



# ONE DAY ENROLLMENT

## ONE DAY ENROLLMENT

Date of Attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Site:

Please choose from the following options. **Payment must be included. Fee is per child.**

- AM Session \$20  
  PM Session \$20  
  AM & PM Session \$40  
  Whole Day \$40

### CHILD #1

PLEASE PRINT CLEARLY

Last		First		MI
Date of Birth ____/____/____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: _____		
Gender <input type="checkbox"/> M <input type="checkbox"/> F				
Grade (in fall)	Teacher (if known)		Bus Number (if known)	
Who has legal custody of this child? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom Only <input type="checkbox"/> Dad Only <input type="checkbox"/> Other _____				

### CHILD #2

Last		First		MI
Date of Birth ____/____/____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: _____		
Gender <input type="checkbox"/> M <input type="checkbox"/> F				
Grade (in fall)	Teacher (if known)		Bus Number (if known)	
Who has legal custody of this child? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom Only <input type="checkbox"/> Dad Only <input type="checkbox"/> Other _____				

### PARENT/GUARDIAN #1

Last		First		
Relationship to child		Employer		
Email (Email will be used for AYS parent e-news, billing invoices, tax statements and other important communications)				
Street Address		City	State	Zip
Cell Phone ( )	Work Phone ( )	Home Phone ( )		
Check all that apply: <input type="checkbox"/> Lives with child <input type="checkbox"/> Emergency contact & Authorized pick-up <input type="checkbox"/> Responsible for payment <small>(primary payer on billing account)</small>				

### PARENT/GUARDIAN #2

Last		First		
Relationship to child		Employer		
Email (Email will be used for AYS parent e-news, billing invoices, tax statements and other important communications)				
Street Address		City	State	Zip
Cell Phone ( )	Work Phone ( )	Home Phone ( )		
Check all that apply: <input type="checkbox"/> Lives with child <input type="checkbox"/> Emergency contact & Authorized pick-up <input type="checkbox"/> Responsible for payment <small>(secondary payer on billing account)</small>				

**ADDITIONAL EMERGENCY CONTACTS & AUTHORIZED PICK-UP (must be 18 years or older and ID required)**

Name _____		Relationship to child _____	
Phone (    ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone (    ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		

Name _____		Relationship to child _____	
Phone (    ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone (    ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		

**HEALTH INFORMATION**

Does your child have any allergies?  YES  NO If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs, diagnosed health condition, or take regular medication?  YES  NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If an accommodation needs to be made, a separate Plan of Care form must be submitted.

**ENROLLMENT TERMS**

I understand and agree to the following:

By signing below, I am indicating that I agree to the following terms and conditions for my child(ren)'s participation in the AYS program: I agree to the AYS policies outlined in the 2019-2020 AYS Parent Handbook and AYS' Behavior Management, Transportation, and Safe Conditions policies. I agree that my first grade or older child(ren) can participate in activities that would limit direct supervision for brief periods of time such as bath rooming and that I shall pick up my child(ren) from AYS by 6:00 pm per the AYS clock. I agree that if emergency medical care is deemed necessary, and if I cannot be contacted, I authorize AYS staff to act on my behalf in granting permission for my child(ren) to receive emergency treatment and that I shall be financially responsible for any medical care or transportation expenses incurred on my child(ren)'s behalf.

Further, I give permission for my child(ren) to be included in any AYS promotional/media resources, including photography and videography including brochures, flyers, AYS/school websites, AYS/school social media sites, on-site news media or in press releases. I also give permission for AYS and my child(ren)'s school to share educational, behavioral and other pertinent information regarding my child(ren) with each other and that I shall notify AYS in writing should I choose to opt-out of having my 2018-2019 enrollment data anonymously and confidentially shared with the United Way of Central Indiana for research and evaluation purposes. Finally, I agree to pay all court costs and attorney's fees associated with the collection of any delinquent fees.

In consideration of my child(ren)'s participation in the activities at AYS and acknowledging that risk of injury exists, including but not limited to significant injuries, I HEREBY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS AYS, INC., ITS OFFICERS, THE MEMBERS OF ITS BOARD OF DIRECTORS, ITS EMPLOYEES, VOLUNTEERS, AND AGENTS ("Releasees") from any and all claims, liabilities, acts, omissions, and/or liability for personal injury or property damage that my child(ren) or I may suffer directly or indirectly arising out of or relating in any respect to participating in AYS including negligence. This waiver and release of all claims, acts, omissions, demands, actions, and liability shall include, without limitations, any injury, damage or loss to person or property which may be caused by or in any way arise out of any act, or failure to act, by Releasees even if said injury, damage, or loss results from the negligence of any or all of the above-identified Releasees.

The laws of the State of Indiana will govern any disputes or other matters relating to this Consent and Liability release. I further certify that I am the parent/legal guardian of this/these child(ren) and that I have authority to make the representations and grant the authorizations contained herein.

\_\_\_\_\_ / / \_\_\_\_\_  
 Parent/Guardian's Printed Name                      Parent/Guardian's Signature                      Date

**STAFF USE ONLY**

Amount Paid \$ \_\_\_\_\_ Check/MO# \_\_\_\_\_ Date Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Staff Initials \_\_\_\_\_