2018-19 Henderson Afterschool Program Enrollment Form
Kindergarten – Eighth Grade

(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. 2018-19 Fee Schedule is available online. Please note, there is 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          Gina Sands
btuzzoli@fau.edu       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: □ Monday  □ Tuesday  □ Wednesday
                      □ Thursday □ Friday  □ Half Days

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 ____________________________

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. ____________________________________________________________

*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 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.

☐ I have read and understand the movie consent request.

Please initial 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.

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: __________________

8/1/18