



After-School Pre-Registration

Grade 2011-2012 (child will be entering)

Student Last Name	First (or name called)	Date of Birth
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Mother's Last Name	First	Employer	Phone
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Father's Last Name	First	Employer	Phone
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Home Address	City	ZIP	Phone
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Final acceptance into the program is dependent upon the following: space availability, completion of pre-registration form, and completion of the Parent Agreement (on the back of this form).

Please complete and return the front and back of this form. Incomplete forms will not be accepted. You will be notified once your child has been accepted into the program.

**Mail completed registration forms to:
BRIDGES, 510 S. 7th Street, Opelika, AL 36801 or
call (334) 749-8400 if you need additional information.**

OVER →

BRIDGES Parent Agreement

- ❖ The program will be open from 3:15-5:30 p.m. Monday through Friday (based on the Drake Middle School schedule)
- ❖ There will be a fee of \$35 per week. The weekly fee will be due each Monday. There will be a late fee of \$5.00 for each day late.
- ❖ Parents who arrive at the center after closing time must pay a late fee at the rate of \$5.00 per quarter hour. This should be paid directly to the staff person (a receipt will be given).
- ❖ Please initial each line, indicating that permission is granted by you for your child to participate.

I hereby grant permission for my child to:

- _____ Use all play equipment and participate in all of the activities at the center.
- _____ Leave the premises under proper supervision for neighborhood walks and field trips in an authorized vehicle.
- _____ Be included in evaluation and pictures connected with the center's program.
- _____ Participate in the field trip for an additional charge.

Medical

_____ I hereby grant permission for the director or acting director to take whatever steps necessary to obtain emergency medical care for my child if warranted. These steps may include, but are not limited to, the following:

- _____ Attempt to contact the parent or guardian.
- _____ Attempt to contact the child's physician.
- _____ Attempt to contact the parent through any persons listed on the registration form.
- _____ In the event that these are unsuccessful:
 - Call another physician
 - Call the paramedics
 - Have the child taken to the emergency room.

_____ I understand that any expenses incurred due to medical attention will be borne by the family.

_____ Please list any information about your child including allergies, special needs, medications, etc.

I (we), the parent(s)/guardian(s) of the minor child hereby release, indemnify and hold BRIDGES, its agents, employees and those working in concert therewith, harmless from all claims, damages, and liabilities for injuries to or damages by my child which are not the results of gross negligence by BRIDGES or its employees.

CHILD'S NAME: _____

PARENT SIGNATURE: _____

DATE: _____