

**After School Program
Registration Form
2011 - 2012**



**Non-Refundable
Registration Fee
\$40 first child
\$20 addtn'l children**

Child's Name: _____ Teacher's Name: _____ Grade _____

Names of other siblings attending program: _____

Mother's Name: _____ Mother's Email Address: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Name _____ Father's Email Address: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

The following people (other than parents/guardians) are the only people that may pick up my child (ren) from the Camp Coal ASP or may be contacted in the event parents/guardians are not available. Picture ID will be required to sign out a student.

1	Name	Relationship	Phone Number(s)
2	Name	Relationship	Phone Number(s)
3	Name	Relationship	Phone Number(s)

ENROLLMENT:

_____ Enrollment fees will be \$15 per day per child or \$75 per week. Additional children will be \$10 per day per child or \$50 per week.
Parent Initial

The hours for Camp Coal ASP are from school dismissal until 6:30 PM. If your student is not picked up by 6:30 PM there will be a \$1.00 per minute, per child late fee. This will need to be paid at the time of pick up. Checks should be payable to Camp Coal ASP. Please write your child's name, drivers license number and class code on the check. Any returned checks will go through an electronic collection agency called ChecXchange to collect any insufficient funds. All fees/tuition must be paid in advance on Monday or on the first day of the week the child attends Camp Coal ASP. **Parents who reach a balance of \$120.00 will be dismissed from the program until the balance is paid in full.**

Camp Coal ASP operates ONLY on days in which school is in sessions. Service will not be offered on school holidays, inclement weather days, or during the summer months. In the event of early school dismissal due to inclement weather or other emergencies Camp Coal ASP will not be open. If this event happens, my child will be parent pick-up OR a bus rider. (Please circle one)

YES or **NO** I would like for my child to participate in structured homework time. (Please circle)

The Camp Coal ASP will uphold the policies set forth by the Forsyth County School System Code of Conduct and Discipline Procedures. We must strive to provide an atmosphere that is conducive to the safety of all children. Staff will complete a Discipline Form for each event. The following consequences will be enforced:

- 1st – Warning & letter to parent (If the first offense is very serious the student could be suspended without warning).
- 2nd – Time out in the office for the remainder of the day.
- 3rd – Suspension from the program the following day.
- 4th – Expelled from the program.

****THESE RULES WILL BE FOLLOWED STRICTLY****

List any special information about your child (allergies, diet, medical information, etc.)

I have read, understand and accept the policies and procedures concerning payments, late pick-up fees, and discipline as they pertain to my child's participation in the Camp Coal ASP. In addition, I grant permission for the staff to authorize emergency medical treatment from a Licensed Physician in circumstances that warrant such treatment.

Parent/Guardian Signature Date

OFFICE USE ONLY

Amount Paid _____ Cash/Check # _____ Date _____
Received By: _____

