



ARC After School

1202 E. 10th St. Alliance, Ne 69301

Contract and Registration Form

Full name of child: _____

Date of Birth: (month/day/year) _____ Gender: Male Female

Child's Home address: _____

School attending: _____ Grade: _____

Please check which option you are signing your child(ren) up for:

- ARC After School Only: \$35 per child/week (Member)
- ARC After School Only: \$50 per child/week (non-ARC Member)
- Add Fun Club for \$5 per child/week

Parent/Guardian details:

Full names:	Parent/Guardian 1	Parent/Guardian 2
Relationship to child:		
Home address:		
Workplace & work telephone:		
Mobile phone:		
Email:		

Please list additional people approved to pick your child(ren) up:

(1) NAME: _____ Relationship Child: _____ Phone number: _____ DOB: _____

(2) NAME: _____ Relationship Child: _____ Phone number: _____ DOB: _____

Child's medical information/individual needs:

Known medical conditions, allergies, special dietary and health needs: Yes No

If yes, please give details: _____

Arrangements in the case of sickness and/or any emergency: ARC After School does not accept children who are unwell and we expect parents/guardians to inform us on the day (or sooner) if their child will not be attending. If a child becomes unwell, we will contact the parent/guardian at the earliest opportunity. While every attempt will be made to contact you, there may be a situation when it is deemed necessary to administer basic first aid to your child, and in an emergency call the emergency services. Please sign below giving your consent for ARC After School to take such action in your absence.

How will your child arrive?

- will ride APS buss with ARC staff.
- will walk from IELS with ARC staff.
- will be dropped off by (i.e. parent/guardian/sibling) _____.

What will your child do at the end of the day?

- walk or bike at ____ p.m. to _____ location.
- be picked up at ____ p.m.
- my child has an ARC membership and is 10 years+ and will remain unsupervised at the facility.

OTHER:

YES NO

- I give permission for my child to be enrolled in programs and activities, on and off school campus.
- I give permission to use photographs, writings, artwork, etc. for promotional purposes.
- I give staff permission to transport my child to program activities and for medical care purposes.
- I give permission for staff to give and receive necessary information about my child to assist with providing the best program experience for my child.
- If my child walks home from the ARC After School program, I understand that ARC After School is no longer responsible for the care of my child after they are signed out of the program.

E-Payment Agreement:

Fees are auto-drafted weekly out of a bank account in full on Sundays. We require a 2-week cancellation notice.

Bank Account ____ I choose to utilize the EFT option for monthly payment from my checking account.

Bank Name: _____ Name on Account: _____
 Routing/Transit #: _____ Account #: _____
 Authorized Signature: _____ Date: _____

Credit/Debit Card ____ I choose to utilize the credit card payment option for monthly payment

Card Holder Name: _____
 Credit Card # _____ Expiration Date: _____
 Authorized Signature _____ Date: _____

Agreement between parent(s)/carer(s) and ARC After School:

- I understand that by completing and signing this contract and registration form, I and my child agree to follow the program policies as outlined in the Student/Parent Handbook. I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.
- I understand and am aware that my child(ren) is/are participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the ARC's program, I agree to assume the risk of such exercise and further agree to defend and hold harmless the Alliance Recreation Center and its staff conducting this ARC program from any and all claims, suits, losses, or related causes of action for damages, including (but not limited to) such claims that may result from injury or death (accidental or otherwise) during, or arising in any way from the program. I also understand that the Alliance Recreation Center may use, for publicity and /or promotional purposes, my (or my child's) name or pictures participating in this program, without obligation or liability to me or my family.

Signature of parent/guardian _____ Date _____

The hours of operation for normally scheduled school days will be Monday through Thursday 3:30pm-5:30pm & Friday 2:00pm-4:00pm. Fun Club will follow ARC After School and run until 5:30pm on early dismissal days (i.e. every Friday and Thursday, Oct. 25th & Feb 7th).