

**Area Board for Child Development**  
**Registration Form**  
**2019 – 2020**

**\*\*Fill out one registration for each child.**

Student name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Sibling (s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies: insects, food, etc \_\_\_\_\_

Other medical concerns \_\_\_\_\_

Classroom Teacher \_\_\_\_\_

My child **WILL** attend ABCD on the following days: (circle all that apply)

Monday      Tuesday      Wednesday      Thursday

**\*\* I agree to pay the weekly fee, each Monday of the week of participation.**

**Student Fees**

Students attending full time

\$11 per week

\$6 per week (free or reduced lunch)

Students attending part time (at least 2 days a week)

\$3 per day

\$2 per day (free or reduced lunch)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## PARENT RESPONSIBILITY AND BILLING PROCEDURES

Parent Responsibilities/Agreements: Please initial each of the following to indicate you have read and understand each item.

\_\_\_\_\_ 1. My child is not allowed to come and go freely from the ABCD site and must promptly report to the before/after school room.

\_\_\_\_\_ 2. I must maintain communication with ABCD staff about my child (ren) and keep them informed of any pertinent changes including address and contact information.

\_\_\_\_\_ 3. I must notify ABCD by calling the school or in writing when my child (ren) will be absent from ABCD unless absent from school. I realize this is for my child (ren)'s protection.

\_\_\_\_\_ 4. If a medical emergency arises, ABCD will first attempt to contact me. If I cannot be reached, ABCD will contact the child's emergency contact. If the emergency is such that immediate hospital attention is necessary, the staff may call an ambulance. I will be responsible for all costs incurred.

\_\_\_\_\_ 5. **The ABCD program will operate from 3:00 – 4:30 Monday through Thursday.** ABCD will operate according to school closings, holidays, and institutes.

\_\_\_\_\_ 6. It is my responsibility to see that my child (ren) is (are) picked up by the designated closing time. **I understand that I will be charged \$3.00 per child for each 10 minute increment beyond 4:30.**

\_\_\_\_\_ 7. The school can release the following information to the ABCD program for the period of the current academic year: a) academic information; b) copies of quarterly report cards; c) copies of school interim reports; d) self-evaluative assessment.

\_\_\_\_\_ 8. I understand that I am required to pay by Monday of each week for the week's participation. Monthly payments are also acceptable. **Failure to pay on scheduled days may result in removal from the program.**

**I understand and agree to abide by the above parent responsibilities and billing procedures and that I have read and understand the parent guidelines.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### **Travel Authorization**

I Do, I Do Not (Circle One) give permission for my child to leave with the ABCD after school program for trips on school transportation to special events, walks to the park, etc. I understand that I will be notified before each such activity.

Additional siblings in ABCD \_\_\_\_\_

### **Picture Release**

I Do, I Do Not (Circle One) give permission to have my child appear in any media coverage approved by the ABCD after school program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Guidelines for Attending ABCD

**\*\* Please initial each of the following to indicate you have read and understand each item.**

\_\_\_\_\_ 1. Every student attending ABCD must work on some type of school related work each night. This work should be an assignment or some type of activity to what is being taught in the students' classroom. If no work is brought to the program we will provide the student with an educational activity related to his/her grade level.

\_\_\_\_\_ 2. All school rules that apply during the regular school day will also apply to ABCD. Courtesy and respect will be shown to the staff and other students attending. Failure to follow the rules will result in the following consequences:

- First time, warning will be given.
- Second time will result in one day suspension.
- Third time will result in a three day suspension.
- Fourth time will result in dismissal from the program.

\_\_\_\_\_ 3. Everyone attending the program must make the payment agreed upon each week. Nonpayment for more than two consecutive weeks may result in dismissal from the program. If special circumstances arise, please see the coordinator for a special arrangement.

\_\_\_\_\_ 4. ANY problems or concerns please feel free to contact the ABCD Coordinator.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**\*\* Return this registration form to your school office.**

