

HOT WHEELS AFTER SCHOOL CARE 2019-2020 REGISTRATION FORM

DIRECTOR OF AFTERSCHOOL PROGRAM: Coach Valdes

- Physical Education Teacher- Daphne East Elementary School/Afterschool Instructor

PLEASE CIRCLE THE SCHOOL YOUR CHILD ATTENDS:

Daphne Elementary, Daphne East, Spanish Fort Elementary, Rockwell, WJ Carroll, Fairhope Elementary, Fairhope Intermediate

FULL-TIME RATE: \$40 per week for 5 Days, Sibling Discount is offered if both children attend 5 days a week, \$35 per sibling.

DAILY-RATE: \$9 per day for students not attending full-time. **Non-permanent schedules must be submitted the Friday prior to week attending for participation.**

Please check day(s) attending for part-time students. Mon ____ Tue ____ Wed ____ Thurs ____ Fri ____

Hot Wheels is open until 6 p.m.

- Late pick up fee after 6:00 pm: \$1 per minute.

NOTICE TO PARENTS:

- Full payment must be received no later than Monday of week attending. \$15 Late fee for any payment received after Monday, regardless of the days attending that week.
- No Refunds are given for missed days or school closings.
- I give my permission for my child or children to be transported by Hot Wheels.
- Program includes but not limited to: 30 mins of homework assistance, PS3, Wii, roller skating, air hockey, pool table, basketball, inflatable, board games, 100 inch TV/movies, and arts and crafts.
- 1 snack provided (can bring additional snack if desired)
- Please attach a copy of medical insurance card and shot record, if you have not attended a camp at Hot Wheels before.

I HAVE READ UNDERSTOOD, AND AGREE TO ALL OF THE ABOVE:

X _____ Date: _____

Signature Required

Child's Name: _____ Nick Name: _____

Address: _____

Parents email: _____

Primary Telephone: _____ Secondary Telephone: _____

Female: ____ Male: ____ Date of Birth: _____ Age: _____

School Child Attends: _____ Grade: _____

Mother's Name: _____ Father's Name: _____

Mother's Employer: _____ Telephone: _____

Father's Employer: _____ Telephone: _____

Medical Needs or Medications: _____

Person(s) they may be released to:

Name	Relationship to student	Telephone number

Person(s) to be contacted in an emergency if parent(s) /guardian(s) cannot be reached:

Emergency Medical Treatment

In the event _____ (student name), becomes ill or sustains an injury while in the care of or under the supervision of the After School Care, coordinators/director, they are given permission to administer first aid for his/her relief. In case of emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility. **I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE:**

X _____ Date: _____

Signature Required