



2018-19 FAU High School – 9th Grade After School Supervision

(Please complete one form PER CHILD)

Please email enrollment form(s) to fau.hasp@fau.edu or drop off completed form(s) to the front office. If you email this form, you will need to sign an original in the Afterschool office prior to your child’s first day in aftercare. Email or contact us at (561) 297–3952 for any aftercare questions. Please remember there is NO AFTER SCHOOL SUPERVISION on half days for 9th grade (8/31, 10/5, 11/30, 2/1, 3/1, 4/26). There is also no aftercare supervision for any students on the following days when school closes early (10/26, 11/20, 12/21, 3/15, 5/30).

We are looking forward to having your child(ren) attend our program!

After School Directors,

Brianne Allen
btuzzoli@fau.edu

Gina Sands
rsands@fau.edu

SECTION 1: Child & Parent Information

Student Name (Last, First): _____

Please check the days your child will attend:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

BEST contact number for after school hours: _____

E-mail: _____

Parent/Guardian Name: _____

Cell Phone: _____ Work Phone _____

Parent/Guardian Name: _____

Cell Phone: _____ Work Phone _____

SECTION 2: Authorization of Student Release*

In addition to parent(s)/guardian(s) listed above, A.D. Henderson University School/FAU High School officials are authorized to release my child(ren) to the following:

1. _____
2. _____
3. _____

**For the safety of your student, anyone other than parents or guardians MUST show proper identification when picking up your child(ren). Custodial arrangements that prohibit students from being released to any particular party must be on file with the After School office.*

- I understand that my child(ren) will NOT be released to anyone not on this list without prior written authorization from myself to A.D. Henderson University School/FAU High School.
- I understand that my child(ren) will NOT be released to walk or take the bus/train unless there is a certified letter on file with HASP stating permission from the parent.

SECTION 3: Health and Emergency Information

Allergies (food, medications, etc.): _____

Special health needs / medications: _____

In case of emergency:

- I give permission to have my child treated at the Boca Raton Regional Hospital Emergency Room in case of a serious illness or injury. *(Every effort will be made to contact the parent immediately.)*

Insurance Company: _____

Policy Number: _____

- I hereby attest that the above information is true and accurate to the best of my knowledge, and that I am the legal guardian of the student listed.

SECTION 5: Late Fee Charge

For each additional 15 minutes tardy, there is a \$10.00 late fee per student after 6:00 p.m. Parents will be notified at the time of pick-up. An email will also be sent within 24 hours of the occurrence with notification of warnings and fees allocated. Late fees will be charged to the student account accordingly.

Person responsible for paying fees: _____

- I have read and understand the late fee charge.

SECTION 6: Parent Signature

I acknowledge and agree to all the above stated policies, payment of fees in a timely manner, as well as the policies stated in the Henderson Afterschool Program Handbook.

Parent Signature: _____ Date: _____