

ASA Re-enrollment

Child's Name: _____ Enrollment Year: _____

Residing Parent/Guardian Name(s): _____

School attending in Fall: _____ Grade in Fall: _____

Attendance Options: The ASA schedule below is tentative and based on the current Bellingham School District arrival/dismissal times, which may be subject to change for the upcoming school year.

MY CHILD'S ATTENDANCE SCHEDULE: (Please <input checked="" type="checkbox"/> all programs & days your child will be attending)					
PROGRAM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before School Adventure: 6:45-7:45 a.m.					
<input type="checkbox"/> 4-5 Days (please <input checked="" type="checkbox"/> days)					
<input type="checkbox"/> 2-3 Days (please <input checked="" type="checkbox"/> days)					
After School Adventure: 2:30-6:15 p.m.				12:45-6:15 p.m.	
<input type="checkbox"/> 4-5 Days (please <input checked="" type="checkbox"/> days)					
<input type="checkbox"/> 2-3 Days (please <input checked="" type="checkbox"/> days)					
<input type="checkbox"/> One Day (please <input checked="" type="checkbox"/> day)					

I understand that I will be responsible for payment based on the above schedule. Any changes must be made before September 1st and must be in writing/email.

CONTACT INFORMATION: ***Please make careful note of any address and phone number changes.***

PARENT/GUARDIAN INFORMATION #1	
Name: _____	Relationship to child: _____
Circle Applicable Description: Married Divorced Partner Separated Single Widowed	
Address: _____	
City: _____	Zip: _____ Home Phone: _____
Work Place: _____	Email: _____
Work Phone: _____	Cell Phone: _____

PARENT/GUARDIAN INFORMATION #2	
Name: _____	Relationship to child: _____
Circle Applicable Description: Married Divorced Partner Separated Single Widowed	
Address: _____	
City: _____	Zip: _____ Home Phone: _____
Work Place: _____	Email: _____
Work Phone: _____	Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Home Phone: _____
Relationship: _____ Cell Phone: _____
Work Phone: _____

Please note: Only the people listed below (along with the parents listed above) will be granted permission to pick up your child. Please contact ASA if this form needs to be updated at any time during the school year.

AUTHORIZED PICK UP INFORMATION

Name: _____ Relationship: _____ Home Phone: _____
Name: _____ Relationship: _____ Home Phone: _____
Name: _____ Relationship: _____ Home Phone: _____

MEDICAL INFORMATION

Date of last physical: _____ Dental exam: _____ Vision exam: _____
Child's Physician: _____ Phone: _____
Child's Dentist: _____ Phone: _____
Insurance: _____ Policy #: _____

PAYMENT INFORMATION

- I prefer to receive: monthly email statement
 monthly paper statement in my child's folder
- I will be paying by: monthly check
 monthly automatic withdrawals (credit card) *I understand I must complete and sign the credit card withdrawal form attached to my first month's bill. (September)*
 I receive DSHS (Washington State subsidy)
- I have paid the re-enrollment fee of \$60 (\$15 for each additional child).

OTHER INFORMATION

- I have read and agree to the ASA parent Handbook.
 The Firs has my permission to use photographs of my child for display/program purposes.
 ASA has permission to transport my child to/from school and on field trips by walking or in a licensed van.
 My child will need a booster seat when being transported in a van.
 My child has permission to participate on The Firs Climbing Wall.

Parent Signature: _____ Date: _____

Director's Note:

Signature: