

AVALON'S BEFORE & AFTERSCHOOL REGISTRATION FORM



Start Date:

End Date:

Child Information:								
First Name:			Last Name:			mi	Date of Birth: y/m/d/	
Age:	() Boy () Girl		Medical #			Home #		
Existing medical conditions, medications and or special attention your child may require:								
Allergies:								
Doctor's name:			Phone #		Address:			
Who does child reside with		Mother		Father		Both	Guardian	

Parent Information

Mother/Guardian							
First Name:			Last Name:			Home #	
Cell #		Work #		Email Address:			
Box #	Street Address:				Employer:		
Father/Guardian							
First Name:			Last Name:			Home #	
Cell #		Work#		Email Address:			
Box #	Street Address:				Employer:		

Please indicate below the days and hours your child requires.

Registration Fee of \$75.00 /Cost is \$4.00 an hour price includes a snack				
Monday	Tuesday	Wednesday	Thursday	Friday
3:15	3:15	3:15	3:15	1:00
Registration Fee of \$75.00/ Casual drop in \$5.00 (once or twice in a month) an hour price includes snacks				
Note:				



Contacts / Pick up:

1 st Contact/Pick Up		
First Name:	Last Name:	Home #
Cell #	Relationship to child:	
2 nd Contact/pick Up		
First Name:	Last Name:	Home #
Cell #	Relationship to child	
3 rd Contact/Pick Up		
Frist Name:	Last Name:	Home #
Cell #	Relationship to child:	

In case of an Emergency, who would you like to be called first, if you are unavailable?

1 st Emergency pick up		
Frist Name:	Last Name:	Home #
Cell #	Relationship to Child:	
2 nd Emergency Pick UP		
First Name:	Last Name:	Home #
Cell #	Relationship to Child:	
3 rd Emergency Pick Up		
Frist Name:	Last Name:	Home #
Cell #	Relationship to Child:	



THIS IS AACA SCHOOL PARENT CONSENT AND WAIVER OF LIABILITY FORM

This form must be completed in full and initialed where designated, before your child will be allowed to enroll. By signing this form, you agree to all of the provisions that follow and acknowledge that these provisions constitute a waiver of liability from the AACA Afterschool program and school for:
_____ (child's Name)

I hereby grant permission for the child named above

- To participate in all of the activities organized by AACA Afterschool program
- To use all the play equipment owned or used by the AACA School
- To leave the school premises under the supervision of a staff member of the AACA Afterschool program for walks in the neighborhood and to the beach.
- To participate in activities involving bus transportation under the supervision of a staff member of the AACA School along with volunteer parents and of school board members.

Yes, I Agree

Cancellation/Withdrawal from the Afterschool program at AACA School

I understand and agree that the \$75.00 registration fee will not be refunded under any circumstance. I also understand and agree that should I wish to withdraw my child from the Afterschool program I will be required to give 30 days' written notice to AACA Afterschool Program in order to avoid a month payment penalty. I am required to pay all fees by the end of the each month.

Yes, I Agree

I agree not to hold the AACA School, the board members, employees or volunteers responsible for accidents.

When a child participates in an activity organized for school aged children there is always a risk of personal injury or property damage or loss. I acknowledge that The School and its Staff will not be held responsible if anything should happen to my Child or my child's property while attending the Afterschool Program, unless they have been grossly negligent.

Yes, I Agree

I consent to Emergency Medical Treatment for my child

In any emergency, accident or illness, my child may need medical or surgical treatment. I hereby give permission to AACA School to call a medical practitioner or ambulance if I (the parent) cannot immediately be reached, with every reasonable effort made to contact me first.

Yes, I Agree

I HAVE READ THIS DOCUMENT AND ACCEPT ITS TERMS AND I AGREE THAT THIS AGREEMENT WILL CONSTITUTE A COMPLETE RELEASE OF LIABILITY FOR THE AACA AFTERSCHOOL AND SCHOOL, SUBJECT TO THE PROVISIONS ABOVE.

Signature of Parent or Guardian

Date

Photo Permission Form



From time to time, we may take photos of the children either at school or when they are involved in organized activities away from the school site. We may use photographs and images of children in our newsletters, on our website or on school displays. We may also make video and web cam recordings for educational use.

From time to time the media may visit our school and may take photographs. Children will often appear in these images, which may appear in the local newspaper. Photos for the media and other publicity purposes may also be taken at events where our school is participating.

Please indicate below if you give permission for your child's photo to be taken and shared.

FOR PERSONAL USE:

- I give permission for my child's photo to be taken
- I give permission for my child's photo to be taken and used in school displays
- I give permission to share photos with other parents (if their child is in the photo)
- I give permission for my child's photo to be used on Instagram / Facebook website for the program.

FOR ADVERTISING PURPOSES:

- I give permission for my child's photos to be used on the School's website or advertising.
- I give permission for photos of my child to be used in advertising, only if their face is not shown.

I do not give my permission

- Please do not take photos of my child
- Please do not use my child photos for any advertisement/ Instagram/ facebook website

Child's Name

Parent's Signature

Date

Please sign and return with registration form

Avalon Pre-School and or Learning centre
Parent Handbook Agreement

I, _____ have reviewed a copy of the Avalon Preschool Parent Handbook and Discipline Policy. I have read, understood, and will abide by the policies set forth in this document.

Signature _____

Date _____

