

2019-2020 School Year

River City Science Academy School Extended Day Program - ENROLLMENT FORM

Before School Hours: 6:45 am - 7:45 am

After School Hours: 2:45 pm - 6:00 pm

Before School Fees: \$120 / Month & \$60 per sibling

After School Fees: \$180 / Month & \$90 per sibling

Before & After School Care: \$250 and 50% discount per additional sibling

Office Use Only:

Approved Date:	Approval Officer Name:	
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Application Date:		Enroll Date		WD Date		Re-Enroll Date	
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EXTENDED DAY PROGRAM SELECTION: Please choose the program(s) your child will attend.

Before School ONLY <input type="checkbox"/>	After School ONLY <input type="checkbox"/>	Before & After School <input type="checkbox"/>
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Student Last, First and Middle Name: _____

Complete Address: _____ Zip _____

Home Phone# _____ Cell Phone# _____ Office Phone# _____

Date of Birth: _____ Sex: _____ Race: _____ Grade Level for 2019-2020: _____

Parent / Guardian Information

Student Lives With: ___ Both Parents ___ Mother ___ Father ___ Grandparents ___ Foster Parent

Mother Name: _____

Father Name: _____

Address (if different from above) _____ Zip _____

E-mail addresses: Mother: _____

Father: _____

Mother Information:

Place of Employment: _____

Office Phone# _____ Cell Phone# _____

Father Information:

Place of Employment: _____

Office Phone# _____ Cell Phone# _____

Parent permitted to remove child (circle all that apply): Father: Yes No Mother: Yes No

IF THE ANSWER TO EITHER IS NO, LEGAL DOCUMENTATION MUST BE ON FILE

Other persons permitted to remove my child from the Extended Day Program:

Name:	Relationship to Child:	Phone:

EMERGENCY CONTACTS

1) Name _____ Relationship _____

Home Phone# _____ Cell Phone# _____

2) Name _____ Relationship _____

Home Phone# _____ Cell Phone# _____

3) Name _____ Relationship _____

Home Phone# _____ Cell Phone# _____

All parents MUST complete, sign and return the information sheets along with the RCSA afterschool fee sheet.

Parent Signature

Date

Witness Signature

Date

River City Science Academy Consent for Emergency Treatment

Student Name: _____

Parent / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone# _____ Cell Phone# _____

Office Phone# _____ ext. _____

Any known Allergies: _____

Any severe medical conditions the afterschool director / staff should be made aware of: _____

Notify in case of Emergency if you cannot be reached:

Name: _____

Home Phone# _____ Cell Phone# _____

Name: _____

Home Phone# _____ Cell Phone# _____

If possible, the school will get your child to the emergency facility you prefer; however the student's well-being may dictate a different facility. All information will be kept private.

The emergency facility you prefer: _____

Your insurance carrier: _____

Address of carrier: _____

Phone of carrier: _____ Policy Number _____

Please contact the school office or afterschool care director immediately if there is any change in the information given above.

Consent for Treatment

In case of accident or serious illness and the school is unable to reach me, I hereby authorize the school to contact the physician indicated and to follow the instructions. If it is possible to contact this physician the school may make whatever arrangements necessary to provide care and treatment for my child.

In case of an accident or serious illness where immediate treatment of my child is indicated but where he/she is unable to remain at the school, the school will contact me to arrange transportation for my child. If the school is unable to reach me, I authorize the school to contact one of the persons listed on the Extended Day Enrollment Form and request them to come to the school to transport my child home.

I authorize first aid and/or emergency medical treatment for the above-named student in event of injury or illness. I realize that I am responsible for payment of the emergency medical treatment.

I voluntarily agree to expressly assume all risks which may result from the health and fitness activities or in any way related to my child participation in the after-school extended day program.

Parent/ Guardian Signature: _____

Date Signed: _____/_____/_____

General Release of Liability

In consideration for participation in the River City Science Academy Extended Day Program, the undersigned and participant (including his or her family members, representatives) agree to discharge, waive, release and hold harmless River City Science Academy and all staff members (and their respective officers, directors, employees, volunteers) from any harm, injury, property damage, or liability that may befall participant during River City Science Academy Extended Day Program.

Parent / Guardian _____

Date _____

Witness _____

Date _____