

# River Mill Academy Before and After School Registration Form

2022 - 2023

Child's last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Mother/Guardian	Father/Guardian
Name:	Name:
Address: (if different than child's)	Address: (if different than child's)
Home:	Home:
Cell:	Cell:
Work:	Work:
Email:	Email:
Mother's date of birth:	Father's date of birth:

**\*If you will be sharing joint financial responsibility, please call Angela Upchurch in the front office to discuss details.**

Check the type of care you request and the days needed:

Before School  After School  Before and After School  3 Days  5 Days

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I authorize River Mill Academy to release my child to the following adults:

Name:	Name:
Relationship:	Relationship:
Phone #'s:	Phone #'s:
Is this an emergency contact? Yes or No	Is this an emergency contact? Yes or No

Name:	Name:
Relationship:	Relationship:
Phone #'s:	Phone #'s:
Is this an emergency contact? Yes or No	Is this an emergency contact? Yes or No

### Emergency Authorization

I give permission for River Mill Academy Before & After School Care staff to authorize emergency treatment and transportation of my child \_\_\_\_\_ to Alamance Regional Medical Center.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Participation and Payment Agreement

My child and I have read, discussed, and agree to abide by the rules, regulations and payment schedule for attending River Mill Academy Before & After School Care program.

1. **All fees must be paid in advance.**
2. **Each family must pay a non-refundable \$50 registration fee.**
3. A late fee of \$10.00 per week will be assessed for every week that payment is late.
4. If you are more than two (2) weeks behind in payment, your child will be removed from the program.
5. The afterschool program ends at 6:00 pm. A late pick-up of \$1.00 per minute will be assessed after 6:10 pm. This fee is due at the time of pickup.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_