



2022 -2023 Registration Form

RPS# _____
Acct # _____

Child #1

Child's Name: _____ Date of birth: ___/___/___ Gender: _____

School: _____ Grade fall 2022 _____

Please check off the program you would like to register for:

- Morning \$205 per month (Care from 7am until the beginning of the school day) Afternoon \$290 per month (Care from the end of the school day until 6pm)

In emergencies requiring immediate medical attention, your child will be transported by ambulance to the nearest hospital emergency room. By submitting this registration you authorize the responsible person at the Columbia Association to have your child transported to that hospital. By registering you give permission to the physician listed below and your child's school to release your child's health information to the Columbia Association.

Child's Physician or Source of Health Care _____ Phone _____ - _____ - _____

We do not exclude participation based on answers, this information is required for the safety of your child.

Are you concerned about your child's general health?	YES	NO	Please clarify any YES answers here
Does your child wear glasses or contact lenses?			
Does your child have any eye problems?			
Does your child have any hearing problems?			
Does your child wear a hearing aid?			
Does your child have any speech problems?			
Does your child have any allergies?			
Does your child have any other specific illness, disability or other limiting condition?			
If yes, does this problem require any special health care in the SAS program?			
Has your child received an evaluation, which could help the SAS			
Does your child require any adaptive equipment?			
Do you have concerns about your child's behavior or emotional well being which the SAS staff should know about?			
Does your child take medication?			
Will our child take medication during our program?			
Is your child potty trained?			

Is this child able to function in a group care environment within a 1:15 staff to child ratio? Yes No

Please indicate any special accommodations or assistance the child may require. While we will try to meet all reasonable requests through the information provided, all special accommodations may not be possible. Please Note: We are unable to assist children with toileting needs and we do not have diapering facilities.

Child #2

Child's Name: _____ Date of birth: ___/___/___ Gender: _____

School: _____ Grade fall 2022 _____

Please check off the program you would like to register for:

- Morning \$205 per month (Care from 7am until the beginning of the school day) Afternoon \$290 per month (Care from the end of the school day until 6pm)

In emergencies requiring immediate medical attention, your child will be transported by ambulance to the nearest hospital emergency room. By submitting this registration you authorize the responsible person at the Columbia Association to have your child transported to that hospital. By registering you give permission to the physician listed below and your child's school to release your child's health information to the Columbia Association.

Child's Physician or Source of Health Care _____ Phone ____ - ____ - ____

We do not exclude participation based on answers, this information is required for the safety of your child.

Are you concerned about your child's general health?	YES	NO	Please clarify any YES answers here
Does your child wear glasses or contact lenses?			
Does your child have any eye problems?			
Does your child have any hearing problems?			
Does your child wear a hearing aid?			
Does your child have any speech problems?			
Does your child have any allergies?			
Does your child have any other specific illness, disability or other limiting condition?			
If yes, does this problem require any special health care in the SAS program?			
Has your child received an evaluation, which could help the SAS			
Does your child require any adaptive equipment?			
Do you have concerns about your child's behavior or emotional well being which the SAS staff should know about?			
Does your child take medication?			
Will our child take medication during our program?			
Is your child potty trained?			

Is this child able to function in a group care environment within a 1:15 staff to child ratio? Yes No

Please indicate any special accommodations or assistance the child may require. While we will try to meet all reasonable requests through the information provided, all special accommodations may not be possible. Please Note: We are unable to assist children with toileting needs and we do not have diapering facilities.

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Parent/Guardian #1

Name:	Relationship:	Address:
Email Address:	Phone 1:	Phone 2:
Employer:	Employer address:	

Parent/Guardian #2

Name:	Relationship:	Address:
Email Address:	Phone 1:	Phone 2:
Employer:	Employer address:	

Non-Custodial Parent:

In the absence of a court order, non-custodial parents have full access to their child or children. Non-custodial parents who fall within these parameters may elect to provide a list of emergency contacts for pickup of the child or children. Non-custodial parents with limited access to a child or children must provide a copy of the court order and must provide a list of emergency contacts authorized for pick up on the court-ordered days

Name:	Relationship:	Address:
Phone 1	Phone 2	

Emergency Contact

Complete information for two emergency contacts, other than the parents, must be furnished in order to register your child. A child will not be released unsupervised or to any unauthorized person(s). The following people who are aware that their names are being furnished and are available within 15 minutes of the site, have my permission to pick up my child, and should be contacted in the event of an emergency if I cannot be reached. Photo Identification will be required. Emergency contacts must be 16 years of age.

Name:	Relationship:	Address:
Phone 1	Phone 2	

Authorized to pick up daily? YES NO

Name:	Relationship:	Address:
Phone 1	Phone 2	

Authorized to pick up daily? YES NO

Terms and Conditions: To be completed by the person(s) responsible for payment

- Cancellation or changes in the program require a two-week written notice to the SAS administrative offices and will be effective on the 1st or 15th of the month. _____ (Initial)
- Cancellations or changes must be made no later than August 1, 2022, In order to be effective the first day of school (Aug. 29, 2022) _____ (Initial)
- Failure to participate in the program or to make payments does not constitute a withdrawal from the program, nor does it release the financial obligation of this contract. _____ (Initial)
- Monthly payments are due upon receipt of invoice; late payment fees of \$25 will be assessed for payments received after the 5th of the month. _____ (Initial)
- A \$40 decline fee will be assessed for returned bank draft, check or declined credit card. _____ (Initial)
- If more than one payment is skipped, you will be required to pay for the remainder of the program in order for your child(ren) to continue in the program. _____ (Initial)
- Registration in the program denotes authorization for Columbia Association to use any photographs in which child(ren) may appear for promotion or publicity . _____ (Initial)

The signature below indicates my/our understanding and agreement with the terms and conditions set forth herein (including all the pages and attachments to this registration packet). I agree to pay all tuition and related charges as they become due. Failure to pay will result in cancellation of service for my child (children) and Columbia Association may pursue all legal remedies to collect any outstanding and unpaid tuition and charges. I/we understand that changes to and withdrawals from the program require a two week written notice effective on the 1st or 15th of the month. Re-registration may require the completion of a new registration packet and a registration fee of \$50, and will be accepted on a space-available basis

Name of person responsible for payments: _____

Signature of person responsible for payments: _____

Release, waiver of liability and indemnity agreement I, _____, the parents/legal guardian of _____ hereby agree with Columbia Association, Inc. ("CA") to the following by affixing our signatures below on this date, _____ 202__. In connection with my child's participation in the School Age Services Program, I understand and acknowledge the nature and extent of the activities that will be involved in the program and assume the risk inherent in such activities on behalf of myself/ourselves and on behalf of our child/children. I voluntarily waive any and all claims, costs, liabilities, expenses (including attorney's fees), and judgments against its directors, officers, employees, servants, subcontractors and agents and hereby release, excuse and discharge its directors, officers, employees, servants, subcontractors and agents from all claims, cost liabilities, expenses, (including attorney's fee), and judgments which may arise out of my child's/children's participation in the program and all aspects attendant thereto. The undersigned further agree(s) to indemnify and hold its directors, officers, employees, servants, subcontractors and agents harmless from any and all claims, damage, actions, liabilities, expenses (including attorneys fees) and judgments which may arise out of my child's/children's participation in the program. In addition, I grant permission for the use of any photographs or video footage that include images of me and/or members of my family for any CA promotional material or for any other purposes as CA may deem appropriate, including advertising and publicity. I hereby release CA and its legal representatives from any and all claims and liability in regard to said photographs or video footage.

Signature of parent/guardian _____ **Date** _____