



New Student _____
 Re-Registration _____
 School District of Residence _____

APPLICATION / REGISTRATION FORM 2018-2019

Student Information [Please fill in completely and clearly.]

Date of Birth: ____/____/____

Student Name _____ Grade _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Medical Concerns:

Are there any medical concerns the school, school programs, or club coordinators should be aware of? ____ YES ____ NO

Please Explain:

Parent / Guardian Information

Parent 1 [Living in the household with the child listed above]

Parent 2 [Living in the household with the child listed above]

Name _____

Name _____

Relationship to Student _____

Relationship to Student _____

Address _____

Address _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

Email _____

Email _____

Home Phone (____) _____ - _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____

Work Phone (____) _____ - _____

Employer _____

Employer _____

Is there a legal custody arrangement? ____YES ____NO

Does a non-residential parent have visitation rights? _____

School Must Have A Copy:

Attach a certified copy of the court decision bearing the case number and those sections referring to visitation rights and contacts with the school. Include the page bearing the judge's signature and court seal. Copy should include any and all modifications made as of date of registration of the child in this school. ***It is the responsibility of the parents to inform the Principal of any subsequent modifications during the child's tenure at the school.***

Is there a court decision that states that non-residential parent should NOT receive information or attend school activities? _____

Is the non-residential parent responsible for paying tuition? _____

Non-Residential Parent _____

Current Address _____

Current Phone _____

Email _____

Emergency Alternate Contacts

In the event a Parent/Guardian CANNOT be reached, complete the information below for individuals that have permission to be contacted and/or pick up your child. **(PHOTO ID will be required)**

Name _____ Relationship _____ Phone (____) _____ - _____

Name _____ Relationship _____ Phone (____) _____ - _____

Name _____ Relationship _____ Phone (____) _____ - _____

Signature _____

Date _____

Student Name _____ Grade _____

Siblings In Same Household

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Before After School Program Survey

For staffing purposes only please indicate the option that best fits your situation:

Before School: I expect my child to attend _____ Daily _____ Occasional _____ Never

After School: I expect my child to attend _____ Daily _____ Occasional _____ Never

Program Rates

Before School 7:00am-8:00am \$5.00/day
 After School 3:00pm-4:00pm \$5.00/day
 3:00pm-5:30pm \$12.00/day

Medications at School

Please be aware that ANY medication taken in school requires a written order from a physician and written permission from a parent/guardian. (this includes over the counter/non prescription medications)

Registration Fee [NON-REFUNDABLE & per family]

- \$150.00 New Family Registration Fee
- \$100.00 Current Family Registration Fee [if received by May 1, 2018]**
- \$150.00 Current Family Registration Fee [if received after May 1, 2018]**

Paid registration fee holds your child's place in the class

Family Referral Program

Did you refer a family that attended ASCA in 2017-2018? Yes No

Family Name: _____

Signature _____ Date _____

**Registration will be finalized when all accounts are current.
Please refer to the Financial Agreement for further required information**

Office Use ONLY:

Paid _____ Date _____ Method: Cash _____ Check _____ CC _____ w/SC _____
 Start Date _____ Received: BC _____ Physical _____ Immunization _____