

S.O.A.R Afterschool

2018-2019

Child's Legal Name: _____

DOB: _____ Grade: _____

Child's Address: _____

City: _____ State: _____ Zip _____

Mother/LegalGuardian: _____

Address (if different from the child): _____

City: _____ State: _____ Zip _____

Cell Phone Number: _____ Work Phone Number: _____

E-mail: _____

Father/Legal
Guardian: _____

Address(if different from the
child): _____

City: _____ State: _____ Zip _____

Cell Phone Number: _____ Work Phone Number: _____

E-mail: _____

Please list at least one alternative person:

Emergency/ Alternative Contact 1: _____

Cell Phone Number: _____ Work Number: _____

Emergency/ Alternative Contact 2: _____

Cell Phone Number: _____ Work Number: _____

Emergency/ Alternative Contact 3: _____

Cell Phone Number: _____ Work Number: _____

FOR OFFICE USE ONLY Amount: _____ Payment Method: _____ Date: _____

1st week/month deposit _____ Registration fee _____

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RELEASE As the parent/guardian signing this form, I acknowledge, understand and agree with the SOAR Afterschool Program's procedures, policies and expectations including the following:

I/we the undersigned swear that all the information provided in this application form is true as of the date noted below. I/we agree to notify the SOAR program in writing immediately if any information on the application changes while the child is enrolled in the SOAR afterschool program.

Initials _____

I/we understand the person(s) recognized as legal guardian(s) for this child and any other person signing this agreement is/are responsible for fulfilling all obligations of this contract.

Initials _____

I understand that the registration fee is not transferable and nonrefundable.

Initials _____

I understand that payment will be a monthly (September-June) automatic payment from a designated credit or debit account. I also understand my child can be removed at any time from the program for non-payment.

Initials _____

I understand that I must pick up my child by the end of program time each day or incur a \$5 late fee for every 15-minute increment that I am late.

Initials _____

I understand that it is my responsibility to arrive on time to pick up my child. In emergency situations, I (or a designee) will be available to pick up my child. **(My child will only be released to those listed on his/her "pick-up" list.)** I understand that I must provide accurate, up-to-date contact information for each person on the "pick-up" list.

Initials _____

I understand that nursing services are not provided during the afterschool program.

Initials: _____

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I hereby give permission for the staff of SOAR and Dover Middle School to provide simple first aid treatment to my child when necessary and, in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility and to receive emergency medical treatment. I agree to be financially responsible for any and all medical expenses not covered by my child's insurance, which may be incurred as a result of the use of this consent. I can be assured that all preventative measures will be taken to maintain an environment of safety and wellbeing for each child.

Initials: _____

I agree to notify the Director in writing of all relevant medical conditions/needs and special education requirements related to my son/daughter; in advance of my child's participation in the program or as soon as any changes are put into effect

Initials: _____

I give permission to the SOAR staff to photograph or record on video/audio my son/daughter for use on the SOAR website or in promotional material for the program. I understand that I can revoke this permission at any time by notifying SOAR's Director.

Yes **No** **Initials:** _____

I do hereby release and forever discharge the SOAR afterschool program (and its staff), from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, sustained by my child as a participant in the SOAR Afterschool Program.

Initials: _____

My child will attend:

Homework Help (picked up by 3:30) _____

Homework Help & Enrichment programming (pick up by 6) _____

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

By signing below, I acknowledge that I have read and fully informed myself of the contents of this document.

Parent Name (Print)

Parent Signature

DATE

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Rates

There is a yearly nonrefundable/ non transferrable registration fee of \$30 due at registration.

Homework Help	1-2 days	3 days	4-5 days
\$52	\$37	\$52	\$73

- All payments will be automatic monthly payments on the 1st of the month (September-June)
 - ◆ Parents will sign an Automatic Monthly Payment Authorization form as well as a Credit/Debit Card Authorization form
- **A charge of \$35 per child per week of non-attendance will be applied to your child's account to ensure a spot within the program.**

Operation

SOAR will be open when school is in operation.

- We will assess the need for vacation care as the time gets closer

Hours of operation are 2:20 until 6pm

- If you are signing up for just Homework Help- children need to be picked up by 3:30

Student Schedules

We require that you notify us of what your student's weekly schedule of attendance on the registration form. In the event of a change of schedule, we ask that you text or email the Director.

- Children will be allowed to walk home with written consent from a parent or guardian (attached)

Program Contact Information

Program Director- Brandy Barshaw

Contact Number (text preferred)- 603-866-6008

Email- soarafterschoolnh@gmail.com

Registrations can be mailed to: SOAR

1B Chesley Ave

Somersworth, NH 03878

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I _____ give permission for my child
_____ to walk home at (time) _____ on the following days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

By signing below I understand that the SOAR program is no longer responsible for my child once they leave Dover Middle School and I will resume responsibility at the above stated time.

Parent name (print) Signature

Date