

2016/17 Art Smart Academy After-School Enrollment

(Please Complete Page 1 For Each Student)



Student's First Name _____ Last Name: _____

Date of Birth: ___/___/___ Teacher: _____ Grade: ___ Room #: _____

School Name _____ Dismissal Time _____

Does Student Require At-School Pick-Up Yes No

Parents or Guardian's Name(s): _____

Parent Primary Email: _____

Address: _____ City: _____ Zipcode _____

Mother's Work Phone # _____ Father's Work Phone#: _____

Mother's Cell# _____ Father's Cell Phone#: _____

Person(s) authorized to pick up your child / Emergency Contacts: (Person must show picture I.D.)

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Student lives with: ___ Father ___ Mother ___ Step Parents ___ Foster ___ Legal Guardian ___ Other

Primary Language: English Spanish Other: _____

Is your child under medical care or taking any medication(s)? Yes No

If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school?

- Bee Sting Allergy Epi-pen Yes No Other Allergies: _____
 Asthma Inhaler Yes No Special Needs / Disability: _____
 Diabetes Insulin Yes No Other: _____
 Vision / Hearing Glasses Yes No

Family Health Care: Physician's Name: _____ Phone #: _____

Address: _____ Medi-Cal: Yes No

Health Insurance# _____ Provide Name _____

In the event we are unable to contact you: Does the ASA After-School program have permission to contact emergency services to provide emergency care to your child(ren) Yes: _____ No: _____

Does the ASA After-School program have permission to use photos of your child in educational or promotional materials? (There is no cost.) Yes: _____ No: _____

Please read and sign below:

I understand that Art Smart Academy After School Program is a Private Fine Art Program. I give permission for ASA staff to review my child's academic portfolio for the purposes of analyzing program effectiveness and reporting to funding sources as wells providing academic assistance.

Parent or Guardian Signature: _____ Date: _____

For Office Use Only

Enroll Date: _____ Initials: _____ Date Dis-enrolled: _____ Reason: _____

FEES PAID Enrollment Yes No Field -Trip Yes No Kid Check Registered Yes No

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WEEKLY Auto Recurring Debit With drawl Form

\$65 Weekly 1st Child; \$55 Weekly Additional Child

****Excludes Months with 5 Full Weeks**Partial Weeks Carry a \$15 Per Day Pro-Rate**

PARENT NAME _____

Child Name _____ AGE _____ (\$65 Per Week)

Child Name _____ AGE _____ (\$55 Per Week)

Child Name _____ AGE _____ (\$55 Per Week)

EXTRA'S Snack Fee _____ Art Club _____ Lessons _____

Debit/Credit Card # _____ Exp Date _____ Sec Code _____ Zip _____

1st Draft Amount _____ Weekly Draft Amount (Monday's Only) _____

PLEASE GIVE 30 Days Notice to Discontinue Program

I Give Art Smart Academy Permission to Draft My Account/Credit Card as stated above.

PARENT SIGNATURE _____ **DATE** _____

GOT ART? T-Shirt Form (Add \$10 Each Shirt to the First Draft)

Child(ren) Name _____ SIZE: S,M,L _____

Child(ren) Name _____ SIZE: S,M,L _____

FEES: Include a 1-Time Enrollment Fee of \$25 (Returning Students Waived) with this Form, 1 Yearly Supply & Field-Trip Fee of \$55. NO CHECKS OR CASH PAYMENTS ACCEPTED. All accounts must be on auto-draft.

LATE FEES: Pick-Up is at 6:30 PM. A \$10 LATE FEE will be assessed at 6:45 & every 15 min after.

REFUND, ENROLLMENT STATUS & SAFETY POLICY:

I understand that Art Smart Academy After School Program is a Private Fine Art Program. When my child is absent from the program due to sickness, I will notify ASA Staff at 803.667.9912. If my child is absent due to an extended illness for any length of time longer than 2 days, Art Smart Academy After-School will hold enrollment status at no charge up to 1 week. After a week's time, Art Smart Academy will hold enrollment status at the rate of \$30 Per week.

REFUNDS ARE OFFERED ON A CASE BY CASE BASIS & DISCRETION USED TO DETERMINE VALIDITY.

I understand during family vacations or maternity, Art Smart Academy will hold enrollment status at the rate of \$30 weekly per family. A summer discount is offered for all students attending Full-Time Summer Camp. *\$140 Weekly

I am aware the ASA After-School Program student/teacher ratio is 15:1 to ensure individualized care & instruction.

I understand in the event of a planned family move, I will give 30 days notice to discontinue ASA After-School. My child's enrollment will then be opened to those who may be on a waiting list.

I am aware ASA After-School uses buses & passenger vans to operate the shuttle service. A clean SLED and DMV driving record is required for all ASA Staff, along with Pre-employment drug screening. I am aware ASA staff are licensed and insured, over the age of 18 and all vehicles meet the required state and federal safety standards.

Parent or Guardian Signature: _____ **Date:** _____

PLEASE PRINT & RETURN THIS FORM IN PERSON TO ART SMART ACADEMY

Developed by ASA After-School Program© 1021 Kinley Road Irmo, SC 29063 www.artsmartacademy.com