



DISCOVER REGISTRATION FORM

CHILD INFORMATION: (Please Print)

_____	_____	_____	_____/_____/_____	_____
CHILD'S LAST NAME	FIRST NAME	SEX	DATE OF BIRTH	GRADE 2020/21 SCHOOL YEAR

SCHOOL NAME: _____

PROGRAM: BEFORE CARE AFTER CARE BEFORE & AFTER CARE

ALLERGY / MEDICAL CONCERNS: YES NO (If yes, please list all allergies and or medical concerns)

PARENT/GUARDIAN INFORMATION:

NAME: _____	NAME: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
CELL PHONE #: _____	CELL PHONE #: _____
WORK PHONE #: _____	WORK PHONE #: _____
HOME PHONE #: _____	HOME PHONE #: _____
MOTHER'S ADDRESS: _____	FATHER'S ADDRESS: _____
CITY, STATE, ZIP: _____	CITY, STATE, ZIP: _____
EMAIL ADDRESS: _____	EMAIL ADDRESS: _____

EMERGENCY CONTACTS

Other persons authorized by the parent to pick up my child. If the parent cannot be reached, the following persons may be contacted in case of illness, injury, or emergency. It is the registering parent's responsibility to keep this list current.

	NAME	CELL PHONE #	HOME PHONE #	RELATIONSHIP
1	_____	_____	_____	_____
2	_____	_____	_____	_____

3 _____

4 _____

DISCIPLINE POLICY

Discipline and student conduct for the after school program will be consistent with the standards for the school day as outlined in the Student Code of Conduct. Discover After School instructors use 4 steps to address the student's behavior: Step 1. Positive Reinforcement to redirect negative behavior. Step 2. Documentation and Parent Face to Face if such behavior continues. Step 3. Possible Suspension + Principal Notification Step 4. Dismissal. Discover After School has the right to remove the student from the program.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

MEDIA RELEASE

I understand that Discover, may use photographs and/or digital videos for use in local publications, advertisings, or any other related promotional medium. I waive the right to inspect or approve any photographs or digital video images before they are published and any use to which they may be put.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of any emergency, Discover will attempt to reach either parent or the Emergency Number given by the parent. If for any reason none of these parties are available, I authorize Discover to use and transport to, the closest medical facility and grant permission to perform any emergency procedure at the discretion of that medical facility.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PAYMENT POLICY

Discover After School bills tuition on a weekly basis. All tuition is billed one week in advance of the upcoming week of attendance. Payments may only be made via the online parent portal. Payments will not be accepted at your child's school. Late payments will be subject to a \$5 late fee for each additional day the payment is late. To avoid the hassle of making weekly payments, it is encouraged to enroll in auto-draft. Your payment will be drafted from your account every Monday from your credit card or EFT.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____