and Responsibilities

Parents or guardians are responsible for:

- Picking up child on time and following payment procedures
- Notifying program if child is going to be absent or plans to withdraw
- Keeping program informed of a change in emergency contact information
- Notifying program of any change in child's health if participation is limited

As adults, we serve as role models for the children in our programs. If you have a concern, please address it in an appropriate and calm manner, in private with designated staff person. You may want to set up a time to discuss your concerns. We reserve the right to withdraw a student from before and/or after care if child's actions or those of parent or guardian endanger the safety and security of students or staff.

OTHER NOTES: Please do not leave your purse or valuables in the car when picking up your child. Park in designated areas only.

-----PARENT AGREEMENT-----

I hereby acknowledge that I have completed this form to the best of my knowledge. I also give my child permission to participate fully in the CLA Before & After School Program. I/We agree to comply with all the rules, regulations and policies as set forth in this form. 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 _____