

Area Board for Child Development
Registration Form
2023-2024

****Fill out one registration form for each child.**

Student Name _____ Age _____ Grade _____
Sibling(s) _____
Address _____
Home Phone _____ Cell Number _____ Email _____
Emergency Contact _____ Phone Number _____
Allergies: insect type bites, food, etc. _____
Other medical concerns _____
Teacher _____

My child **can** attend ABCD on the following days: (circle all that apply)

Monday Tuesday Wednesday Thursday Friday

****ABCD includes bus service to get your child home.**

My child (circle one) **will/will not** need bus service.

Address my child will be dropped off: _____

If your child will not ride the bus, who may pick up your child?

***I agree to pay the weekly fee in advance, each Monday of the week of participation.**

Student Fees

Students attending full time

\$36.00 per week

\$18.00 per week (free or reduced lunch)

\$15.00 additional for each sibling full pay

\$10.00 per week for free and reduced sibling

\$10.00 per day students attending part time (no matter how many days)

Signature of Parent or Guardian

Date

PARENT RESPONSIBILITIES AND BILLING PROCEDURES

Parent Responsibilities/Agreements: Please initial each of the following to indicate you have read and understand each item.

_____ 1. My child is not allowed to come and go freely from the ABCD site, and must promptly report to the school.

_____ 2. I must maintain communication with ABCD staff about my child (ren) and keep them informed of any pertinent changes including address and contact information.

_____ 3. I must notify ABCD by calling the school or in writing when my child (ren) will be absent from ABCD unless absent from school. I realize this is for my child (ren)'s protection.

_____ 4. I must notify ABCD by phone or in writing of any bus changes or when making other arrangements for my child to get home from ABCD. I realize this is for my child (ren)'s protection.

_____ 5. If a medical emergency arises, ABCD will first attempt to contact me. If I cannot be reached, ABCD will contact the child's emergency contact. If the emergency is such that immediate hospital attention is necessary, the staff may call an ambulance. I will be responsible for all costs incurred.

_____ 6. The ABCD program will operate from 2:35-5:00 Monday through Friday. ABCD will operate according to the Kewanee School District closings, holidays, early outs and institutes.

_____ 7. It is my responsibility to see that my child (ren) is (are) picked up by the designated closing time. **I understand that I will be charged \$3.00 per child for each 10 minute increment beyond 5:00.**

_____ 8. The school can release the following information to the ABCD Program for the period of the current academic year: a) academic information; b) copies of quarterly report cards; c) copies of school interim reports; d) self-evaluative assessment.

_____ 9. **I understand that I am required to pay by Monday of each week for the week's participation. Monthly payments are also acceptable. Failure to pay on scheduled days may result in removal from the program.**

I understand and agree to abide by the above parent responsibilities and billing procedures and that I have read and understand the parent guidelines.

Signature of Parent or Guardian

Date

Travel Authorization

I Do/I Do Not (circle one) give permission for my child to leave with the ABCD After School Program for trips to special events, walks to the park, etc.

Additional siblings in ABCD _____

Picture Release

I Do/ I Do Not (circle one) give permission to have my child appear in any media coverage approve by the ABCD after school program.

Signature of Parent or Guardian

Date

Guidelines for Attending ABCD

****Please initial each of the following to indicate you have read and understand each item.**

_____ 1. Every student attending ABCD must work on some type of school related work each night. This work should be an assignment or some type of activity to what is being taught in the students' classroom. If no work is brought to the program we will provide the student with an educational activity relevant to his/her grade level. **Work time each night will be between 45-60 minutes or until school work is completed.**

_____ 2. All school rules that apply during the regular school day will also apply to ABCD. Courtesy and respect will be shown to staff and other students attending. Failure to follow the rules will result in the following consequences:

- First time, warning will be given.
- Second time will result in a one day suspension.
- Third time will result in a three day suspension.
- Fourth time will result in dismissal from the program.

**** Other decisions pending on building principal or coordinator.**

_____ 3. Everyone attending the program must make the payment agreed upon each week. Nonpayment for more than two consecutive weeks may result in dismissal from the program. If special circumstances arise please see the coordinator for a special arrangement.

_____ 4. **Any** problems or concerns please feel free to contact the ABCD Coordinator.

Parent or Guardian Signature

Date