

GARDENS SCHOOL OF TECHNOLOGY ARTS			<input type="checkbox"/> Before School (BSC)
Before School & After School Care Registration			<input type="checkbox"/> After School (ASC)
<i>A \$25.00 registration fee per child is due upon registration. Registration fees are non-refundable/non-transferable.</i>			
STUDENT - Last Name	First Name	Middle Name	DATE OF BIRTH
STUDENT HOME ADDRESS (Street Address, City, Zip)			GRADE LEVEL

PARENT INFORMATION

MOTHER NAME		PLACE OF EMPLOYMENT	
MOTHER ADDRESS IF DIFFERENT FROM STUDENT			
CELL PHONE #	WORK PHONE #	HOME PHONE #	EMAIL ADDRESS
FATHER NAME		PLACE OF EMPLOYMENT	
FATHER ADDRESS IF DIFFERENT FROM STUDENT			
CELL PHONE #	WORK PHONE #	HOME PHONE #	EMAIL ADDRESS
STUDENT LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other_____			

A. Is there a visitation or other court order barring either parent from removing the student during the school day or coming into contact with the student? NO YES If yes, please provide copy of the court order.

B. Parents DO NOT have shared parental responsibility. If checked, provide school with copy of court order.

Does the student have any allergies? Yes No If YES, please specify allergy:

Does the student take any medications? Yes No If YES, please specify:

Does the student have any illnesses, behavior issues, or physical limitations? Yes No If YES, please specify:

Please provide name(s) of person(s), other than the parent, authorized to pick up the student. Person(s) will be required to show photo identification.

NAME (First & Last)	Relationship to Student	Cell Phone #	Alternate Phone#

VERIFICATION OF STUDENT REGISTRATION INFORMATION

My signature indicates an agreement to accept policies and procedures as established by Gardens SOTA BSC/ASC Programs. I verify that the student registration info given is true/accurate to the best of my knowledge.

Signature of Parent/Guardian_____ Date_____

FOR OFFICE USE ONLY

Registration Date_____ Registration Fee Paid - Fee Amount \$_____

Note/Comment:



Gardens School OF TECHNOLOGY ARTS

Educating Young Innovators for the 21st Century

Before School & After School Care Programs Parent Statement of Understanding 2017-18

Please read, initial where indicated and return your BSC/ASC registration form and fees.

Payment & Fee Policies

I understand all monthly fees are due by the first of each month and that a \$10 late fee will be assessed if my fees are not paid by the fifth of the month or designated date. I understand that late pick-up results in fees due the following school day. Parent Initial _____

Withdrawal/Refund Policy

I understand and agree to give two-week notice withdrawal of my child from either BSC or ASC programs, and that no refunds will be provided for monthly fees paid. Parent Initial _____

Sign In/Sign Out Policy

I understand for the safety of my child, any person I designate to drop off or pick up is required to sign in and/or sign out with FULL signature. I further understand designated pick up persons must produce a photo ID upon request at sign-out. Parent Initial _____

Teacher/Staff Sign Out

I give my permission for my child to be signed out by SOTA teacher/staff in order to help in classrooms, receive extra help, attend special programs, etc. I understand my child will be under the supervision of school staff during the time they are signed out of aftercare. Parent Initial _____

Discipline Policy

I understand my child is required to follow all school rules of behavior, conduct, and discipline during BSC & ASC hours and disregard for the above may result in dismissal from BSC/ASC. I will review and discuss with my child any behavior reports that indicate problems needing to be resolved. I will sign and return any reports by the next school day. Parent Initial _____

Technology Guidelines & Internet Permission

I understand my child will follow school technology guidelines when using both personal electronics and/or school technology equipment. I give my permission for my child to use the internet during BSC/ASC hours. Parent Initial _____

Afterschool Movies-‘G’ & ‘PG’ Rated Permission

I give permission for my child to watch ‘G’ & ‘PG’ rated movies during afterschool care hours. Parent Initial _____

Afterschool Sports/Activities Permission

I give permission for my child to participate in sports and activities during ASC. I release the program and staff from any responsibility due to injury. Parent Initial _____

PARENT STATEMENT OF UNDERSTANDING

I have read, understood, and will abide by the Before School Care and Afterschool Care rules, policies, and procedures.

Signature of Parent/Guardian _____ Date _____

Name of Student _____