

# BRIGHT FUTURES ACADEMY

PLEASE RETURN THIS FORM WITH YOUR \$50 REGISTRATION FEE BY AUGUST 19, 2011

## AFTERCARE REGISTRATION 2011-2012

### FULL TIME AFTERCARE SERVICES

3:15 TO 6:00

FAMILY REGISTRATION FEE \$50

1ST CHILD \$250 PER MONTH

2ND CHILD \$150 PER MONTH TOTALS \$400

3RD CHILD \$100 PER MONTH TOTALS \$500

### PART TIME AFTERCARE SERVICES

3:15 TO 5:00

FAMILY REGISTRATION FEE \$50

**\$150 PER MONTH PER CHILD**

**\*\* EMERGENCY DROP IN AFTERCARE SERVICE IS FROM 3:15 TO 6:00 IS AVAILABLE FOR \$25 PER DAY PER CHILD.**

**\*\*\* AFTERCARE SERVICES WILL NOT BE AVAILABLE ON EARLY DISMISSAL DAYS DURING THE 11/12 SCHOOL YEAR**

**PAYMENTS ARE DUE ON THE FIRST SCHOOL DAY OF EACH MONTH.**

STUDENT'S NAME \_\_\_\_\_

STUDENT'S GRADE 2011-2012 \_\_\_\_\_

PLEASE CIRCLE STUDENT'S NEED:      FULL TIME                      PART TIME

TUTORING      YES                      NO                      SUBJECT: \_\_\_\_\_

AS THE PARENT(S)/GUARDIAN(S) OF \_\_\_\_\_, I/WE HEREBY AGREE:

1. TO INDEMNIFY AND HOLD HARMLESS BFA AND ALL THE EMPLOYEES OF BFA FROM ANY AND ALL MANNER OF ACTION AND ACTIONS, CAUSED OR CAUSES OF ACTIONS, SUITS, DAMAGES, JUDGEMENTS, AND CLAIMS OF ANY KIND WHATSOEVER, IN LAW OR IN EQUITY, BY ITS EMPLOYEES OR THIRD PARTIES WHICH ARE BASED IN WHOLE OR IN PART UPON INJURIES OR DAMAGES SUSTAINED BY ITS EMPLOYEES OR BY THIRD PARTIES WHICH ARE A DIRECT OR INDIRECT RESULT OF MY CHILD BEING INVOLVED IN THE BFA AFTERCARE ACADEMIC ENRICHMENT PROGRAM.
2. TO GIVE THE PROGRAM COMPLETE AUTHORITY IN REGARD TO MAKING DECISIONS REGARDING MEDICAL PROBLEMS, PLANS FOR TREATMENT, AND THE ABILITY TO TRANSPORT WHEN NECESSARY. IN CASE OF SERIOUS ACCIDENT OR ILLNESS INVOLVING MY CHILD WHILE HE/SHE IS IN THE CUSTODY OF BFA, EVERY EFFORT WILL BE MADE TO CONTACT PARENT/GUARDIAN. IF A SITUATION ARISES WHEN EMERGENCY TREATMENT MAY BE NECESSARY AND THE PARENT/GUARDIAN CANNOT BE REACHED, I AUTHORIZE BFA PERSONNEL TO MAKE PROVISIONS FOR TREATMENT WITH THE APPROPRIATE MEDICAL PERSONNEL OR FACILITY.
3. TO GIVE THE PROGRAM AUTHORITY IN REGARD TO DISCIPLINE MATTERS, KNOWING I/WE WILL BE MADE KNOWN OF ANY SERIOUS SITUATION.
4. TO ABIDE BY THE AFTERCARE PROGRAM'S TERMS FOR TUITION PAYMENT AND TO PICK UP MY CHILD **ON TIME.**

PARENT NAME: \_\_\_\_\_ PARENT CELL: \_\_\_\_\_