SCHOOL-AGE AFTER CARE - 2022-2023 REGISTRATION FORM



Student Name	:
Sex: FM	Birthday / / Age:
Elementary Sc	hool:
Address:	City:
STATE:	ZIP CODE:
Mom (First):	Mom (Last):
Dad (First):	Dad (Last):

PARENT/FAMILY OCCUPATIONS & PLACE OF BUSINESS:

Guardian #1			Guardian #	2	
Relationship:			Relationsh	ip:	
ADDRESS:	ADDRESS: ADDRESS:				
City	State	Zip	City		StateZip
WORK: ()		_CELL: (_)	_WORK: ()	CELL: ()
Mom's Occupation			Dad's Occ	upation	
EMAIL:			EMAIL:		
HOME PHONE: (_)		HOME PHO	NE: ()	

ADDITIONAL PARENTAL INFORMATION (IF REQUIRED)

Guardian:	n: Guardian:				
ADDRESS:			ADDRESS:		
City	State	_Zip	City	State	_Zip
WORK: ()	CELL: ()	WORK: ()	CELL: ()	
EMAIL:			EMAIL:		

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name:	_Relationship:	_Phone: ()
Emergency Contact Name:	_Relationship:	_Phone: ()
Emergency Contact Name:	_Relationship:	_Phone: ()

AUTHORIZATION FOR PICK-UP (ID REQUIRED) – MUST SHOW A VALID PICTURE ID

- **2.** NAME: _______ RELATIONSHIP: ______ PHONE# (___) _____
- 3. NAME: ______ RELATIONSHIP: _____ PHONE# (___) _____

SHARE INFORMATION WITH: _____

STUDENT HEALTH INFORMATION

Ple	ease list health problems:	Please list physical limitations:
Ple	ease list allergies (including food):	Please list regular medications; limitations:
Fai	mily Physician:	Phone: ()
Fai	mily Dentist:	Phone: ()
He	ealth Insurance:	Phone: ()
		ADDITIONAL INFORMATION
1.	School -Age After Care without pick up is \$ Elementary, Highland Elementary, and Des	e 2:30 pm to 5:30 pm Monday to Friday on days when LCPS is in session. Tuition for 399 plus tax. Tuition for School -Age After Care with pick up from Loma Heights ert Hills Elementary is \$450 plus tax. Late fees will be charged if the child is picked up minutes. Please call 523-1616 if an emergency arises causing you to be late.
	Parent Signature:	Date:
2.		contact ECECD at the Early Childhood and Care Department to start the application artment can be reached at 1(800)832-1321 for further assistance
	Parent signature:	Date:
3.		e answer the following: School District:
	Parent signature:	Date:
4.	installments. There are two payment options	ROLLMENT (10 months) but will be paid in monthly a an auto-debit either through a checking account or credit card. (Please see the office to ed method will be run on the 1 st of the month. Returned auto-debits will incur an
	Parent signature:	Date:
5.	All students will be required to give a 30-da	y written notice to the front office for withdrawal from the program.
	Parent signature:	Date:
6.	The following people CANNOT or DO NO	Γ have permission to pick up from after school program:
	NOT AUTHORIZED	
	NOT AUTHORIZED	
	Parent(s) Signature	Date:
A	cknowledge receipt of attendance	e calendar and sign-up for ClassTag
		Office Use Only

Date of Entry:	Date of withdrawal:
Payment Option Form offered	Withdrawal form signed
All final paperwork completed	Account Balance closed
Office Employee taking sign up form	Office Employee taking withdraw form

GYM MAGIC, INC. ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of (child's name) , I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, dancing, tumbling, trampoline, tumble track, cheerleading, swimming, and adult fitness. In addition, swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in the after-school program can involve transportation to and from various field trips/after school program and as a result my child could be injured or killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Gym Magic Inc. programs, camps and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child or myself to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Gym Magic, Inc., its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child or myself while under the instruction, supervision, or control of Gym Magic Inc., without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like my above-mentioned child to be taken to a hospital for medical treatment and I hold Gym Magic Inc. and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child or myself as a result of any injury sustained while participating at or for Gym Magic Inc.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Parent, Legal Guardian's Signature	Date
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Your participation in a Gym Magic, Inc. gives Gym Ma	agic permission to a photo, video tape or use a
likeness in advertisements or promotions for Gym Mag	vic.
Signed:	Date



2022-2023 CALENDAR

ASHLEY'S GARDEN PRESCHOOL

Where kids learn, laugh and grow

MAGIC		CALLINDAR	
4 Independence Day 7 Training CACFP 25-29 In-House Training	JULY '22' S M T W Th F S 0 - - - 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 - - - - - -	JANUARY '23 S M T W Th F S M T W Th F S M T W Th F S M T W Th F S M T W Th F S M T M F S O 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 X X X X	 2-6 Winter Break 2-6 S'Cool Camp 16 M.L. King Day No School 16 After the Bell Camp
3 Fall Semester Begins 22 After the Bell Camp	S JUSUSUSUSUSUSUSUSUSUSUSUSUSUSUSUSUSUSU	FEBRUARY '23' S M T W Th F S u u 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 u u u u	17-21 No School 17 S'Cool Camp 20-21 After the Bell Camp
 2 No school-LCPS P/T 5 Labor Day – Closed 26-30 Fall Break 26-30 After the Bell Camp 	S FOR TOP SPECIAL S	WARCH '23 s M T W Th F S u I 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Image: Second	 13-24 Spring Break No School 13-17 After the Bell Camp 20-24 After the Bell Camp
3-7 Fall Break3-7 After the BellCamp	S COUSER 422 s M T W Th F S u u u u u 1 2 3 4 5 66 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 U U U U U U	APRIL '23: S M T W Th F S M G M G M T W Th F S M G G G G G I 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	6-10 Holiday Break NoSchool6-10 After the Bell Camp
7-8 Camp 21-25 Thanksgiving Break 21-23 After the Bell Camp	IVUINE INTERIEVE S M T W Th F S I 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 7 7 7	Image: Im	8 Mother's Day 16 Last Day - CLosed
19 - 30 Winter Break 19-23 After the Bell Camp 27-30 After the Bell Camp	S M T W Th F S 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	JUNE '23 S M T W Th F S u L u 11 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Image: Non-transference of the second	18 Father's Day