



THE ACADEMY AFTER SCHOOL PROGRAM
"LOTTERY" REGISTRATION 2018-19 Year
Grades Kindergarten – 6TH

Dear Parents –

Thank you for your interest in registering your child for the After School Program for the 2018-19 school year.

We will be holding a lottery for available spaces for both campuses, North (K-2nd) and Main (3-6th). Unfortunately, the lottery registration does not guarantee your child a space. As spaces become available, we will fill those spaces based on lottery submissions. We will continue to accept registrations throughout the summer and school year.

In order to be added to the lottery, parents are required to complete the Registration Lottery Packet. This packet can be found on our website at www.theacademyk12.org. Please navigate to the "Schools & Child Care" tab which is located at the top of the page. Once you are there, you can click on the 2018-19 Lottery Registration Packet link at the bottom of the page.

Please read and complete the packet. The forms are a fillable PDF, please complete them electronically. You will need to submit the registration packet to this email address only. academy.afterschool@theacademyk12.org
Packets will not be accepted any other way. We will contact families via email regarding openings as they become available.

Once you have been notified of an opening and you accept the space within the allocated time given, you will be charged the non-refundable registration fee. The registration fee is \$60 for the 1st child and then \$30 per additional sibling. Once we have your completed forms and the registration fee paid, your child's space will be secured.

Failure to accept the space or pay the registration fee within the allocated time given, your child's space will be forfeited and they will be placed back in the lottery.

Payment options are: cash, check, E-Funds or Credit Card. Credit cards may be processed in person or over the phone at Ext. 166. Please Note: there may be times in the day when we are unable to run credit cards.

All registration payments must be dropped off or processed through the Main Campus After School Office Only! Please do not leave payment with the "school office" staff at either campus.

* Please do not make a payment unless you have been contacted regarding a space.

If you have any questions please do not hesitate to contact me.

Pat Johnson
After School Care Director
303-289-8088 Ext 166
Pat.johnson@theacademyk12.org



THE ACADEMY AFTER SCHOOL PROGRAM
REGISTRATION AGREEMENT - 2018-19 School Year

Child's Name: _____ Birth Date: _____

Grade Entering: _____ Allergies/Medications: _____

Mother name: _____ Address: _____

City: _____ Zip: _____

Email Address: _____ Contact Number _____

Father name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Contact Number: _____

TUITION COST AND CHOICE

Please select days per week needed

| # Of Days | | Cost |
|-------------|---------------|------------------|
| 5 Days week | (Mon - Fri) | \$340.00 Monthly |
| 4 Days week | M T W TH F | \$288.00 Monthly |
| 3 Days week | M T W TH F | \$238.00 Monthly |
| 2 Days week | M T W TH F | \$182.00 Monthly |

I understand that I am registering my child in the after school care program for the full school year 2018-19 and that I am the person responsible for all fees that my child accrues while in this program.

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____

(Other): _____ Relation to child: _____

Licensing Requirement - All Areas Must Be Filled In, If Not Applicable Write N/A

Child's Name: _____ Gender: _____ Age: _____ Birth date: _____

Address: _____ City _____ Zip _____

Parent (Mother) _____ Parent (Father) _____

Cell Phone: _____ Cell Phone: _____

Wk Phone _____ Wk Phone _____

Employer: _____ Employer: _____

Wk Address: _____ Wk Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Email: _____ Email: _____

Second Parent Home address if other than child's:

Mother or Father / Address: _____ City _____ Zip _____

EMERGENCY CONTACT (Must be persons who are local and other than parents)

Name: _____ Phone #'s _____, _____

Address: _____ City: _____ Zip: _____

Name: _____ Phone #'s _____, _____

Address: _____ City: _____ Zip: _____

List any Illnesses / Chronic Health Problems/Allergies: _____

Please list any medication(s) prescribed: _____

Physicians Name: _____ **Phone:** _____

Address: _____ City _____ Zip: _____

Preferred Dentist Name: _____ **Phone:** _____

Address: _____ City: _____ Zip: _____

Hospital Preferred for Emergency Treatment: _____ **Phone** _____

Address: _____ City _____ Zip: _____

CONSENT FOR EMERGENCY MEDICAL CARE AND SHARING OF INFORMATION

I, the undersigned, a parent or guardian of the above named child herein authorizes all adult sponsors, or any responsible adult person bearing this written authorization into whose care the above mentioned minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital care. Such care is to be rendered to said minor under the general or special supervision and upon the advice of a physician, dentist, and/or surgeon licensed to practice in the State Of Colorado and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care. In addition, I authorize all Academy Child Care staff / school staff to exchange relevant information about my child. It is understood that this authorization is given The Academy childcare program and for all program-sponsored activities. Every effort will be taken to locate a parent/guardian before any action is taken. All medical expenses will be accepted by the parent/guardian.

AUTHORIZED SIGNATURE: _____ **Date:** _____

THE ACADEMY AFTER SCHOOL AND SUMMER CAMP PROGRAMS

CHILD PICK-UP AUTHORIZATION FORM - 2018-19 year

*** ONE FORM PER FAMILY**

If parents are separated, please complete one form to accommodate both parents.

- 1. Please fill out this form if you wish to give permission for other people to pick your child up from the after school or summer camp program.**
- 2. These people may pick your child up without your prior approval. You may allow other people not listed here to pick your child up provided you either tell us in person, give us a phone call, or send an email prior to 2:30 during the school year.**

Child's Name: _____

2nd Child's Name: _____

3rd Child's Name: _____

Mother: _____

Father: _____

Name: _____

Relationship to Child _____

Name: _____

Relationship to Child _____

Name: _____

Relationship to Child _____

Name: _____

Relationship to Child _____

Name: _____

Relationship to Child _____

Name: _____

Relationship to Child _____

Name: _____

Relationship to Child _____

Name: _____

Relationship to Child _____



PLEASE NOTE: The people you list on this child pick-up form, as well as your listed "Emergency" contact person(s) will be allowed to pick your child up at anytime. If you wish this to be different, please let us know.

Parent Signature

Date: _____

Parent Signature

Date: _____



THE ACADEMY AFTER SCHOOL AND SUMMER CAMP PROGRAM

PARENT HANDBOOK - POLICIES, PROCEDURES / CONDUCT AGREEMENT

2018 -19 year

The Academy After School and Summer Camp program is dedicated to children and their families. Parents and staff of The Academy are identified as potential role models for the children present. As role models we are ALL expected to portray good citizenship and kindness towards each other.

USING APPROPRIATE LANGUAGE: inappropriate language or verbal abuse directed at staff, parents or children will not be tolerated.

BEING RESPECTFUL OF EACH OTHER:

Raising concerns regarding the program or staff shall be done in private with the program supervisor or site coordinator present. Threatening tactics will not be tolerated.

Adults are never allowed to threaten, physically harm or frighten any child. Parents that have any concerns regarding child related issues must address it only with the program supervisor or site leader.

PORTRAYING A POSITIVE IMAGE AND ACTING APPROPRIATELY:

We are all directly responsible for ourselves and the guests that we bring into the building.

Smoking, drugs or alcohol use are never permitted. If suspected abuse occurs, the person involved will be subject to immediate removal from school property and proper authorities contacted.

Keeping children safe is our number one priority. If a staff member suspects that a parent is impaired, and they plan to drive their child from the program, staff will NOT release the child and proper authorities will be contacted.

UNRESOLVED ISSUES:

If there are serious issues or concerns regarding a child or their parents, a meeting may be scheduled to discuss the concerns. In the event a solution cannot be agreed upon between parents and aftercare administration a third party may intervene. A good faith effort will be made to come to an amicable solution.

In the event that the intervention is unsuccessful, the Academy after School and summer camp administration reserves the right to suspended or expel students from the program without tuition compensation.

Please initial and sign

_____ I have read, understand and agree to abide by all the programs policies, procedures and code of conduct agreement.

_____ I understand that I am able to view the Parent Handbook at any time on the programs web page at: www.theacademyk12.org, under child care. I understand that I will be notified via email of any changes to this document.

_____ I understand that the Parent Handbook policies and procedures is a Colorado state licensing requirement. I also understand that this program may administer additional policies and procedures that are not listed in the handbook.

_____ I understand that I am registering my child for the full school year or summer camp program, and that I am liable for all monthly tuition fees including any early withdrawal fees, non-school day fees, extra drop-in days and activity fees.

Mother / Guardian Signature

Father / Guardian Signature

Child's Name: _____

Child's Name: _____

Child's Name: _____