

2019-2020 ASAP Registration Form

(Use a separate form for each participant)



Participant Information:

Name: _____ Age: _____

Grade: _____ Birthdate: ____/____/____

____ Male _____ Returning Student

____ Female _____ New Student

School Attending: _____

Parent/Guardian Information:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Number: (_____) _____

Secondary Contact Number: (_____) _____

E-mail: _____

(E-mail is the primary form of communication)

Please check each one and sign at the bottom.

- Registration form filled out
- Emergency contact form filled out
- Transportation form filled out
- \$40 Registration fee (new participants only)
- Read, and agree to follow Participant Handbook

X _____

2019-2020 Prices (Price includes pick up at school until 6pm)

Tuition: Tuition rates are based on the school days in September 2019 through May 2020. Holidays and Teacher Work Days are not included. Rates below are the cost per month. If your child(ren) will be attending August 14-30, the fee is \$20 per day (\$22 for TK/Kindergarten). *Please check how many days a week your child plans to attend and circle the specific days.*

- \$40 Registration Fee (New participants only)
- 5 days/week= \$345/month TK or K= \$445/month
- 4 days/week= \$292/month TK or K= \$372/month Circle Days: M Tu W Th F
- 3 days/week= \$237/month TK or K= \$297/month Circle Days: M Tu W Th F
- 2 days/week= \$174/month TK or K= \$214/month Circle Days: M Tu W Th F
- 1 day/week= \$87/month TK or K= \$107/month Circle Days: M Tu W Th F

**Please let us know in writing of any planned vacations/non-attendance days at least 1 month in advance and we can credit your account up to 5 days of tuition.*

Discounts Available

- 10% Sibling Discount- For families with 2 or more siblings, the full rate will be charged to the older sibling and a 10% discount applied to younger siblings.
- 5% Transportation Discount- If child is dropped off at ASAP
- Scholarships may be available for families with financial hardships. Please ask Director for an application.

School Closure Days: School closure days are billed on top of the regular monthly tuition. Please check calendar for days ASAP is open 8-6pm.

- 0-5 hours/day= \$25
- 5-10 hours/day= \$40

Payments

Payments can be made by cash, check (made out to ASAP) or credit/debit card. You will receive an invoice through e-mail at the end of every month for the next month's tuition. Your monthly total will be your daily rate x the number of days school is in attendance. If you give notice of an absence 7 days prior, you will not be charged. For any absence within 7 days your account will still be charged the daily rate. **Payments must be made by the 5th of the month.** Payment plans are available, please ask.

Contact Information

5146 Old Redwood Hwy
Santa Rosa, CA 95403
707-791-8149

info@asapcove.org
www.asapcove.org

Today's Date: _____

Total Amount Enclosed Today \$ _____



EMERGENCY CONTACT INFORMATION

The safety and well-being of each of our students is our first priority. It is of utmost importance that we are kept up to date on all contact information. It is vital that we have a phone number where you can be reached at all times. In the event that your child does not show up, becomes ill, or in the event of some other emergency we will attempt to call you immediately using the contact information on this page.

CHILD'S NAME _____ AGE _____ GRADE _____

NAME OF SCHOOL _____

In the event we need to contact you we will use the numbers and names below - **in order of priority.**

#1 NAME: _____ RELATIONSHIP _____

Cell PHONE: _____ WORK Phone: _____ HOME Phone _____

#2 NAME: _____ RELATIONSHIP _____

Cell PHONE: _____ WORK Phone: _____ HOME Phone _____

#3 NAME: _____ RELATIONSHIP _____

Cell PHONE: _____ WORK Phone: _____ HOME Phone _____

PICK-UP PROCEDURE

The following people are approved to pick-up the child referenced above _____,
_____.

The following people **MAY NEVER** pick-up the child referenced above _____,
_____.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

For children being picked up at school using ASAP vehicles, a copy of this medical consent form will be kept in ASAP vehicles at all times.

As the parent or authorized representative, I hereby give consent to ASAP at The Cove to provide all emergency medical or dental care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or Dentist (D.D.S.) for _____. This care may be given under whatever conditions are necessary to preserve the life, limb or well being for the child named above.

Insurance Provider: _____ Policy Number _____

MY CHILD HAS THE FOLLOWING FOOD/MEDICATION ALLERGIES: _____

MY CHILD HAS THE FOLLOWING BEHAVIOR ISSUES/CONCERNS: _____

Signature of Parent/Guardian

Date

After School Arts Program (ASAP)

PARENT/GUARDIAN AUTHORIZATION FOR TRANSPORTATION AND RESPONSIBILITY AGREEMENT

As a courtesy to our enrolled students, ASAP provides transportation from your child(ren's) school. Since our drivers must maintain a strict pick-up schedule it is **VERY IMPORTANT** that your child is at the pick-up site, on time, each day. **It is your responsibility to notify us when your child is absent.** We cannot be responsible to locate students for whom we have not received notification of absence. We care deeply about the safety of all our enrolled students and failure to notify ASAP of your child's absence may negatively impact other enrolled students. Absence notification ensures that the program schedule runs efficiently, allowing all enrolled students to have more productive time in the program. We sincerely, appreciate your cooperation.

Children may be released to one of the following ASAP drivers:

Karina Fayer, Russell Johnston, Julie Van Cleve, Kelsey Schene, Kayla O'Hearn, Hannah Momeyer, Meena Ortlinghaus or another authorized ASAP driver.

Responsibility for your child boarding the ASAP vehicle lies solely with the parent, school and/or teacher. ASAP responsibility begins when the student boards the ASAP designated vehicle.

I, _____, authorize my child(ren) _____
(Parent or Legal Guardian)

to be picked up by the ASAP designated vehicle at (name of school) _____ and to be transported by any ASAP designated vehicle to field trips during the summer program.

I understand that it is my responsibility to do the following:

#1: Notify my child's(ren's) school teacher(s).

#2: Name of teacher(s) and room # _____.

#3 Notify the school office, confirming my child(ren) should be in line for the ASAP vehicle.

#4 Call ASAP at 707- 528-3795 on or before noon on the day of pick-up if my child(ren) will not to be picked up on a particular day

It is vital that we have a phone number where you can be reached at all times, including when an ASAP vehicle arrives at school to pick up your child. In the event that your child does not show up, arrives ill, or in the event of some other issue, we will notify you immediately.

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Signature of parent or legal guardian

Date



PHOTO CONSENT FORM



I, (print name) _____, parent or legal guardian of (child's name) _____, hereby

_____ **grant permission**

_____ **do not grant permission**

to After School Arts and Sports Program to take and use photographs and/or digital images of my child for use on www.asapcove.org website, Facebook page and/or end of the year slideshow. My child's name and identity will not be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me.

Signature of Parent or Legal Guardian

Date

PAYMENT AGREEMENT

At the end of each month, invoices will be sent out to the given email with payment due for the following month. Payments are due by the 5th of each month. If a payment is not received by the 5th, ASAP will not pick up your child from school the following day. In order for them to re-attend ASAP your balance must be paid in full.

Payments can be made by cash, credit card or checks made out to ASAP. A \$7 fee will be charged for any return checks. Please place payments in the drop box by the sign out sheet or please see the Director for payment by credit/debit card. If you want a receipt make a note and one will be given to you the next day your child attends ASAP.

If your tuition is covered by an agency and they give notice that payment will stop, your child will not be permitted to attend ASAP after that day (unless I speak directly to an agency representative). You should be notified about the termination from the agency before the termination date.

I understand if I do not submit a payment by the 5th of the month, ASAP will not pick up my child the following day.

Signature of Parent or Legal Guardian

Date