

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 _____ Co-Hort A _____ Co-Hort B _____

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

Art Smart Academy After-School Enrollment

PLEASE SELECT 2020/2021 PROGRAM

HYBRID _____ \$165 Per Week (\$140 2nd & \$120 3rd Child)

VIRTUAL + ENRICHMENT _____ \$220 Per Week (\$200 2nd & \$180 3rd)

PARENT NAME _____

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

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

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

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

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

PLEASE GIVE 14 Days Notice to Discontinue Program if Monthly

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 _____

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

FEES: Include a 1-Time Enrollment Fee \$35 (Returning Students \$25) with this Form, 1 Yearly Supply/Field-Trip Fee of \$75. No cash or checks accepted. All accounts must be on auto-draft. LATE FEES: Pick-Up 6:30 PM. A \$10 LATE FEE will be assessed at 6:35 & every 10 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 \$35 up to 1 week. After (1) week's time, Art Smart Academy will begin to charge regular tuition.

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 \$35 weekly per family. A summer discount is offered for all students attending Full-Time Summer Camp. *\$165 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 21 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

Art Smart Academy After-School Enrollment

COVID-19 ACKNOWLEDGEMENT/NO HARM WAIVER

I/We _____ are registering our child(ren) _____ at Art Smart Academy After School.

I/We, understand that there are health risks involved with the current COVID-19. I/We give our permission for my child(ren) to attend and participate in any and all activities on and off-site: School Pick Up/Field-Trips. I/We understand that my child(ren) will be transported by bus or company minivan to off-site field trips. All of the field trips are outlined in the Enrollment packet. The field trips are also posted in the Parent Information Center. Revisions may be made to accommodate any business closures or openings.

I/We agree to hold Art Smart Academy After School and its staff harmless if my child(ren) becomes ill from COVID-19.

I(We) understand and will comply with this statement and to the safety guidelines ASAAS has put in place to ensure a healthy environment for all students and families.

I (We) agree to have my child(ren) temperature checked each morning before admittance and to keep my child home if he/she has a temperature of 100.1 OR feeling ill. It is also agreed that my child may not bring blankets, stuffed animals or any items from home except his/her lunch, water bottle, school work and headphones. Laptop or Tablet Computers are allowed. NO Gaming Devices will be allowed. Lunch boxes will not be allowed to be stored in the refrigerator but in my child's assigned cubby. No microwaveable food items please.

Should my child test positive and become infected with COVID-19, I/We will inform ASA immediately and keep my child home until such time as my child tests negative.

Should any immediate family member test positive and become infected with COVID-19, I will inform ASA immediately. I agree to have a healthy family member or guardian drop off and pick up until such time whereas I/We test negative for COVID-19.

I understand my child to have the following checked each day prior to drop off:

- 1) Forehead Temperature at the door
- 2) Lunch Bag w/water bottle
- 3) 3 Masks (ASA will keep (3) here and send home each Friday to launder)
- 4) Book-bag with Homework Assignments & Co-hort Log-In Information

Signed:

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Art Smart Academy Staff _____ Date _____