

PROGRAM REGISTRATION FORM

CHILD'S INFORMATION

FIRST NAME	MIDDLE	LAST NAME	DATE OF BIRTH		
NAME PREFERRED TO USE		CLASS	TEACHER'S NAME		
STREET ADDRESS		TOWN/CITY	ZIP CODE		
SPECIAL HEALTH PROBLEMS? <input type="checkbox"/> NO IF <input type="checkbox"/> YES SPECIFY:		ALLERGIES INCLUDING DRUG REACTIONS? <input type="checkbox"/> NO IF <input type="checkbox"/> YES SPECIFY:			
REGULAR MEDICATIONS? <input type="checkbox"/> NO IF <input type="checkbox"/> YES SPECIFY:		OTHER IMPORTANT INFORMATION:			

PARENT / GUARDIAN INFORMATION

FIRST NAME	MIDDLE	LAST NAME	HOME PHONE#
STREET ADDRESS	TOWN/CITY	ZIP CODE	MOBILE PHONE#
ADDRESS WHERE YOU CAN BE REACHED WHILE CHILD IS IN CARE	TOWN/CITY	ZIP CODE	WORK PHONE#

OTHER PEOPLE TO NOTIFY IN CASE OF EMERGENCY

FIRST NAME:	ADDRESS	HOME PHONE#
RELATIONSHIP:		MOBIL PHONE#
PERMISSION TO PICK UP IN EMERGENCY? <input type="checkbox"/> NO <input type="checkbox"/> YES		WORK PHONE#

PLEASE INDICATE IF YOUR CHILD ATTENDS "EXTENDED DAY" (TUESDAY/THURSDAY)? YES NO

PERSON PERMITTED TO PICK-UP CHILD 1

NAME	RELATION
ADDRESS	PHONE #

PERSON PERMITTED TO PICK-UP CHILD 2

NAME	RELATION
ADDRESS	PHONE #

NOTE: Any person unfamiliar to ASAP will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without advanced permission from the parent. This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information will result in termination of contract, and you will forfeit your childcare retainer.

SELECT WEEKLY PROGRAM / MONTHLY WORKSHOP

<input type="checkbox"/> HOMework HELP	\$12.50 / HOUR	MINIMUM 2 HRS PER WEEK
<input type="checkbox"/> 1-ON-1 PRIVATE TUTORING	\$35.00 / HOUR	MINIMUM 1 HR PER WEEK

<input type="checkbox"/> GUITAR	MONDAY	\$340 (16 SESSIONS)
<input type="checkbox"/> LATIN DANCE	MONDAY	\$240 (16 SESSIONS)
<input type="checkbox"/> PIANO	TUESDAY OR WEDNESDAY	\$340 (16 SESSIONS)
<input type="checkbox"/> STRICTLY ENGINEERING & MACHINES	TUESDAY	\$340 (16 SESSIONS)
<input type="checkbox"/> GREEK DANCE	WEDNESDAY	\$240 (16 SESSIONS)
<input type="checkbox"/> GREEK CONVERSATION	WEDNESDAY	\$340 (16 SESSIONS)
<input type="checkbox"/> CHINESE LANGUAGE	THURSDAY	\$340 (16 SESSIONS)
<input type="checkbox"/> TENNIS LESSONS	FRIDAY	\$240 (16 SESSIONS)
<input type="checkbox"/> STRICTLY ROBOTICS	FRIDAY	\$340 (16 SESSIONS)
<input type="checkbox"/> VOCAL & THEATRE CLUB	FRIDAY	\$340 (16 SESSIONS)
<input type="checkbox"/> IRISH JIG DANCE	DAY TO BE DETERMINED	\$240 (16 SESSIONS)

ARTS AND SCIENCE GARDENGROW PROGRAM, INC.

SELECT WEEKLY PROGRAM / MONTHLY WORKSHOP

<input type="checkbox"/> SCIENCE CLUB	MONDAY	\$160 (16 SESSIONS)
<input type="checkbox"/> ENVIRONMENTAL ART	MONDAY	\$160 (16 SESSIONS)
<input type="checkbox"/> SIMPLY MACHINES	TUESDAY	\$160 (16 SESSIONS)
<input type="checkbox"/> STRICTLY EXPERIMENTS	WEDNESDAY	\$160 (16 SESSIONS)
<input type="checkbox"/> COOKING & FOOD ASSEMBLY	THURSDAY	\$160 (16 SESSIONS)
<input type="checkbox"/> GARDEN CLUB	FRIDAY	\$160 (16 SESSIONS)
<input type="checkbox"/> SCRIPT, HANDWRITING & DESIGN	FRIDAY	\$160 (16 SESSIONS)
<input type="checkbox"/> APEC "ANIMAL LIVE" PROGRAM	FRIDAY	\$160 (16 SESSIONS)

CONSENT TO MEDICAL CARE & TREATMENT OF A MINOR

I give permission that my child, _____, may be given first aid/emergency treatment by a qualified child care provider and/or staff at ASAP at P.S. 184 Flushing Manor, 163-15 21 Road, Whitestone, NY11357

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health.

I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify under penalty of perjury under the laws of the State of New York that this information is true and correct.

W A I V E R

I hereby grant permission for my child to supervised by the ASAP PROGRAM for activities, including field trips. I understand that notice of all activities will be posted prior to any trip. In case of medical emergency, I understand that every effort will be made to contact me or my emergency contact. If I or someone on the emergency form cannot be reached, I give the ASAP Program permission to secure the medical treatment necessary for my child; including hospitalization, injection, anesthesia or surgery.

I understand that the ASAP Program assumes no responsibility for injuries or illnesses which my child sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from his/her participation in these activities and I hereby release and discharge the ASAP Program, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which he/she may suffer as a result of his/her participation in these activities.

I understand that the ASAP Program is not responsible for personal property lost or stolen while members and/or program participants are using ASAP facilities or on ASAP Program premises. This disclaimer also extends to the facilities used in the commission of the child care program. I give permission to the ASAP Program to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting ASAP Programs.

I acknowledge the Waiver and accept the conditions set forth above and, an in sympathy with the Goals and purposes of the ASAP Program. I agree to adhere and abide by the policies.

The ASAP reserves the rights to photograph your child(s) for identification, filing and media purposes.	INITIALS
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I hereby consent to the participation in interviews, the use of quotes, and taking of photographs, movies or video tapes of the student named above. I also grant to ASAP the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release ASAP and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.	INITIALS
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PRINT PARENT/GUARDIAN NAME	SIGNATURE	DATE
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PRINT PARENT/GUARDIAN NAME	SIGNATURE	DATE
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