



**NEW 09-10 Rates
on BACK!**

**HENDERSON AFTER SCHOOL PROGRAM
Registration Form (one form per child)**

Package Key:
1A-Daily w/ 6:00 Pickup
1B-Daily w/ 4:30 Pickup
2A- 2 Days w/ 6:00 Pickup
2B- 2 Days w/ 4:30 Pickup
3A- 3 Days w/ 6:00 Pickup
3B- 3 Days w/ 4:30 Pickup

Attendance Package: (Please note only one package change per school year permitted)

1A _____ 1B _____ 2A _____ 2B _____ 3A _____ 3B _____ **Mon Tues Wed Thurs Fri**
(Package 2 & 3 Only) Circle day(s) child will attend

2009/10 Grade _____ Female _____ Male _____ Date of Birth ____/____/____

Name (Last) _____ First _____ MI _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone #1 _____ Cell Phone # 2 _____

Email address: _____

Which phone number can we best reach you at during after school hours? _____

PARENT / GUARDIAN INFORMATION

Father's Name _____ Business Phone _____

Occupation _____ Where Employed _____

Mother's Name _____ Business Phone _____

Occupation _____ Where Employed _____

Guardian _____ Business Phone _____

Occupation _____ Where Employed _____

Pupil lives with: _____ Both Parents _____ Mother _____ Father _____ Guardian _____

PERSON RESPONSIBLE FOR PAYMENT OF FEES:

_____ Both Parents _____ Mother _____ Father _____ Other _____

Address _____ City _____ Zip _____

HEALTH / EMERGENCY INFORMATION

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Special Health Needs _____

Medication(s) Student Currently Takes _____

Allergies (foods, medications, etc.) _____

IN CASE OF EMERGENCY

I _____ give permission to have my child treated at Boca Raton Community Hospital Emergency Room in case of serious illness or injury. (Every effort will be made to contact the parent immediately.)

Proof of Insurance

Insurance Company _____ Policy # _____

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.

Signature

AUTHORIZATION FOR RELEASE OF STUDENT

A.D. Henderson School officials are authorized to release my child (ren) to the following person (s).

- | <u>Name</u> | <u>Address</u> | <u>Phone</u> |
|---------------------------|----------------|--------------|
| 1. Father | _____ | _____ |
| 2. Mother | _____ | _____ |
| 3. Siblings (18 or older) | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Anyone other than parents or guardians must show proper identification when picking up a child/children.

I understand that my child will NOT be released to anyone not on this list without prior written authorization from myself to A.D. Henderson University School.

Print Parent(s) Name _____

Signature _____ Date _____

Your signature above acknowledges and shows your agreement to all the above stated policies as well as the policies stated in the HASP Parent Handbook

2009-2010 HASP Rates

Full time A (6:00 Pick-up) = \$9.50/day (\$14.50 for Early Release Days)
Full time B (4:30 Pick-up) = \$6.50/day (\$12.00 for Early Release Days)

****A discount will still be offered for families that qualify for the Free and Reduced Lunch Program, however please see the office manager as these rates have also changed. ****