



2019-20 Henderson Afterschool Program Enrollment Form Kindergarten – Eighth Grade

(Please complete one form PER STUDENT)

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). Please return this form by July 15th to reserve your spot.

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: _____ Entering Grade: _____

COMMITMENTS (check one):

RATES	<input type="checkbox"/> Quarterly (44 days)	<input type="checkbox"/> Semester (88 days)	<input type="checkbox"/> Yearly (175 days)
Standard Rate	\$462.00	\$902.00	\$1750.00
Reduced Lunch Rate*	\$396.00	\$770.00	\$1487.50
Free Lunch Rate*	\$330.00	\$638.00	\$1225.00

*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: 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. 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 6: 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: _____