



**Person authorized to pick up student. A photo ID will be required for pick-up.**

<b>Name</b>	<b>Relationship</b>	<b>Phone (if not listed above)</b>

**Medical History**

**Primary Physician's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Type of health insurance** \_\_\_ **HMO/PPO** \_\_\_ **Medicaid** \_\_\_ **None**

**Please provide any information about serious allergies, conditions, physical or emotional health issues.**

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**Is your child on any medication** \_\_\_ **No** \_\_\_ **Yes, if so what?**

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**A non-refundable yearly registration fee in the amount of \$25.00 is required for participation in the after school program.**

**Registration Information**

**Anticipated Days the student will be staying**

\_\_\_ **weekly**

\_\_\_ **Occasional Drop In**

\_\_\_ **Part-time (List days needed)** \_\_\_\_\_

**My child(ren) agree to abide by the Brighten Academy Code of Conduct and all policies and procedures. I understand that non-compliance may be grounds for withdrawal from this program.**

**I acknowledge my responsibility to provide payment PRIOR to after school care. Payment not rendered in a timely manner may result in withdrawal from the program.**

**I accept responsibility for providing punctual transportation for my child and acknowledge that a late fee of \$1.00 per minute will be assessed. If I am going to be late to arrive due to emergency circumstances, I agree to notify the ASP director or teachers immediately.**

**I understand that my child will only be released to individuals pre-authorized. Transportation changes must be done in advance and/ or in writing using picture identification. Individuals picking up my child may be asked for photo identification.**

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**Parent Signature**

**Date**