

Registration Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling (and grade level): \_\_\_\_\_

Sibling (and grade level): \_\_\_\_\_



**5897 Prestley Mill Road · Douglasville, GA 30135 · 770-615-3680 phone · 770-575-3614 fax  
www.brightenacademy.com**

## **After School Program Registration (PLEASE PRINT)**

All inquiries for ASP should be made to Dana Weeks, at [dweeks@brightenacademy.com](mailto:dweeks@brightenacademy.com)

### **Parent Information:**

Name(s)
Address
(City/ State/ Zip)
Home Phone / Cell Phone / Best Contact Number

### **Parent Email(s):**

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### **Emergency Contacts/Persons Authorized to Pick-up (other than parent listed above)\***

<u>Name</u>	<u>Relationship</u>	<u>Phone(s)</u>

**\*Photo ID and/or dismissal card will be required for pick-up.**

### **Medical History:**

Primary Physician's Name		Phone
Does your child have any food allergies?	If yes, please list:	
Does your child take any prescription medication?	If yes, please list:	
Please provide any additional information about serious allergies, conditions, physical or emotional health issues.		

**Registration Information:**

Anticipated Days the student will be staying:

\_\_\_\_\_ Weekly – M/T/W/Th/F

\_\_\_\_\_ Weekly – M/T/Th/F

\_\_\_\_\_ Weekly – W only

**Fees:**

- **A non-refundable yearly registration fee in the amount of \$10.00 per child is required for participation in the After School Program.**
- **The weekly (Monday-Friday) fee for After School Program care is \$55 per week pre-paid per child. The weekly (Monday-Friday, excluding Wednesday) fee is \$40 per week pre-paid per child. Wednesday care is available at the rate of \$20 per day pre-paid per child. Only students registered for weekly or Wednesday care may stay on Wednesday. The weekly or Wednesday fee is assessed each week regardless of whether your child stays in ASP or not. The fee holds your student’s spot in ASP.**
- **Accounts must have a credit or no balance owed by Monday mornings to attend ASP on any day of that week**
  - **Parents will be contacted by phone or email provided on the registration form.**
  - **Students may not stay in ASP on any day of the week if a balance is owed.**
  - **Once the account has been brought current and a pre-payment has posted for the upcoming week, the student may return to ASP care.**
- **Payments need to be made on MySchoolBucks.com or by money order. No other form of payment will be accepted.**
- **Fees will be assessed weekly. \*\*Please note that notice must be given to the ASP director if there is a change in your child(ren)’s ASP need.\*\* No fees will be assessed during school holiday weeks.**
- **A late fee of \$1.00 per minute per student will be assessed for all late pick-ups after 6:00 pm.**
- **At this time, there is no drop-in care with the After School Program. Students must be pre-registered and pre-paid.**

**Acknowledgement of ASP Terms**

My child(ren) and I agree to abide by the Brighten Academy Code of Conduct and all policies and procedures outlined in the Brighten Academy Handbook. I understand that non-compliance may be grounds for withdrawal from this program. I acknowledge my responsibility to provide payment for after school care to the Brighten Academy ASP. Payments are due when services are rendered unless prior arrangements have been made with the ASP Director. Payments not rendered in a timely manner may result in late fees and possible withdrawal from the program.

I accept responsibility for providing punctual pick-up transportation for my child and acknowledge that a late fee of \$1.00 per minute per student after 6:00 p.m. will be assessed. If I am going to be late to pick up my child(ren) due to emergency circumstances, I agree to notify the ASP staff immediately. I understand that notification of a late arrival does not eliminate the late fee.

I understand that my child will only be released to the individuals I identified on this form as authorized pick up persons. I will communicate transportation changes in advance or by phone or confirmed email address. Individuals picking up my child will be asked for photo identification. I acknowledge receipt of this and the ASP handbook, and I agree to abide by the ASP terms and conditions.

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**Parent Name (Please Print)**

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**Parent Signature**

**Date**