

Proehlfic Park After School Program Registration Form

Child's Name: _____ Age: _____ DOB: _____ M/F Grade: _____ School: _____

Child's Name: _____ Age: _____ DOB: _____ M/F Grade: _____ School: _____

Child's Name: _____ Age: _____ DOB: _____ M/F Grade: _____ School: _____

Parent Name: _____ Home: _____ Work: _____ Cell: _____

Parent Name: _____ Home: _____ Work: _____ Cell: _____

Home Address: _____ City/State/Zip: _____

Email Address: _____ Additional Email Address: _____

1st Emergency Contact Name: _____ Phone #: _____ Relationship: _____

2nd Emergency Contact Name: _____ Phone #: _____ Relationship: _____

Does your child have any allergies? Y / N

If Yes, what are they allergic to (and does it require an epi-pin)? _____

Does your child take any medications? Y/N

If Yes, what medication (*please note that we are not allowed to administer ANY medications*)? _____

Authorized Pickups: _____

Name Relationship Phone #

Name Relationship Phone #

MONTHLY DRAFT AGREEMENT

Please indicate type of account: Checking/Savings Credit/Check Card

| Electronic Check | Credit Card/Debit Card |
|---|------------------------|
| Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Type: |
| Account Number: | Credit Card #: |
| Routing #: | Expiration Date: |

I give authorization to Proehlfic Park to automatically draft \$_____ a month from my account. It is my understanding that the draft will take place on the 1st of each month and cannot be changed from that date. Proehlfic Park Bank Draft is a school year commitment (August-June) and requires re-registration each year. I acknowledge that if I wish to cancel my agreement I am required to give 2 WEEKS NOTICE prior to the next monthly draft. **Initial**_____

I acknowledge and represent that I have read, understand and accept ALL terms stated from the After School Information Document and have discussed the expectations of behavior with my child. I understand that Proehlfic Park has the authority to revoke my child's right to participate in Proehlfic Park programs for behavior which is not in following the mission of Proehlfic Park. My signature below indicates that I agree to adhere to all policies, agreements, waivers and procedures and the mission of Proehlfic Park.

After School Participant Name (s) (print)

Signature of Parent or Guardian

Date

REGISTRATION FEE

See After School Information Sheet for both After School Program Pricing & Detail Descriptions.

Platinum After School Program: \$229 Member / \$249 Non-Member per month (pro-rated first month)

Regular After School Program: \$189 Member / \$199 Non-Member per month (pro-rated first month)

+ \$50 non-refundable registration fee + \$30 Van Pick Up per month (optional)

| Program (<i>please circle all that apply</i>) | Registration Fee | 1 st Month Prorated | Van Pick Up | Total Due | Date Paid & Type of Payment |
|---|------------------|--------------------------------|-------------|-----------|-----------------------------|
| Platinum: Member / Non Member | \$ | \$ | \$ | \$ | |
| Regular: Member / Non Member | | | | | |
| Van Pick Up | | | | | |