

The First Shiloh Before and After School Student Assistance Program Enrollment Contract

Parent's/Guardian's Name _____ Date _____

Address _____

Home Phone _____ Business Phone _____ Cell: _____ Email: _____

Person to Notify In Case of Emergency _____
Tel. _____ Tel. _____

PLEASE CHECK ONE OF THE FOLLOWING

____ I hereby enroll the following child/ren in the First Shiloh Before School Program

____ I hereby enroll the following child/ren in the First Shiloh After School Program

____ I hereby enroll the following child/ren in the First Shiloh Before and After School Program

1. Name _____ Age _____ M or F Date of Birth _____
School _____ Grade in the fall _____

2. Name _____ Age _____ M or F Date of Birth _____
School _____ Grade in the fall _____

3. Name _____ Age _____ M or F Date of Birth _____
School _____ Grade in the fall _____

MEDICAL INFORMATION

(Please submit a copy of child's medical information)

Please list any allergies or pertinent medical information that we need to know about. If your child is on medication, please give schedule of administering and name of medication.

Allergies _____ Other _____

Medication(s) _____ To be taken _____

Doctor's Name _____ Tel: _____

Please indicate whether child can be given Aspirin or Children's Tylenol: _____

I give my consent for the administration of this program to administer any medical care as described above. In case of accident, injury, or medical emergency, permission is granted for my child to be given reasonable first aid and to be taken to the nearest medical facility for treatment.

Signature _____ Date _____

Medical Information Received: _____ Date _____
By: _____

I have read the conditions of this enrollment contract and I hereby enroll my child(ren) according to the following terms:

In the event of accident or injury, parents and /or the person to be contacted for emergencies will be notified immediately.

I agree to pay the non-refundable registration fee of \$25.00 per child at the time of enrollment.

I understand that my child/ren will neither be allowed to attend the program or participate in any scheduled activities if program fees have not been paid or if payment arrangements have not been made with Program Director. Please note: child will be picked up if payments are three(3) weeks past due.

Tuition is due on Monday. A charge of \$25.00 will be assessed for late payments, Tuesday.

A charge of \$25.00 will assessed for returned checks. Personal checks will not be accepts after three(3) returned checks. The SEM accepts Master Card, Visa, Discover, American Express.

The hours for the Before School Program will be 6:30 AM - 8:00 AM, Monday - Friday.

The hours for the After School Program will be 2:30 PM - 6:00 PM, Monday through Friday.

A charge of \$5.00 per fifteen(15) minutes will be assessed for late pick-ups. Late fees begin at 6:01 PM.

The Before and After School Program will follow the Hanover School Schedule. The program will be closed when Hanover County Schools are closed, unless otherwise noted.

BEFORE AND AFTER SCHOOL PROGRAM
Cost: Registration \$25.00

_____ I agree to pay the fee of \$30.00 per week for Before School Care Only.
_____ w/transportation: \$45.00

_____ I agree to pay the fee of \$45.00 per week for After School Care Only.
_____ w/transportation: \$65.00

_____ I agree to pay the fee of \$70.00 per week for Before and After School Care
_____ w/transportation: \$85.00

Signature _____ Date _____

Signature _____ Date _____

For Office Use Only:

Registration Fee Paid: _____ Date: _____
Beginning Date: _____ Received by: _____