

# After School Adventures (After School Care)

# 2018-2019

UP A CREEK, INC 5575 HIGHWAY 431S #100 & 101 BROWNSBORO, AL 35741 256-270-8570

**PLEASE COMPLETE THIS FORM & RETURN IN PERSON OR EMAIL: UPACREEKTODAY@GMAIL.COM.**

**The weekly rate for this program is \$70 per participant and includes daily transportation from school, an afternoon snack, homework assistance, and care until 6:00 p.m. A registration fee of \$35 applies for each child per school year.** If placement is made, the first week's After School Adventure payment and registration are due to complete enrollment. Accepted payment types are cash or checks payable to "Up a Creek" or "UAC." Payments are due each Friday by 6:00 p.m. for the upcoming week of service. A late fee of \$15 applies each Friday after 6:00 p.m. If account becomes more than 1 week past due, your child will not be eligible for continued participation or pick up from school until account is current. A fee of \$25 applies for returned checks. It may become necessary for accounts to be placed on a "cash only" or "monthly prepaid basis." There are no cancellation fees; however, removal from the program requires TWO WEEKS' WRITTEN NOTICE. Payment for this period is required whether your child attends or not. We do NOT charge for school holidays (i.e. Christmas and Fall Break). Late pickup after 6:00 p.m. is subject to a fee of \$1/minute for each child. Service is on a weekly basis. We do not offer drop-in or daily rates.

**PARTICIPANT INFORMATION** \_\_\_ GSES \_\_\_ HCES \_\_\_ HCMS Grade: \_\_\_ Teacher: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age: (as of Aug 1<sup>st</sup>)** \_\_\_\_\_

**Child's Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **2nd Email:** \_\_\_\_\_

**FAMILY INFORMATION** Parent Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated

**Mother's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**PICK UP AND RELEASE INFORMATION** The following people are authorized to *pick up* my child:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**EMERGENCY CONTACT** In case of emergency or absence of parental pickup, please contact the following:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**DOES YOUR CHILD HAVE ALLERGIES, MEDICAL, OR OTHER SPECIAL NEEDS?** \_\_\_ NO \_\_\_ YES \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I, \_\_\_\_\_, affirm that the above information I have provided is correct to the best of my knowledge. If approved, I agree to my child's participation in the After School Adventure Program at Up a Creek (UAC) and agree to the costs and payment schedule as described in this application. I acknowledge that some activities such as outdoor play at Hayes Nature Preserve, indoor rock climbing, inflatable use, and other program activities may be risky or have the potential to cause injury or harm. I waive all claims for damage to personal property or injury arising from my child's participation. I certify that my child is physically fit and may participate in the activities available at UAC, and has not been advised to the contrary by a qualified medical professional. I agree that my child will abide by the rules and conditions of participation posted at or explained by an employee of UAC. I acknowledge that this release and waiver of liability statement will be used and relied upon by UAC, and that it will govern my actions and rights. If I choose to discontinue my child's participation in this program, I will do so in writing TWO WEEKS in advance to discontinuation. I understand that no discounts or refunds will be issued based on days missed for any reason and that charges are to be paid in advance for the week ahead.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

