

After School Program (ASP) 2019-2020

Campus: ANN _____ JP2 _____ OLP _____ SMA _____

Days needing ASP:

Monday _____	Early Dismissal dates only _____
Tuesday _____	Only a few times a month _____
Wednesday _____	Estimated pickup time _____ pm
Thursday _____	
Friday _____	

Child's Name: _____ Grade: _____ Medical Action Plan : Y / N

Additional information: _____

Child's Name: _____ Grade: _____ Medical Action Plan : Y / N

Additional information: _____

Child's Name: _____ Grade: _____ Medical Action Plan : Y / N

Additional information: _____

Child's Name: _____ Grade: _____ Medical Action Plan : Y / N

Additional information: _____

Parent/Guardian's Name: _____ Email: _____

Home Phone	Work Phone	Cell Phone

Parent/Guardian's Name: _____ Email: _____

Home Phone	Work Phone	Cell Phone

Emergency Contacts and Authorized adults that can pick-up student(s):

Name/Relationship to Child(ren): _____

Home Phone	Work Phone	Cell Phone

Name/Relationship to Child(ren) _____

Home Phone	Work Phone	Cell Phone

Parents
Initials

I authorize ASP staff to call an ambulance for my child(ren), in case of critical emergency. A parent will be notified of injury and hospital to which child(ren) will be taken. An ASP staff member will stay with the child until the arrival of a parent.

For emergency medical treatment of my child(ren), my preferred hospital is:

I understand that I will be charged \$5.00 per hour, per child, for ASP, to be paid to HCA monthly. I also understand that I will be charged a late fee of \$1 per minute, per child for pick-up past 5:30pm (ANN campus) or 6pm (OLP/SMA/JP2 campus). A detailed description of the fees is outlined in the Parent Student Handbook, located on the HCA website. ASP billing will be done through your A2Z account.

Parent/Legal Guardian Signature: _____ Date: _____

Print Parent/Legal Guardian name: _____