

Child's Name _____

**2017-2018 ST. ANDREWS AFTERSCHOOL
PARENTAL AGREEMENT and PERMISSION FORM**

1) I understand the registration fee is non-refundable. The tuition is \$60.00 per week for 4 or 5 days and \$45.00 for 3 days a week. There is an additional fee for students who attend The Globe Academy and Kittredge. There is no prorating of rates except for the weeks of Thanksgiving, Winter Holiday, and Spring Break.

2) I hereby grant permission for my child to participate in the provided afternoon snack. My child may bring fruit or vegetables to supplement the snack provided.

3) I hereby grant permission for my child to use all of the play equipment and to participate fully in all activities of the program.

4) I hereby grant permission for my child to be included in evaluations and pictures connected with the program.

5) My child will not be allowed to enter or exit the facility without being escorted by a parent/guardian or other authorized person, unless given written permission from a parent. All children must be signed out by a parent or guardian.

6) I hereby grant permission for the Director, Acting Director or Program Coordinator to take whatever steps necessary to obtain emergency medical care for my child. These steps may include, but are not limited to, the following:

1. Attempt to contact parent/guardian.
2. Attempt to contact parent through all emergency contacts.
3. If we cannot contact you, we may do any of the following:
 - a) Call a physician or paramedic;
 - b) Call an ambulance;
 - c) Have child taken to an emergency hospital in the company of a staff member.

Any expenses incurred under #6 above will be borne by the child's family.

7) The facility agrees to keep me informed of any incidents, including illness, injury, adverse reactions, etc., which include my child.

8) I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work locations, emergency contacts, child's physician, child's health status, allergies, and immunization records, etc.

9) I acknowledge that I have received and read a current *Policies and Procedures* manual for the After School Program and will obey and abide by all of the rules and regulations set forth.

Parent/Guardian: _____

Date: _____

Program Coordinator: _____

Date: _____