

**Elevate Afterschool 2017-2018
Registration Application**

<u>ELEVATE USE ONLY</u>
Registration Fee: _____
Activity Fee : _____

Student Name: _____

Birth Date: ___/___/___ Age: _____ Sex M/F: _____

School Attending: _____ How did you hear about Elevate? _____

Parent Contact: _____ Preferred Phone: _____

Home Address: _____ City: _____ State: ___ Zip: _____

Home Phone Number: _____

Father's Name: _____ Work #: _____ Cell #: _____

Email Address: _____

Occupation: _____

Mother's Name: _____ Work #: _____ Cell #: _____

Email Address: _____

Occupation: _____

Authorized Pickup Other Than Parent: _____

Persons NOT authorized to pickup: _____

Allergies (please be specific and note level of severity, etc.):

Current Medications (please note all medications AND complete the Individualized Care Plan if medications will need to be administered at the Elevate Summer Camp):

Health Insurance Company _____

Phone _____ Address _____

City _____ State _____ Zip _____

Group Number _____

Individual's Name on Insurance Policy _____

Please check the days your child will attend Afterschool. *****You will be charged for the days you sign up to attend, even if you do not attend those days.*****

Changes can be made by submitting a two week written notice, allowing us time to properly schedule our teachers and staff.

ALL WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

****Tuition is due the first day you attend each week.**

****A one dollar per minute late fee will be charged for pick up after 6:00pm.**

****10% discount for siblings**

**** Referrals – Get \$20 credit for referrals that sign up and write your name in “How did you hear about Elevate?” space on application.**

****If your child’s school has early release due to weather, Elevate will not pick up.**

\$45/day for all-day teacher workday care

\$25/day for pick-up on early release days

\$60 Registration Fee

I grant permission for the above named child to participate in all planned activities, and absolve Elevate and its personnel from any liability for injury or loss sustained by the child while engaged in such camp activities. Elevate may use random group and individual pictures of my child for advertising purposes. I authorize the Elevate staff to provide emergency medical care at my expense. Elevate is not responsible for lost, stolen or damaged personal property. Elevate reserves the right to dismiss any child who jeopardizes the integrity of the camp program without a refund. Signature: _____ Date: _____

Print: _____