



Registration Form 2019-2020

Child Information *(attending 87Afterschool Only)*

Last Name: _____ First Name: _____ DOB _____

Grade: _____ Room# _____ Teacher Name: _____ Age : _____

Parent Information

Parent/Guardian (1): _____

Home Address: _____

City, State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Occupation: _____ Work Phone: _____

Child lives with this parent _____

Parent/Guardian (1): _____

Home Address: _____

City, State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Occupation: _____ Work Phone: _____

Child lives with this parent _____

Emergency Contact/Pick up Authorization Information

Contacts will be called in case of an emergency, if a parent cannot be reached

(1) Name: _____

Relationship: _____ Cell Phone: _____

Authorized to pick up _____

(2) Name: _____

Relationship: _____ Cell Phone: _____

Authorized to pick up _____

(Use back of this form for additional information)

Medical Information

PS87 cannot legally share any medical or IEP information with 87Afterschool. Families must share the information with us directly

Please list/describe all medical conditions (Allergies, IEP information):

Class Selection/payment Information

| Classes Selected | Class Fees | Reduced | *Fees |
|--|------------|---------|-------|
| M _____ | \$517 | \$337 | _____ |
| T _____ | \$549 | \$357 | _____ |
| W _____ | \$581 | \$378 | _____ |
| TH _____ | \$613 | \$377 | _____ |
| F _____ | \$645 | \$399 | _____ |
| **5 day a week enrollment discount \$200 | \$2,705 | \$1,891 | _____ |

| | | |
|----------------------|----------------------|-----------------|
| Payment: | *Fees | |
| Type of Credit _____ | Registration fee | \$55.00 |
| Name on Credit Card | *Supplemental fee(s) | _____ |
| _____ | Processing fee | \$ 9.95 |
| Card # _____ | Late Registration | \$30.00 |
| Expiration _____ | Security Code _____ | Discounts _____ |
| _____ | _____ | _____ |
| | Total Amount | _____ |

****Please check the program booklet for Supplemental fee(s) connected to your class**** Program booklet can be found on our website- www.87afterschool.org

87Afterschool Office use only:

Processed by _____ Date _____
 Entered in Activeworks by: _____ Date _____

Terms and Conditions

I understand and agree:

1. The payment for the **FALL 2019** term; shall not be entitled to any deduction for my child's absences/early pick up during the term; and that in the event of my child's withdrawal from 87Afterschool, I have read and agree to the terms of the 87Afterschool's Refund Policy:

REFUND POLICY

If you wish to drop a class within the first two weeks of the session, you will receive a refund (*less nonrefundable registration fees*), with written requests received by the 87Afterschool office, according to the following schedule:

- **75% tuition refund with written notice received by August 30 at 5:00pm**
- **50% tuition refund with written notice received by September 13 at 5:00pm**

After September 13 at 5:00pm, no refunds will be granted

2. If I applied for reduced-rate tuition, I must verify my eligibility with appropriate documentation; and if I do not meet eligibility requirements, I must pay full-rate class fee(s) and all associated fees to the 87Afterschool Program;
3. 87Afterschool cannot issue refunds for any class/session not attended or not held due to half- day or full-day closures by the NYC Department of Education;
4. 87Afterschool requires my child to meet certain standards of behavior and that if my child fails to behave or demonstrates repeated unsatisfactory conduct, 87Afterschool has the right to transfer my child to another class, or terminate my child participation from 87Afterschool, without refund or credit for unused sessions;
5. If my child is not picked up by 6:00 PM, I agree to pay late fees of **\$5.00 per minute** according to 87Afterschool policy, and that my child may be taken to the NYC Police Department's 20th Precinct in the event no one is available to pick up my child after 6:30 PM;
6. If my child is injured and requires medical attention and I cannot be reached for instructions, I do hereby give authority to 87Afterschool to obtain necessary emergency medical treatment for my child until family is notified/or arrives;
7. In consideration of PS87 PA Inc. (PS87 Parent Association) conducting the 87Afterschool and allowing my child to participate in such program, I hereby release and forever discharge PS87 (NYC DOE), PS87 PA Inc., and 87Afterschool and its officers, volunteers, employees, contractors, and agents from any liability arising out of or based upon any bodily injury or property damage sustained by my child while participating in such program;
8. During 87Afterschool activities my child may be photographed or filmed by 87Afterschool personnel or its authorized agents for internal or external promotional use;
9. Some 87Afterschool classes may involve trips outside the PS87 building supervised by staff of the 87Afterschool. I give my child permission to go on any such trips organized as part of the 87Afterschool.

Parent/guardian signature _____ Date _____