

It is the policy of the Fayette County School System not to discriminate on the basis of race, color, religion, sex, national origin, age or disability in any of its employment practices, educational programs, services or activities. Students must be enrolled in the Fayette County School System to be eligible to attend the After School Program. For additional information about nondiscrimination provisions or to request accommodations based on a disability, contact the Human Resources Department at (770) 460-3535.

The Fayette County After School Program is exempt from licensure by the Georgia Department of Early Care and Learning as we are operated and staffed by a public school system. We are obligated to follow all rules, regulations and policies issued and directed by the Fayette County Board of Education. Another component of our exemption status requires us to carry liability insurance in order to operate our after school programs.

APPLICATION VALID FOR YEAR(s) INITIALED BY PARENT - Please verify/update information provided each school year.

FY19-20		FY20-21		FY 21-22		FY 22-23		FY23-24		FY 24-25	
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FAYETTE COUNTY SCHOOLS AFTER SCHOOL PROGRAM APPLICATION FORM

By completing this application I agree to adhere to all policies/procedures contained in the *ASP Family Handbook* available online at www.fcboe.org, and electronically via e-mail when requested in writing. Please submit completed application to the ASP Office.

Name of child: _____ Birth date: ___/___/___ Sex: Male Female

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My child _____ has allergies/medical condition/special need. Please consult with the school clinic and/ or the ASP site coordinator regarding the needs of your child.

Household/Guardian Information:

Address: _____ City: _____ State: _____ Zip: _____

Mother: _____ Home Ph #: _____ Cell Ph #: _____

E-mail: _____

Place of Employment: _____ Hours: _____ Wk Ph # _____

Father: _____ Home Ph #: _____ Cell Ph #: _____

Email: _____

Place of Employment: _____ Hours: _____ Wk Ph#: _____

In case of emergency school dismissal, please place my child (select only one option):

ON BUS _____ IN ASP _____ (available only on days ASP previously reserved).

- **Student(s) must be picked-up from ASP as soon as possible following early dismissal/school closing.**

Weekly tuition fees are per child and must be paid by Fridays prior to attending After School or a non-reserved fee/student will be applied. Late pickup fees apply after 6:30pm. Applicable fees are stated in the Family Handbook.

Learning Center is provided to allow students time to work on homework. ASP staff are NOT responsible for checking agendas or providing one-on-one homework assistance. Aides are NOT responsible for assuring that a student's homework has been completed during Learning Center.

Emergency Contact when parent or guardian cannot be reached:

By completing information below, you are authorizing these people to sign out and transport your child; however, for your child's safety you should notify the site coordinator prior to pick-up. Names of others who are authorized to pick-up your child are (these people need to live nearby and be available for emergency pick-up):

Name:	Relationship:	Home Phone Phone:
		Work Phone Phone:
		Cell Phone Phone:
Name:	Relationship:	Home Phone Phone:
		Work Phone Phone:
		Cell Phone Phone:
Name:	Relationship:	Home Phone Phone:
		Work Phone Phone:
		Cell Phone Phone:

Pickup Restrictions

If you do not want a specific person to pick up your child, indicate their name(s) below (in the event of custody issues required legal documentation must be attached.) :

1. _____ 2. _____ 3. _____

INSURANCE COVERAGE AND CONSENT FOR EMERGENCY TREATMENT:

HEALTH INSURANCE COMPANY _____ POLICY NO. _____

PLEASE COMPLETE FOR EMT OR HOSPITAL STAFF USE ONLY:

PHYSICIAN to be contacted when family/guardian cannot be reached, if needed by EMT or hospital staff:

Name: _____ Phone: _____

DENTIST to be contacted when family or guardian cannot be reached, if needed by EMT or hospital staff:

Name: _____ Phone: _____

Students who purchase 24-hour coverage school insurance are covered during ASP; however, those with school time coverage are NOT covered during ASP.

In the event that my child should have a sudden illness or accident at the After School Program, I understand that the staff will attempt to reach me for instructions. If I cannot be reached immediately or if the staff member in charge views the situation as critical, I understand that 911 will be called, and I consent to any emergency treatment that is recommended by the paramedics or emergency room physicians. It is understood that effort will be made to contact the undersigned before treatment is given, but that emergency treatment will not be withheld if I cannot be reached. It is also understood that I will be responsible for all costs involved in treatment of this minor child.

Parent/Legal Guardian's Signature

Date