

# 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: \_\_\_\_\_ Zip: \_\_\_\_\_

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

# Art Smart Academy After-School Enrollment

## \$70 WEEKLY Auto Debit Withdrawal Form

PARENT NAME \_\_\_\_\_

Child Name \_\_\_\_\_ AGE \_\_\_\_\_ (\$70 Per Week)

Child Name \_\_\_\_\_ AGE \_\_\_\_\_ (\$60 Per Week)

Child Name \_\_\_\_\_ AGE \_\_\_\_\_ (\$60 Per Week)

Debit/Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Sec Code \_\_\_\_\_ Zip \_\_\_\_\_

**EXTRA'S:** Snack Fee \_\_\_\_\_ (Lessons) Drawing \_\_\_\_\_ Painting \_\_\_\_\_ Art Club \_\_\_\_\_  
Anime \_\_\_\_\_ Wheel (6 Students) \_\_\_\_\_ Good News \_\_\_\_\_

1<sup>st</sup> Draft Amount \_\_\_\_\_ Weekly Draft (Monday's Only) \_\_\_\_\_

**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:** Includes a 1-Time Enrollment Fee of \$25 (Returning Students Waived) with this form and 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 \$15 LATE FEE will be assessed at 6:45 & every 15 min after.

### **REFUND, ENROLLMENT STATUS & SAFETY POLICY:**

I understand that Art Smart Academy's After School Program is a Private Fine Arts 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's After-School Program will hold enrollment status at no charge up to 1 week. After a weeks time, Art Smart Academy will hold enrollment status at the rate of \$35 per week.

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

I am aware that ASA is under video surveillance and recorded 24/7 for monitoring/training purposes.

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**