



After School Program

APPLICATION & CONTRACT
2016-2017 | Grades K-4
please fill out one form per child.

Child's Name:		Birthday: / /	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	School:	
Address:			
City:		State:	Zip Code:
Phone:		Cell:	
E-mail:			
Mother/Guardian Name:		Phone No:	
Work Place:		Work No:	
Father/Guardian Name:		Phone No:	
Work Place:		Work No:	
Person(s) Authorized to Pick-up:		Phone No:	
Person(s) Authorized to Pick-up:		Phone No:	
Person(s) NOT Authorized to Pick-up:			
Emergency Contact:		Phone No:	
Relationship to Student:		Alt No:	
Emergency Contact:		Phone No:	
Relationship to Student:		Alt No:	
Tell us a little about your child:			

Medical Allergy Information

Asthma:	Inhaler: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bee Sting Allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Epi Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Food Allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:
Other Allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:
Special Needs: (please explain)	

Schedule

Please indicate the days of the week your child will need after school care: (Check all that apply.)

We require a consistent schedule each week.

Monday Tuesday Wednesday Thursday Friday

Waivers & Contracts (please check box or print name as required.)

As a valued customer, you will automatically receive information via e-mail such as our newsletters and special offers. Please indicate if you would prefer **not** to be on the mailing list:

Occasionally we take photographs for our website, social media, and for marketing & advertising. Please indicate if you do **not** wish your child to be included in these photographs:

Liability Waiver

I _____ in consideration of the opportunity afforded to my child and myself by Big Dream Creative Arts Studio, release Big Dream, its employees, volunteers and affiliates from all actions, damages, claims and demands, of every kind and character I may now or hereafter have against them.

Fees, Payment & Hours

The fee for after school care is \$20.00 a day. We must receive payment on the first Monday of each month. The after school program closes at 6:00 pm. There will be a late fee of \$15 charged each time parents are more than 5 minutes late picking up their child(ren). I _____ agree to the payment and late fee schedule.

Transportation

We are unable to offer transportation to and from the after school program. Parents are responsible for making these arrangements through the school's bussing system, carpool with another family, etc.

Transportation changes cannot be made without a signed note sent with child or or a phone call from the parent/guardian.

I _____ understand and agree to arrange transportation for my child to and from the after school program and provide notice of any changes.

Signature:

Date:

For Studio use only:

Paid

Date:

Check#:

PayPal: