



RUSSELLVILLE CITY SCHOOLS
TIGER P.A.W.S AFTER SCHOOL SUMMER PROGRAM
PRACTICE RESPECT, ACCEPT RESPONSIBILITY, WISE CHOICES, STAY FOCUSED
2018 SUMMER REGISTRATION FORM (June 4th-July 27th)
\$20.00 Registration Fee Required (non-refundable and includes t-shirt)

WEST ELEMENTARY _____ RUSSELLVILLE ELEMENTARY _____ T Shirt Size _____ (YXS, YS, YM, YL, AS, AM, AL, AXL)

_____ M F _____ ()
 Child's Name Date of Birth Gender Home Phone

_____ Grade Entering Fall 2018 K 1ST 2ND 3RD 4TH 5TH 6TH
 Language Spoken at Home Grade

_____ Mother's/Guardian's Name Employer _____ Father's/Guardian's Name Employer
 _____ () _____ ()
 Cell Phone Work Phone Cell Phone Work Phone

_____ Address _____
 Address

_____ City, ST ZIP Code _____
 City, ST ZIP Code

_____ Email Address _____
 Email Address

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)

_____ Emergency Contact _____
 _____ () _____ ()
 Cell Phone Work Phone Cell Phone Work Phone

_____ Relationship to Child _____
 Relationship to Child

PERSON'S CHILD MAY BE RELEASED TO OTHER THAN PARENT(S) OR EMERGENCY CONTACT(S):

NAME	PHONE

SIBLING(S) ENROLLED IN EXTENDED DAY PROGRAMS

CHILD	SCHOOL

IS THERE A CUSTODY ISSUE WE SHOULD BE AWARE OF () NO () YES

PLEASE EXPLAIN _____

Please mark the days your child will attend the Tiger Paws After School Summer Program: 7:30 a.m.- 5:30 p.m.

_____ FULL TIME _____ MONDAY THROUGH FRIDAY

_____ PART TIME Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

MUST ATTEND AT LEAST THREE DAYS FOR PART TIME

_____ Did your child attend the Tiger Paws After School Program during the regular school year? _____ Yes _____ No

MEDICAL INFORMATION

PHYSICIAN NAME _____ PHONE _____ HOSPITAL PREFERRED _____

INSURANCE COMPANY _____ POLICY NUMBER _____ GROUP NUMBER _____

DESCRIBE HEALTH PROBLEMS

ALLERGIES OR FOOD RESTRICTIONS

RESTRICTIONS OR SPECIAL NEEDS

Note: The staff will not administer any prescription or nonprescription drugs.

Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

PARENT'S SIGNATURE

DATE

PLEASE NOTE

- Student must be enrolled in Russellville City Schools.
- Student must not be disruptive or be a threat to themself or others.
- Student must have no medical condition(s) that requires services beyond the qualifications of the After School Summer Program staff.
- Student must not require ANY medications during After School Summer Program hours. Staff is not allowed to administer ANY medications.
- Student must not require one on one supervision, must interact with other children and adults in a non-aggressive manner, and must participate in group activities with other students.
- If you move or change your home/cell phone numbers, please notify your After School Summer Supervisor immediately. We do not have access to classroom school records after hours; so, even if you make changes with the school, we will be unaware of the change. If an emergency arises and we do not have the correct information, we would be unable to contact you.

I hereby grant permission for my child to participate in the 21st Century Tiger P.A.W.S. After School Summer Program events, activities and field trips. This may include pre/post tests, surveys, access to the Internet and enrichment activities. I give permission for my child's work or photos to be used in program implementation and promotion. I also grant permission for the 21st Century Staff to have access to my child's school records.

Signature of parent/guardian Date

Fees and Payment Information For Summer Program

Registration Fee-\$20.00 per child and includes a summer program t-shirt

(Due at the time of registration and is non-refundable)

***The first payment for the summer program must be paid on the day your child begins the summer program unless payment is made at the time of registration.**

Full Time Fees

1 CHILD in family \$60 per full week

2 CHILDREN OR MORE in SAME family \$50.00 each per full week

- If a school week is less than 5 days long, a daily rate of \$10.00 per day, per child will be charged (no discount for siblings)

Part-Time Fees

\$45 per week (\$15.00 per child per day-no discount for siblings)

MUST ATTEND AT LEAST 3 DAYS TO BE CONSIDERED PART-TIME

Regular attendance days specified at time of registration may not be altered without ADVANCE AUTHORIZATION from site director.

If a student does not attend (full time and part time students) on designated day(s) **NO credit or refund** will be given! Staffing is based on registration.

Low Income Eligibility

To be eligible for the low-income rate you must be directly certified through Alabama Department of Human Resources. Eligibility will be verified by the Program Director. Should you have questions regarding whether you meet eligibility requirements, please contact the Program Director.

Low Income Full Time Fees

1 CHILD in family \$35 per full week

2 CHILDREN OR MORE in SAME family \$25 each per full week

- If a school week is less than 5 days long, a daily rate of \$5.00 per day, per child will be charged (no discount for siblings)

Low Income Part-Time Fees

\$30 per week (\$10.00 per child per day no discount for siblings)

MUST ATTEND AT LEAST 3 DAYS TO BE CONSIDERED PART-TIME

Regular attendance days specified at time of registration may not be altered without ADVANCE AUTHORIZATION from site director. If a student does not attend on designated day(s) **NO credit or refund** will be given! Staffing is based on registration.

Payment Policy

Weekly tuition is always **DUE by THURSDAY for the coming week.** On Wednesday of the following week an additional \$5.00 per child late charge will be added. This requirement applies to both full-time and part-time participants. Fees must be always be paid by CASH, CHECK or MONEY ORDER made out to **Russellville City Schools and given to the SITE TEACHER.** Fees may be paid monthly, in advance. **An overdue account may result in the suspension of your child from the program.**

Returned checks

A \$30.00 fee will be charged for returned checks. All checks are required to have: Full name, Street Address, and Home Phone Number.

Fines for late pick-up

A \$5.00 late-fee will be charged if student is not picked up by 5:30. \$1.00 per minute will be charged for every minute after 5:35. After 5:35, staff members will call someone from the emergency phone list to come for the child. If no one can be reached, the local police or emergency caseworker with the Department of Human Resources will be contacted. **Chronic tardiness will result in dismissal of your child from the program.** Staff members are not permitted to transport students.