



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_____	\$581	\$378	

T_____	\$581	\$378	

W_____	\$613	\$377	

TH_____	\$517	\$337	

F_____	\$549	\$357	

<i>**5 day a week enrollment discount \$200</i>	\$2,641	\$1,627	
Payment:	*Fees		
Type of Credit _____	Registration fee		\$55.00
Name on Credit Card	*Supplemental fee(s)		
Card # _____	_____		
_____	Processing fee		\$ 9.95
Expiration _____	Late Registration		\$30.00
Code _____	Discounts		
_____	_____		

*****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 Spring 2020 term shall not be entitled to any deduction for my child's absences/early pickup 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 and processing fees). THERE ARE NO 100% REFUNDS, with written requests received by the 87Afterschool office, according to the following schedule:
 - 75% tuition refund with written notice received by January 25 at 5:00 p.m.
 - 50% tuition refund with written notice received by February 7 at 5:00 p.m.After February 7 at 5:00 p.m., **NO REFUNDS will be granted.**
2. I agree to pay all tuition and fee(s) associated with my child's participation in the 87Afterschool program. 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; I understand that 87Afterschool does not provide "credits" for future and/or current use under any circumstances.
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; or due to instructor absences either by 87Afterschool team member or vendor cancelation of a specific session(s). There are no credits or "make-up sessions" provided; including closures/cancelations due to weather.
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's participation from 87Afterschool, without refund or credit for unused sessions;
5. If my child is not picked up by 6:00 p.m., 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 p.m.;
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; I also agree and give permission to 87Afterschool leadership to obtain medical/educational information from PS 87, 160 West 78th Street, New York, NY 10024.
7. In consideration of PS 87 PA Inc. (PS 87 Parent Association) conducting the 87Afterschool and allowing my child to participate in such a program, I hereby release and forever discharge PS 87 (NYC DOE), PS 87 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 PS 87 building supervised by 87Afterschool Staff; I give my child permission to go on any such trips organized as part of 87Afterschool; I understand my child(ren) may use public transportation to reach such activities.
10. I understand 87Afterschool does not provide a specific curriculum for any activity. As we allow learning to happen naturally in a safe and fun environment, some lessons/projects may take a longer or shorter time depending on the children's needs. We will provide general outline and basic information only. 11. In the rare case that a class is canceled due to instructor absence, 87Afterschool will provide alternative activities for the children; this may include playing at the playgrounds located in or near PS 87.

Parent/guardian signature _____ Date _____