

Collegedale Academy Aftercare – Elementary Building

Early Childhood - 12 years old

Aftercare Hours of Operation Mon – Thurs: 3:00 – 6:00 PM & Friday: 2:30 – 4:00 PM

Please circle your enrollment choice: Semester or Drop-in

Rates

\$875 Semester billed in 5 monthly installments of \$175 each.

Automatic Renewal unless a written cancelation request is submitted to the Office Manager.

\$30 drop-in fee per day for children that occasionally use after-care services.

\$1.00 per minute late fee.

Child's Name:	Date of Enrollmer	t:Grade:
Emergency Information		
Mother's Name:	Address:	
Home Phone:	Work Phone:	Cell:
Father's Name:	Address:	
Home Phone:	Work Phone:	Cell:
Person(s) Responsible for Ch	ild:	-
Physician:	Phone: Address: _	
Additional person who may	be called in an EMERGENCY:	
Name:	Relationship:	
Home Phone:	Work Phone:	Cell:
Names of person(s) authoriz	ed to take child from facility:	
	Relationship:	
	Relationship:	
	Relationship:	
	Polationship	

Please turn over for additional information



Child's Health Checklist
1. Is your child taking any medication? If so, what?
2. Does your child have any allergies? If so, what?
3. Does your child have any medical problem(s) that would interfere with physical activity? If so, explain:
Consent for Medical Treatment
As the parent, agency representative or legal guardian, I hereby give consent for Collegedale Academy to provide all
emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for
(child's name)
This care may be given under whatever condition(s) are necessary to preserve the life, limb, or well-being of my
dependent.
Please Note:
Middle school students 12 and under will be picked up and escorted by an aftercare employee to the elementary building.
Date:/Parent/Guardian Signature: