



Arts Enrichment Program Registration Application 2023-2024

Official Use Only
Registration fee: \$25
Weekly: \$50 per child
Total Paid \$ _____
Date: _____

Print Child's Name: _____ Sex _____ Grade _____

Second Child's Name: _____ Sex _____ Grade _____

Third Child's Name: _____ Sex _____ Grade _____

Fourth Child's Name: _____ Sex _____ Grade _____

Home Address: (to send tax papers)

Please list **ALL** who may remove your child/children from the Arts Enrichment Program

Mother's Name _____ Phone _____

Place of Employment _____ Work Number _____

Father's Name _____ Phone _____

Place of Employment _____ Work Phone _____

Other _____ Phone _____

Relationship to Child _____ Work Phone _____

Other _____ Phone _____

Relationship to Child _____ Work Phone _____

Other _____ Phone _____

Please list custody restrictions or special arrangements: (Must have custody papers on file with the school office/FOCUS)

Allergies: _____

If your child has a medical condition, please notify the Arts Enrichment Program Director before starting the program.

Arts Enrichment Program - Parent Agreement Form- Please read the Parent information packet before signing.

- The \$50 weekly rate is due each week to hold your child(ren)'s spot in the NFMAA Arts Enrichment Program whether your child(ren) attend(s) every day or not. _____ initial
- A \$25 late payment fee is added each week a payment is late and more than three late payments could result in dismissal of the NFMAA Arts Enrichment Program. _____ initial
- A \$1 late fee is charged for each minute after 6:00 pm. Children who are repeatedly picked up late (three times or more) will be dismissed from the program. _____ initial
- Please be advised, your child(ren) will not be called for pick up until you hang up your phone. This is to ensure that we may have your attention to discuss money matters, behavior concerns or any other concerns. _____ initial
- Phones, electronic games, and toys from home are not allowed in the AEP. AEP staff are not responsible for lost, broken, or stolen items. _____ initial
- My child(ren) may watch G/PG movies while in the AEP. _____ initial
- AEP reserves the right to dismiss any child from the program at any time because of behavior issues. _____ initial

I have read and agree to all the information in the Arts Enrichment Program Parent Information Packet. I acknowledge and understand that my child's AEP balance must be paid in full so that my child may attend/participate in any extended day activities (including but not limited to: Clubs, Dances, Trips, Tutoring).

Signature of Parent/Guardian Date

Release Form

I accept responsibility for notifying the school of any changes of home/business address or telephone number. In the event of serious illness or accidents and I cannot be immediately contacted, I give my permission to have my child moved by ambulance or other conveyance to a doctor's office or hospital for immediate attention. I also assume responsibility for payments of it. In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain in school, I request the school to contact me. If I am unable to be reached I request that one of the persons listed on the registration card be contacted to care for my child until I can be reached.

I also hereby release NFMAA Arts Enrichment Program, and all persons connected from blame and/or responsibility in case of accident or injuries incurred during the operation of the Arts Enrichment Program.

Signature of Parent/Guardian Date