

Wellington Elementary Compass Zone

2020-2021 Registration Form

Office Use Only:
 Date received: _____
 Registration pd\$ _____
 Grade: _____ Team: _____
 Cash or Ck# _____
 Start Date _____
 KY immunization: _____
 Automatic WD form: _____
 Handbook checklist: _____

Please complete one form per child.

This application is not complete without a completed packet, registration fee (\$30 per student/\$40 per household), a copy of your child's current Kentucky Immunization Certificate, and a voided check.

Student Name _____ Gender: M F
 Full Time (4-5 Days per Week) Part Time (3 Days or Less per Week)

2020/2021 Grade Level _____ Birth Date _____ Age _____

Home Address _____
 Primary Phone Number _____ Email _____

Mother/Guardian's Name _____ Work Phone _____
 Primary Phone Number _____ Place of work _____

Father/Guardian's Name _____ Work Phone _____
 Primary Phone Number _____ Place of work _____

Emergency Contact & Release Authorization

Name	Relationship to Student	Phone Number

Health Information

List any health, physical, or developmental limitations: _____
 List any allergies: _____
 Does your child take prescription medicine on a daily basis? _____
 List medications and dosage in the event of medical emergency _____
Please complete: Physician name: _____
 Physician phone number: _____
 Hospital Preference: _____

The information listed is accurate to the best of my knowledge, and the child herein described has my permission to engage in all activities. In the event that I cannot be reached in an emergency, I hereby give permission to the Wellington After-School Program Director(s) or designee to secure emergency medical services including transportation and a physician.

Student Name _____

Full time _____ Part Time _____

2020/21 Grade _____

Parent Name _____

WELLINGTON ELEMENTARY SCHOOL

AUTOMATIC DEBIT AUTHORIZATION AGREEMENT

I hereby authorize Wellington Elementary School to initiate the automatic debit entries to the account listed below. I understand that automatic debits will only be posted to my account for the date and amount I have listed below.

This authorization will remain in effect until Wellington Elementary School has received written notification from me at least 30 days prior to the next scheduled debit date.

Signature(s) X

X

Information for Automatic Debit Entries:

Day of each month that funds will be debited from my account: **5th**

Amount of funds to be debited from my account monthly: **Varies according to fee schedule.**

Information for bank account that will be debited:

Financial Institution Name

Financial Institution ABA Number (Routing Number) _____

Individual Account Number

This account is a _____ Checking Account _____ Savings Account (Please select one)

A voided CHECK must be attached below if the account is a checking account.

To complete your registration, please sign the following and return:

The state of Kentucky requires that we have a signature on file for each student stating that their parent or guardian has received a Wellington Elementary Compass Zone Handbook and understands the program guidelines.

Student name _____

I, _____, have read and understand the 2020/21 Wellington Elementary After-School Compass Zone Handbook guidelines.

- I have read and understand the behavior management system and expectations.
- I have read and understand the fee schedule and guidelines for participation in the program.
- I have read and understand that **two (2)** payment returns for any reason (insufficient funds, account closed, etc) will result in my child's removal from the program.
- I understand that late charges of \$2.00 per minute per child will occur if I am later than 6:00pm.
- I have read and agree to the Compass Zone sick child policy.
- I understand that my child's participation in Compass Zone is contingent upon following all of the guidelines set forth in this handbook.

Parent/Guardian signature

Date

Occasionally, the Compass Zone staff may photograph students when they are participating in our enrichment activities. These photographs are never posted on the Internet and are only used to enhance a craft project that would be sent home for parents or for a Compass Zone bulletin board.

Please sign below if you give permission for your Compass Zone student to be photographed:

Parent/Guardian signature

Date

Animal Consent Form

Child Care regulatory policy will allow the following enclosed or caged classroom animals with parental consent: fish, hamsters, gerbils, guinea pigs, hermit crabs, turtles, birds, non-poisonous amphibians, bearded dragons, rabbits, chinchillas as well as caterpillars and butterflies.

I, _____, give permission for my child,
_____, to be in the presence of the animals listed above.

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____