



Desert Star Academy Dropzone

Registration Agreement

Hours of Operation & Cost

Monday - Thursday -- After School Hours - 3:30pm to 6:00pm/\$5 per day

Friday -- 7:00am to 6:00pm/\$10 per day

Scholar's Information:

Scholar's First and Last Name: _____ Grade Level: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Work Number: _____ Home Number: _____

Parent/Guardian Address: _____

Emergency Contact Name: _____

Emergency Contact Work Number: _____ Home Number: _____

Do you require identification checks for scholar pick up? YES or NO

The following individuals may not remove my scholar from school:

Are custody papers been provided and at the front office? YES or NO

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

Medical Information

List all allergies:

Can your Scholar be given Tylenol? YES or NO

Can your Scholar be given Motrin YES or NO

Does your Scholar need daily medication? YES or NO

Please list any medications your scholar takes: _____

Does the medication need to be given during school hours? YES or NO

Please let us know of any special care your Scholar(s) needs due to any disabilities or behavioral issues:

Parent/Guardian Responsibilities and Billing Procedures

Parent or Guardian Responsibilities Agreements: Please initial each of the following to indicate that you have read and understand the policies.

I understand and agree that:

- ____ 1. My Scholar(s) is not allowed to come and go freely from the DSA program site.
- ____ 2. My Scholar(s) must sign in each day and I (or authorized person) must sign him/her out each day.
- ____ 3. My Scholar(s) will be released only to people listed on the registration form.
- ____ 4. I must maintain communication with the After School Coordinator about my children and any pertinent information/changes.
- ____ 5. I must notify the After School Coordinator of any daily departure changes.
- ____ 6. If a medical emergency arises, the After School Coordinator will first attempt to contact me. If I cannot be reached, the After School Coordinator will attempt to contact emergency contacts listed. If listed persons cannot be contacted, appropriate treatment will be secured at the nearest medical facility. If major illness or injury is involved, the Scholar(s) will be transported by ambulance to a designated site and/or physician and I am financially responsible for any medical care or transportation incurred on my Scholar's behalf.
- ____ 7. The DSA Spartan Dropzone Program will be open from the close of school to 6:00pm each Monday through Thursday and will follow the school calendar. The program will not operate during school breaks. The program will be open on early release days. The Spartan Dropzone will operate on Fridays 7:00am to 6:00pm and will charge \$10 for the day.
- ____ 8. I understand that if my Scholar(s) is in the After School Program after 3:30pm they will be considered after school and I will be charged \$5 for the day.
- ____ 9. Is my responsibility to see that my Scholar(s) is picked by the designated closing time.
- ____ 10. I am responsible for weekly DSA program fees. The After School Coordinator will put out a reminder every two weeks.
- ____ 11. I understand that my Scholar(s) must be picked up by 6:00pm. Any late pick up will result in an additional fee of \$5 for five minutes after 6:00pm

I understand that and agree to abide by the above parent/guardian responsibilities and billing procedures. I understand and agree that my failure to do so will result in termination of my Scholar(s) enrollment in the DSA Spartan Dropzone program.

Parent/Guardian Signature

Date