



BEFORE/AFTER SCHOOL PROGRAM – 2016-17

Enrollment Application (Grades 6th – 12th)

Registration Fee \$45 for first child, \$25 for each additional child

Student #1 Name: _____

Grade: _____ Last First Middle
| Male | Female Age _____ Date of Birth ____/____/____
Month Day Year

Student(s) lives with | Both Parents | Mother | Father | Guardian-relationship to student: _____

Physician's Name: _____ Phone: _____

List medical conditions, allergies, and medications that the child takes on a regular basis: _____

Student #2 Name: _____

Grade: _____ Last First Middle
| Male | Female Age _____ Date of Birth ____/____/____
Month Day Year

Physician's Name: _____ Phone: _____

List medical conditions, allergies, and medications that the child takes on a regular basis: _____

(Additional children, please add another form)

Family Information:

Father's Name: _____ Mother's Name: _____

Father's Employer: _____ Mother's Employer: _____

Work Phone: Father _____ Work Phone: Mother _____

Cell Phone: Father _____ Cell Phone: Mother _____

Email: _____ Email: _____

Address: _____ City: _____ St: _____ Zip: _____

Emergency Contact:

1. Emergency Contact _____ Relationship: _____
Cell Phone: _____ Work: _____

2. Emergency Contact _____ Relationship: _____
Cell Phone: _____ Work: _____

Official Medical Release:

In the event I cannot be reached, United Faith Christian Academy has my written consent to authorize a legally licensed physician or medical team to perform any emergency treatment necessary for

Student Name(s)

I, _____, agree to the official medical release. _____
Parent/Guardian Printed Name Signature of Parent or Legal Guardian

Upper School After School Care -- Fees and Payment Information:

Student Name(s): _____

Before School Program Payment Plans:

€ Drop In Rate is \$8.00/hour (per student)

€ Unlimited is \$60/month (per family)

After School Program Payment Plans: (PER STUDENT RATES for Grades 6-12)

- Drop In Rate is \$4.00/hour
 - (this is for families who just need ASC occasionally)
- \$100/month for unlimited after school care
- Students who are in ASC waiting for team practices or games will not be charged on those days they have practices or games.
- Students of families who are on UFCA Tuition Assistance or families of more than one Upper School Student must contact the business office if ASC is an absolute necessity for your family and if you cannot afford the ASC fees.

All charges except for "Drop In Charges" will be added to your SMART Tuition Account. Drop In Charges will be billed monthly and will paid by check. Any questions please email Amy Woods in the Business Office at amy.woods@ufca.org.

Authorization:

Please list anyone who is allowed to pick-up your child other than yourself or your emergency contacts. Use additional paper if necessary.

_____	_____	_____	_____
Name	Cell Phone	Work Phone	Relationship to Child
_____	_____	_____	_____
Name	Cell Phone	Work Phone	Relationship to Child

Conditions of Application:

In signing this application, I agree to and understand the provisions below:

1. I have read and understand the rules and policies outlined in the UFCA Handbook and Tuition/Fee Schedule for the 2014-15 school year. I will adhere to and support these policies without reservation.
2. I understand that it is my responsibility, as the parent or legal guardian, to ensure daily transportation to and from school. I will provide to the school in advance written consent should I have someone other than myself provide transportation for my child.
3. Should any legal action, for any reason be taken against UFCA, or any employee or agent thereof on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that UFCA or its agent should incur to defend itself against such action.

I certify that I have read and understand all the information on this application. The information I have provided is correct.

_____	_____	_____	_____
Parent/Guardian's Signature	Date	Parent/Guardian's Signature	Date