

Summer 2018 Registration Form

First Participant Information:

Name: _____ Age: _____
Grade Entering Fall 2018: _____ Birthdate: ____/____/____

Second Participant Information:

Name: _____ Age: _____
Grade Entering Fall 2018: _____ Birthdate: ____/____/____

Parent/Guardian Information:

Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Contact Number: (_____) _____
Secondary Contact Number: (_____) _____
E-mail: _____

Please check each one and sign at the bottom.

- Emergency contact form filled out
- Transportation form filled out
- \$60 Registration fee
- Read, and agree to follow Participant Handbook

X _____

Summer 2018 Prices

\$60 Registration fee for EACH participant (new and returning)

Full Day	9:30am-4:30pm	\$40/day
Extended Full Day	8:00am-6:00pm	\$50/day (1-3 days/week) \$45/day (4-5 days/week)
Half Day	5 hours or less	\$25/day

Registration fee includes all field trips, T-shirts, and activities.

Payments can be made by cash, check (made out to ASAP), credit/debit card, or PayPal.

Summer 2018 Dates

Check weeks of attendance

- June 6-8, Spirit Week
- June 11-15, Zootopia
- June 18-22, Space Station Vacation
- June 25-29, Disney Week
- July 2-6, Holiday Week, Closed July 4th
- July 9-13, Spy Kids
- July 16-20, Storybook Summer
- July 23-27, Under the Sea
- July 30-August 3, ASAP's Got Talent

Attendance

See Attendance Calendar on next page.

Check days of attendance.



Summer 2018 Payments and Attendance

Payments are due every Monday. We accept payments by cash, check, credit/debit card and online. Cash and checks can be placed in our drop box. Credit/debit payments can be processed in person or over the phone. To pay online, please follow the steps below:

1. Login to PayPal (or create an account)
2. Click 'Goods and Services'
3. Put in the following email as the payee: bookkeeper@covefellowship.org.
4. Put the name of your child(ren) in the Notes field.

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, Jacquie Gonzales, Ada Medina-Tellez 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 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