

Start Date _____ Building Attending & Grade during 2018-2019 School Year _____

**Goshen Learning Academy
Before & After School Care
2018-2019**

Child's Full Name _____ Date of Birth _____

Prefers to be called _____ Male or Female

Address _____
Street City State Zip Code

Mother's Name _____ Home Phone _____

Email Address _____ Cell Phone _____

Address _____
Street City State Zip Code

Employer _____ Business Phone _____

Father's Name _____ Home Phone _____

Email Address _____ Cell Phone _____

Address _____
Street City State Zip Code

Employer _____ Business Phone _____

Parents are: _____ Married _____ Separated _____ Divorced _____ Other

If divorced or legally separated, parents must submit a copy of court documents which address custody issues.

If neither parent/guardian can be reached, I would like you to contact the following people, in order.

****Three emergency contacts are required by law.****

Emergency Contact # 1 _____

Relationship to Child _____ Phone Number(s) _____

Emergency Contact # 2 _____

Relationship to Child _____ Phone Number(s) _____

Emergency Contact # 3 _____

Relationship to Child _____ Phone Number(s) _____

Goshen Learning Academy uses an automated phone system to inform families of closures, delays, and other important information. Please list the phone number or numbers you would like this system to call.

Please describe anything that may be helpful in understanding your child and his/her needs. This may include family history, special experiences, likes and dislikes, fears, talents, social tendencies, language or learning difficulties, or anything else you think is important for us to know.

Emergency Medical Transportation Authorization

Child's Name _____ Date of Birth _____

Health Information:

1. Allergies (list all allergies affecting the child and any special precautions or treatments for these allergies)

2. Diseases/Disorders/ Chronic Physical Problems

3. Medications Currently Being Administered to the Child

Health Care Information:

Physician's Name _____ Phone Number _____

Address _____
Street City State Zip Code

Dentist's Name _____ Phone Number _____

Address _____
Street City State Zip Code

Insurance Company _____

Identification/Certification Number _____

COMPLETE EITHER PART I OR PART II BELOW. DO NOT COMPLETE BOTH PARTS.

Part I: Permission to Transport Child

In case of an emergency, I give my permission to the Goshen Local School District Learning Academy to obtain care and/or transport my child _____ to my preferred hospital _____ for emergency care, to my preferred dentist/clinic _____ for emergency dental care, or to the nearest available source of assistance.

Parent Signature _____ Date _____

Part II: Refusal to Transport Child

In case of an emergency, I do NOT give my permission to the Goshen Local School District Learning Academy to obtain care and/or transport my child. My alternative instructions are:

Parent Signature _____ Date _____

**Goshen Local School District Learning Academy
Fee Agreement**

Weekly tuition is to be paid on Monday of each week. Parents may pay in advance. The Learning Academy is self-supporting; therefore, the program operates on the commitment made by parents.

Child's Name _____

Child's Grade Level and School Building _____

Before and After School Child Care Options Ages: K-14

Please Note: You will be charged weekly for the number of days you have committed to on this page whether your child attends or not. If you need to add more days in a particular week, you will be charged for the additional days.

Please initial which option you are choosing.

_____ My child will attend both **Before & After School Care** _____ days per week.

Fee: \$90.00 per week, snack included

- Which days will your child attend? Monday Tuesday Wednesday Thursday Friday
- Approximate Drop Off Time: _____ Approximate Pick Up Time: _____

_____ My child will attend **Before School Care** only _____ days per week.

6:00am-8:30am... Fee: \$45.00 per week

- Which days will your child attend? Monday Tuesday Wednesday Thursday Friday
- Approximate Drop Off Time: _____

_____ My child will attend **After School Care** only _____ days per week.

2:30pm-6:00pm... Fee: \$55.00 per week, snack included

- Which days will your child attend? Monday Tuesday Wednesday Thursday Friday
- Approximate Pick Up Time: _____

_____ **Special Circumstances Only- Snow Day, Early Releases...** Fee: \$25.00, snack included

Additional Fees:

Registration Fee: \$40.00, non-refundable

Return Check Fee: \$35.00 per District Policy plus certified postage fees

Late Pick Up Fee: **\$8.00 for every 5 minutes past 6:00pm** is due at the time of pick up to the monitor on duty with your child. Parents must respect the program's hours of operations (**6:00am-6:00pm**). Late fees must be paid at the time or by the next day.

Failure to Enroll: Paperwork must be on file to be able to use the Special Circumstance Days. The \$40 registration fee plus an additional \$10 fee is applied if notification is not given in advance for use during early release and other special days.

*The Board of Education reserves the right to change the regulations,
including the fee structure, for the Learning Academy programs at any time.*

By signing this agreement, I/we understand that the guidelines contained in the Goshen Learning Academy handbook are a part of this agreement, including the discipline philosophy and plan, and therefore agree to abide by both the terms of the handbook and those of the Fee Agreement. In addition, I/we understand that Goshen Local Schools District reserves the right to modify terms, conditions, or fees with the permission of the Goshen Board of Education. Handbooks are available online and by request. Further, the school district will monitor your account. The Learning Academy reserves the right to remove students from programs due to failure to follow the Fee Agreement. Failure to follow codes of conduct set forth in the handbook or three suspensions for behavior will result in termination from the program.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Note: If parents are separated or divorced, only one parent may sign the Fee Agreement. The signing parent will be totally responsible for tuition, no exceptions. We will not pursue anyone other than the signing parent for payment. Not responsible for accidents on school property.

Child's Photo may be taken and displayed: Yes No

Child Roster Information: Yes No

Handbook Received: Yes No Will Use Internet