



A.C.E. Academy Before and After School Registration Form

Please complete a registration form for each child in your family. If you have any questions, please contact the Director Mrs. Dawn Hammond at (980)266-2725 or d.hammond@aceacademycharter.org. Completing the registration form does not automatically guarantee participation. Students must meet the following eligibility criteria to participate: (1) must be a Kindergarten - 8th grader; (2) show respect to all participants, staff, and nature; (3) be pleasant to others and refrain from using foul language; (4) refrain from causing harm to self, other participants, and staff; (5) use equipment, supplies, and facilities properly; and (6) able to exhibit appropriate group behavior and stay with the group.

VERY IMPORTANT: The registration form below may take 10-15 minutes to complete. Please complete the form in its entirety. When complete, be sure to hit "Submit" at the bottom of the form. You CANNOT save data typed in this form. After hitting submit, be sure to scroll down and ensure all items are complete; any missing items will cause the form to be rejected and will be highlighted for your convenience. A.C.E. Academy will not provide transportation for before or after school.

1. I affirm that I am of legal age to consent and am the parent and/or guardian of the child listed below on this form.

Yes No

2. Which program are you applying?

- After-School Program (Operates 3:00pm-6:45pm)
- Before School Program (Operates 6:45am-8:00am)
- Before and After School Program
- Single Day

3. Which days would you like to attend?

- | | | | |
|-----------------------|---------------------------------|-----------|----------------------------|
| <input type="radio"/> | After-School Program | Full Time | Monday-Friday |
| <input type="radio"/> | After-School Program | Part Time | Monday, Wednesday & Friday |
| <input type="radio"/> | Before School Program | Full Time | Monday-Friday |
| <input type="radio"/> | Before School Program | Part Time | Monday, Wednesday & Friday |
| <input type="radio"/> | Before and After School Program | Full Time | Monday-Friday |
| <input type="radio"/> | Before and After School Program | Part Time | Monday, Wednesday & Friday |

Single day please list each day you would like to sign up for

Mailing Address:

4365 Schoolhouse Commons
Suite 500 #157
Harrisburg, NC 28075
Phone: 888-244-6511, Ext. 101

7807 Caldwell Road
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Phone: 704-207-0232
Fax: 704-626-2655



4. I understand my monthly fees are:

- Full Time After-School Program Monday-Friday
- Part Time After-School Program Monday, Wednesday & Friday
- Full Time Before School Program Monday-Friday
- Part Time Before School Program Monday, Wednesday & Friday
- Full Time Before and After School Program Monday-Friday
- Part Time Before and After School Program Monday, Wednesday & Friday

Single day please list each day you would like to sign up for

5. Student's Name

First Last Female Male

6. Sibling Name

First Last Female Male

7. Sibling Name

First Last Female Male

8. What grade is the student currently enrolled?

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9. What grade is the sibling currently enrolled?

10. What grade is the sibling currently enrolled?

11. Date of birth of student and sibling?

12. Physical Address (where student currently resides)

 Street Address Address Line 2 City State ZIP Code

13. My mailing address is different than my physical address?

Yes No

14. Parent/Guardian Name

 First Last

15. Relationship to the student

16. I give The Before & After School program permission to contact me by email regarding my student's registration and/or participation in the program? Please select "No" below if you are unable to provide an email.

Yes No

17. Home Phone

18. Work Phone

19. Cell Phone

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The well-being of all students is very important to us. The following information will help us provide the best care for each student during the program and will help in the event of an emergency. Please provide accurate and thorough information. Please select on all that apply.

20. Does the student/sibling have asthma/breathing problems?

Yes

No

Student/Sibling Name(s)

21. Does the student have any dietary needs or requirements?

Yes

No

Student/Sibling Name(s)

22. Please list any known allergies (select all that apply).

Yes

No

Student/Sibling Name(s)

23. Does your child carry an epi-pen?

Yes

No

Student/Sibling Name(s)

24. Please list allergy details below.

25. Does the student listed above take any medication?

Yes

No

Student/Sibling Name(s)

26. Will the student need medication administered during The Before School and or After School Program hours?

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Yes

No

If yes, please provide which time medication needs to be provided.

Before School

After School

Both

Student/Sibling Name(s)

27. Will the student need special assistance or accommodations due to his/her health condition?

Yes

No

Student/Sibling Name(s)

28. Please list any other comments regarding the student's health condition below.

The Before & After School Program staff is committed to the principle of equal opportunity in education. The Before & After School staff does not discriminate against individuals based on race, color, sex, sexual orientation, gender identity, marital or family status, religion, disability, age, ancestry, or national or ethnic origin. In accordance with these policies, the information on our documentation may be used by any Before & After School official only for appropriate administrative and research purposes.

Please check student's disability status. Student/Sibling Name(s)

29. Please check student's disability status.

- a. None
- b. Emotional Disability
- c. Learning Disability
- d. Speech Disability
- e. Physical Disability

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30. What is the student's race (select all that apply)?

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White

31. Is the student currently receiving free or reduced lunch?

- Yes No

32. Please list any siblings of the student already enrolled or are registering in Before & After School program.

Dismissal Procedures: Please list all Authorized Adults that will be allowed to drop children off and pick them up at the before and after school program.

Please list 2 or more adults or older siblings who are authorized to pick up the student along with their contact information and relationship to the student. We will ONLY release your child with the people listed here.

33. Authorized Adult #1 Name

First Last Relationship
 Home Phone Work Phone Cell Phone

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34. Authorized Adult #2 Name

First Last Relationship
Home Phone Work Phone Cell Phone

35. Authorized Adult #3 Name

First Last Relationship
Home Phone Work Phone Cell Phone

Emergency Contact

In the event of an emergency and you cannot be contacted, please list names of individuals we should contact, their relationship to the student, and phone numbers.

36. Emergency Contact #1 Name

First Last Relationship
Home Phone Work Phone Cell Phone

37. Emergency Contact #2 Name

First Last Relationship
Home Phone Work Phone Cell Phone

38. Emergency Contact #3 Name

First Last Relationship

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Home Phone

Work Phone

Cell Phone

Educational Records Release

A.C.E. Academy Charter School ensures the confidentiality of student records in accordance with the Family Educational Rights and Privacy Act (FERPA). In order for The Before & After School staff (employees, agents, and volunteers) to be able to discuss your child’s education record with their classroom teachers or other persons who you designate, you must provide your authorization. “Education record” includes those records, files, documents and other material that contain information directly related to the student and are maintained by A.C.E. Academy Charter School such as grades and transcripts; attendance records; psychological & educational testing; verbal information; school health records; special education records; and/or disciplinary records. An education record includes information recorded in any medium but does not include personal notes, records only available to law enforcement personnel, or medical records.

In accordance with the Family Educational Rights and Privacy Act (FERPA), I authorize A.C.E. Academy Charter School to release the above mentioned student’s record to The Before & After School staff (employees, agents, and volunteers) for the purpose of keeping the staff members informed of my child’s progress at his/her school. I understand that by entering my initials below, I am waiving my rights of nondisclosure of these records under federal law only to the organization specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law. This consent will remain in effect until revoked by me, in writing, and delivered to the A.C.E. Academy Charter School main office and the Before & After School Program but that any such revocation shall not affect disclosures previously made by A.C.E. Academy Charter School.

I give The Before & After School staff permission to obtain educational records for the student and communicate the student's progress with A.C.E. Academy Charter School.

Yes

No

Date

Please list educational concerns, special needs, and/or any information that you feel would be helpful for staff to know about the students.

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Please list any concerns you may have (e.g. "My child needs help with reading comprehension and organizational skills").

Attendance Policy

Regular daily attendance is expected of all students as frequent absences from the program disturb the students' and their peers' academic and emotional social progress. All registered students are to attend all activities regularly and promptly for which they are scheduled. If a student plans to be absent or must leave the program early, the Program Director must be notified in advance by letter or phone call (704-968-5230). If a student needs to leave the program early, parents should contact the Program Director before 4:30pm on the same day. This assures that the student is dismissed properly, and all the teachers can be informed of the student's absence and plan the student's work accordingly. Certain absences are considered excused absences for recording purposes; however, a written notice is still required. Excused absences include: those due to illness, quarantine, medical, dental, optometric, or chiropractic appointments; the student's attendance at a funeral for a member of the student's family and exclusion of students failing to meet immunization requirements.

If a school day teacher needs to work with a Before & After School participant, the teacher must provide a notice and inform the after-school director by email. Students that are not following these procedures will be withdrawn from The Before & After School Program unless he/she provides a valid excuse in writing.

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Authorization to Produce and Use Audiovisual Materials

I voluntarily consent and agree that Before & After School Program, and their employees, contractors, or agents have the right to produce photographs, movies, videotape, audiotapes, or digital recordings of the student named below, and to use these images in any and all media, now or hereafter known. Such use will be for the purpose of community education or program promotion and includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the A.C.E. Academy web site.

I agree that The Before & After School staff has the right to produce photographs, movies, videotape, audiotapes, or digital recordings of the student named on this form, and to use these images in any and all media.

Yes No Date

Internet Usage

Use of the Internet will allow The Before & After School Program to enhance the educational experience as well as existing collection of resources and materials. The Before & After School Program staff recognizes and shares your concern about your child’s exposure to inappropriate materials. There will be safeguards imposed upon the Internet usage at Before & After School Program.

I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use - setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information. I agree to hold The Before & After School Program employees harmless for any consequences resulting from the use of the Internet and/or electronic mail. I understand that this permission continues if my student participates in The Before & After School Program. If I want to revoke this permission, I need to send a written request to The Before & After School Program Director.

Yes No Date

Liability Waiver

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A.C.E. ACADEMY

Academics Character Entrepreneurship

By entering my name below, I agree to the above and the following terms: The Before & After School Program reserves the right to dismiss any participant who does not show respect for the facility, including not limited to: property, equipment, policies, other members and staff. The Before & After School Program staff assumes no responsibility for personal property. By entering my name below, I hereby waive any and all claims against The Before & After School Program. I understand that use of the facilities and equipment at The Before & After School Program may involve risk of bodily injury or property damage, and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that the child registered above can safely participate in activities and events at The Before & After School Program. I also understand and agree that by entering my name below, I am giving up my (or the minor for whom I sign) right to make any claim against The Before & After School Program and/or their agents, employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that my child might suffer while using The Before & After School Program facilities and services, except as limited by law. By entering my name below, I hereby represent that I understand and am familiar with the nature of activities in which my child will participate and have personally read and understand this waiver.

Authorizer's Name

Yes

No

Date

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