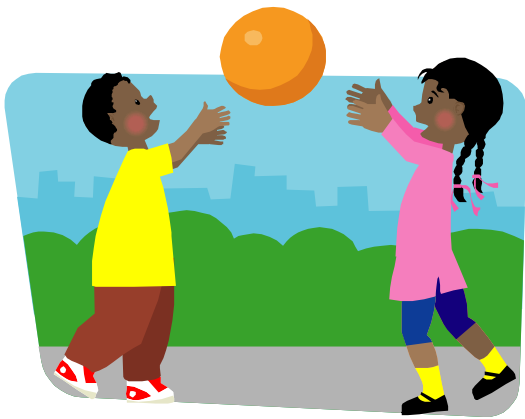


# *After School Program (ASP)*



701-323-4160



701-323-4240

(Only available to students attending Roosevelt or Highland Acres elementary schools)

# Registration/Billing Information

(One per child)

2019-2020 School year

Name of child: \_\_\_\_\_

Grade: \_\_\_\_\_

Full Time or Part Time (circle one)

Parent(s) or Guardian(s): \_\_\_\_\_

\_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Contact/Phone Numbers:

\_\_\_\_\_

Name

Phone Numbers

\_\_\_\_\_

Name

Phone Numbers

# Child Information

Please describe any situations/illnesses we should know about

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List any concerns or fears of your child.

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List any concerns you have about your child's behavior (Biting, hitting, tantrums, bathrooms, etc.).

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How are these behaviors handled at home? \_\_\_\_\_

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Any other information you feel we should know? \_\_\_\_\_

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## Who can pick up your child?

1) \_\_\_\_\_

Name

Phone Number

2) \_\_\_\_\_

Name

Phone Number

3) \_\_\_\_\_

Name

Phone Number

4) \_\_\_\_\_

Name

Phone Number

# Parent/Guardian Agreement

- 1) I understand ASP hours are from 3:05pm - 5:30pm during school days.
- 2) I understand that whomever is picking up my child is expected to be at the school no later than 5:30pm. **There will be a \$15.00 charge per child for every 5 minutes late when children are here after 5:30.**
- 3) I understand the charge for full time attendance is \$90.00 per child per month.
4. I understand the charge for part time attendance is \$70.00 per child each month (\$7/day for a minimum of 10 days). Every day attended after 10 days will be charged \$12/day.
5. I understand that payment is due the first of the month for that month (September's payment is due Sept. 1st). I agree that if payment is not paid in full by the 5<sup>th</sup> of that month, a late payment fee of \$5 per day for each child will be assessed. If full payment is not received by the 15<sup>th</sup> of that same month, my child will be dismissed from the program for the rest of the school year.
6. I understand a two week notice is requested should I choose to take my child out of the program.
7. I understand ASP follows school rules, policies, and procedures. This will include fix-it plans, major behavior notices, and district policy. My child may be dismissed from the program for repeated behavior which is determined by the ASP staff and the building administrator.
8. I understand this agreement may be subject to change with a 30 day notice to parents.
9. I recognize and acknowledge that there are certain risks of physical injury and/or death to participate in this program, and I agree to assume the full risk of any such injuries, death, damages, or loss regardless of severity which I or my child may sustain as a result of involvement with this program. Further, I waive and relinquish all claims that I, my insurer, or my child may have against Highland Acres or Roosevelt Elementary and its employees from all claims for injuries, damages, or loss which I or my child may have or which may accrue to me or my child in relation to his/her involvement with this program, regardless whether the activity is supervised or unsupervised. I also agree to hold the Bismarck School District harmless for any injuries, death, or damages sustained in relation to my child's involvement with the program.

**Please sign below, detach, and turn in with registration letter**

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I have read, fully understand, and accept the information & conditions of the above agreement outlining my assumption of risk and waiver and release of all claims.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date