

**SCROGGINS MATHEMATICS SERVICE, Inc.**

**After School Program**

School Year \_\_\_\_\_

**Child Information:**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_ HOME PH: \_\_\_\_\_

**Family Information:**

**MOTHER/GUARDIAN:** \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PH: \_\_\_\_\_

CELL PH: \_\_\_\_\_ HOME PH: \_\_\_\_\_

**FATHER/GUARDIAN:** \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PH: \_\_\_\_\_

CELL PH: \_\_\_\_\_ HOME PH: \_\_\_\_\_

\* Who is to be contacted regarding the financial obligations of the child?

NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

In making application for my child to attend Scroggins Mathematics Services After School Program, it is my desire to fully support the expectations of SMS. I will go through the proper channels to handle all concerns. To the best of my knowledge, the information provided by me on this application is accurate and true. I understand that Scroggins Mathematics Services After School Program operates Monday-Friday from 2:30 pm until 6pm. We follow the DeKalb County School calendar. We are also open on select holidays and teacher workdays, as pre-determined by the Director. We close on any days in which DeKalb County Schools are closed for inclement weather.

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

Email address: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

Email address: \_\_\_\_\_

## Parental Agreement with Scroggins Math Services After School Program

Scroggins Mathematics Services (SMS) agrees to provide after school tutoring for \_\_\_\_\_

Grade: \_\_\_\_\_ Monday- Friday, 2:30 pm. to 6:00 pm, from (Month/Year) \_\_\_\_\_ to \_\_\_\_\_ .

1. I authorize Scroggins Mathematics Services to transport my child from \_\_\_\_\_ (name of school) to Scroggins Mathematics Services, 3778 Berdon Lane, Decatur, GA 30034.
2. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), a person authorized by parent(s) or facility personnel.
3. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., address, telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc.
4. SMS has agreed to keep me informed of any incidents, including illnesses, injuries, and adverse reactions to medications, exposure to communicable diseases, and / or the need for any professional medical attention involving my child.
5. We understand that after enrollment, the Registration Fee (\$35) is NON-REFUNDABLE under any circumstance(s).
6. We understand that this Parental Agreement is also a binding financial obligation. All weekly tuition fees of **\$60 for 4-5 days or \$45 for 1-3 days are payable on Monday of that week's session.** Earlier payment is accepted. *A \$20.00 late fee will be charged, if full amount of tuition is not paid by Monday evening for the week that it is due.*
7. Payment during holidays weeks are waived (Thanksgiving, Christmas and Spring Break). However, if your child is absent for a week a 50% payment is due to secure his/her space.
8. We understand that tuition is kept as low as possible to make SMS After School Program available to those who desire it for their children Registration fees do not cover all operating costs. Additional funds and needs must be met with gift and personal services of our parents.
9. Checks written with insufficient funds will be assessed a \$30 Insufficient Fund Fee. I understand that if any checks received from me with insufficient funds, I will no longer be able to submit my funds by check and that all fees must be made payable in the form of a Money Order or Cashier's Check. I understand that all Checks and Money Orders should be made payable to **Scroggins Mathematics Services**. Late pick-up is \$10.00 and \$1.00 every minute after the first 10 minutes.
10. We pledge our loyalty to the aims and ideals of SMS and will bring any criticisms directly to the Director so that they may be properly dealt with by those in authority. If for any reason you are dissatisfied with SMS After School Program, the issue(s) will be discussed with SMS Director, and she will try to resolve them as quietly as possible, avoiding discussion with those not involved, so as to advert a spirit of dissension and division at either the child or the staff at SMS expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCROGGINS MATHEMATICS SERVICE, LLC**

**After School Program**

**Pickup Authorization Form**

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

I give my approval for the following list of people to pick up my child. I will let them know that they must show their driver's license at time of pickup.

I authorize:

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_