



Henderson Afterschool Program Enrollment Form Kindergarten – Eighth Grade

School Year 2017-2018
(Please complete one form PER CHILD)

Please email your enrollment form(s) to fau.hasp@fau.edu or drop off the completed form(s) to the front office. If you are emailing this form, you need to sign a hard copy in the After School office prior to your child’s first day in aftercare. Email or contact us at (561) 297–3952 if you have any aftercare questions.

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

After School Directors,
Brienne Allen
btuzzoli@fau.edu

Gina Sands
rsands@fau.edu

SECTION 1: Child & Parent Information

Student Name (Last, First): _____

Date of Birth: _____ Entering Grade: _____

- Attendance Packages :
- 5 days until 6:00 p.m.
 - 5 days until 4:30 p.m.
 - 3 days until 6:00 p.m.
 - 3 days until 4:30 p.m.
 - 2 days until 6:00 p.m.
 - 2 days until 4:30 p.m.

Please check the days your child will attend:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Half Days

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone(s): _____

BEST contact number for after school hours: _____

E-mail: _____

Mother’s Name: _____

Work Phone: _____

Father’s Name: _____

Work Phone: _____

Person responsible for paying fees: _____

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. _____

*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 the Henderson Afterschool Program 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 4: Movie Consent

Periodically, students may have opportunities to watch movies in after school. In order to provide students with high interest movies, we would like to ask permission to occasionally show PG-13 movies to your middle school students and/or PG movies to your elementary student. Please indicate your consent by initialing one of the lines below. We understand and respect your wishes.

_____ Yes, I will allow my student to view these movies with adult supervision.

_____ No, I will not allow my student to view this movie.

- I have read and understand the movie consent request.

SECTION 5: 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: _____