



City of Bishop After School Program Enrollment Application School Year 2015/2016

Registration will be accepted for the 15/16 school year after July 1, 2015

a \$10 special project and activities fee is due at the time of enrollment and each month after

- Part-Time, 3 days \$16.60 / less than 3 days at \$17.50 per day Total
Full Time, 4 or 5 days , \$14.00 per day Total

Childs Name Male Female Grade attending

Age Date of Birth Name/phone number for physician

Address City State Zip code

Please list all Allergies

Please list all medications your child is taking

Please list any other information we may need to know about your child

Prices are based on the daily attendance, not hourly, times are based on the time of day children are released until required pick up time at 5:30. Late pick ups will be charged a rate of \$1 per minute and it will be attached to the invoice for the next scheduled month.

Please select the days you would like (subject to availability):

Monday Tuesday Wednesday Thursday Friday

Parent(s)/ Guardian(s) Info:

Name(1) Primary Phone Number

Address City State Zipcode

Employer Work Phone Number

Name(2) Primary Phone Number

Address City State Zipcode

Employer Work Phone Number

Emergency Contact Information:

Name Relation Phone number

Name Relation Phone number

Liabilty Waiver and Consent to Treat

Accidents can happen even under the safest conditions. Please read the following statement carefully. Bring this matter to the attention of all members of your family. If you do not understand this waiver, seek legal counsel prior to signing.

I, The undersigned, responsible individual(s) enroll _____ for the purpose of City of Bishop's After School Program for the 2014/15 School Year.

I understand accidents are possible even with the best precautions. In consideration of the above, I allow the above-named minor to participate in the above-mentioned activity (ies). I give permission for the City of Bishop program staff to assist with minor, non-lifethreatening injuries with basic first aid and in the case of a major emergency, give permission to call emergency services. I hereby release the City of Bishop and any of its officers, agents, volunteers, and employees, from all claims and actions which may result from any injuries or damage including, but not limited to, injuries or damages which may occur en route or away from the activity site with respect to myself and the above-named minor. I assume all risks associated with this program.

I give the City of Bishop Staff permission to photograph my child for the use of informational photos for the City Council meetings, Bishop Parks Facebook page and the City of Bishop website, not to be shared to any outside entitiy without further permission.

Signature of Participating Adult/Parent/Guardian

Date

I hereby state I take financial responsibility to the agreement to which I have chosen. I have read and understand the above statement and sign freely and voluntarily without inducement

Parent/Guardian Signature _____

Date _____