



2019-20 FAU High School 9th Grade Afterschool Supervision

(Please complete one form PER CHILD)

Please email completed 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 note, there is no aftercare supervision for any students on the following days when school closes early (11/26, 12/20, 3/20, 6/2, and TBD - Boca Bowl Event).

The program includes a transition to college seminar with Dr. Tift, supervision on half days*, daily snack, homework and university involvement opportunities.

We are looking forward to having your student(s) attend our program!

After School Directors,

Gina Sands
rsands@fau.edu

Lyndsay Tolerton
tolerton@fau.edu

SECTION 1: Child & Parent Information

Student Name (Last, First): _____ Date of Birth: _____

COMMITMENTS (check one):

HIGH SCHOOL	<input type="checkbox"/> Standard	<input type="checkbox"/> Reduced (Lunch)*	<input type="checkbox"/> Free (Lunch)*
9 th Grade Yearly Rate	\$875.00	\$787.50	\$700.00

*In an effort to ensure the safety of all participants and better align to the school systems in place, all packages are full-time until 6:00 p.m. * Reduced or Free Rate eligibility based on specific criteria qualifications for the School Lunch Program.*

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: 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. Late fees will be charged to the student account accordingly. Any account in arrears will be charged a \$25 monthly late fee.

Person responsible for paying fees: _____

- I have read and understand the late fee charge.

SECTION 5: Parent Signature

- I acknowledge and agree to all the stated policies, payment of fees in a timely manner, as well as the policies stated in the Henderson Afterschool Program Handbook and School [Fee Policy](#).

Parent Signature: _____ Date: _____

ONLY STUDENTS ENROLLED IN THE PROGRAM MAY STAY ON HALF DAYS. THERE IS NO DROP-IN SERVICE AVAILABLE.