



Aucilla Christian Academy

7803 Aucilla Hwy. • Monticello, FL 32344 • 850-997-3597 • aucilla.org

WHERE CHRIST IS FIRST

AFTER-SCHOOL PROGRAM REGISTRATION

Please complete the following information. (Please print or type)

Child's Name: _____ Gender: _____ Male _____ Female

Grade (entering): _____ Student's Date of Birth: _____

Name of Parent(s) /Guardian(s) _____

Home Address:

Billing Address (if other than home address):

Home Phone Number: _____

Work Number: _____

Cell Number: _____

Preferred Number for Contact: Home/ Work/ Cell

Email: _____

Note: If any of the above information changes, please notify the After School Director immediately.

EMERGENCY CONTACT INFORMATION

List two emergency contacts *other than those listed above*:

Name Relationship Home Phone Work Phone

Name Relationship Home Phone Work Phone

Medical Problems/Allergies:

EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize the Aucilla Christian Academy After-School Program to act on my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

Parent/Legal Guardian Signature

Date

Train up a child in the way he should go: and when he is old, he will not depart from it. Proverbs 22:6



Aucilla Christian Academy

7803 Aucilla Hwy. • Monticello, FL 32344 • 850-997-3597 • aucilla.org

WHERE CHRIST IS FIRST

Child's Name _____

AFTER-SCHOOL PROGRAM

The After-School Program will run from the start of school in August until school is out in May.

- Hours of operation are from 2:15-5:30 pm each school day
- Parents must pick their child up by 5:30 pm or a late fee of \$10 will be assessed
- After-school care will **NOT** be provided on ACA school holidays or teacher planning days.
- An after-school snack will be available for each child provided by the ACA After-School Program.
- Children are expected to interact with other children and are required to participate in all activities as instructed by the ACA After-School Program.
- Failure to follow the rules can result in your child being expelled from the After School Program.
- If a child is expelled from the After School Program, there will be no refund.
- Disrespect of the ACA After-School staff, refusal to follow instructions, fighting and/or bullying of any type, are ground for immediate dismissal.
- Participants are financially obligated for a semester commitment at a cost of \$750 per semester (\$8.42 per school day) and will be billed monthly over a five month period at \$150 a month. **In order to secure a spot for your child, a \$50.00 non-refundable deposit is required with the submission of the application.** Once a child starts the semester, the full semester payment is assumed by the parent.

*****FOR OFFICE USE ONLY*****

Registration Received: _____ Amount Paid: _____ Date Paid: _____

HOLD HARMLESS RELEASE

I hereby waive, release, absolve, indemnify, and agree to hold harmless Aucilla Christian Academy, Inc., its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates; for, from, and against all liability of injury which may occur or result from the participation of the above named child in any and all activities. I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

Release made this _____ of _____, 20 _____ by _____

Day

Month

Parent/Guardian Signature



Aucilla Christian Academy

7803 Aucilla Hwy. • Monticello, FL 32344 • 850-997-3597 • aucilla.org

PICK-UP AUTHORIZATION FORM

WHERE CHRIST IS FIRST

Student's Name: _____

The following individuals are authorized to check-out the above named student from the ACA After-School Program:

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

3. Name: _____ Relationship: _____

4. Name: _____ Relationship: _____

5. Name: _____ Relationship: _____

Note: Add additional names if needed.

Please note, if anyone is **PROHIBITED** from contacting or checking-out the student specify the individual(s) below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____