



**BAY HAVEN CHARTER ACADEMY BEFORE CARE/AFTER CARE ENROLLMENT FORM**

DATE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ GRADE/TEACHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ SS# \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_ FATHER'S EMPLOYER \_\_\_\_\_

MOTHER'S WORK PHONE \_\_\_\_\_ FATHER'S WORKPHONE \_\_\_\_\_

MOTHER'S CELL PHONE \_\_\_\_\_ FATHER'S CELL PHONE \_\_\_\_\_

HEALTH INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

(ALL COSTS NOT COVERED BY INSURANCE ARE THE RESPONSIBILITY OF THE PARENT/GUARDIAN)

MEDICAL PROBLEMS/PHYSICAL LIMITATIONS/ALLERGIES \_\_\_\_\_

DAYS OF THE WEEK AFTERCARE IS NEEDED: **MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**  
**(PLEASE CIRCLE ALL THAT APPLY)**

APPROXIMATE PICK UP TIMES: \_\_\_\_\_

This student may be picked up **ONLY** by the person(s) listed below. I understand if a situation occurs where a person does not have proper identification or IS NOT LISTED on the registration form for release of my child, the child is kept on the school grounds until the parent or guardians arrive. You may add to this list at any time; however **YOU MUST DO THIS IN PERSON. WRITTEN NOTES AND TELEPHONE CALLS WILL NOT BE ACCEPTED.** These persons will be contacted in the event of an emergency, if parents cannot be reached."

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

"I give permission for my child to participate in all the activities, including field trips, programs and media coverage. I understand" that all precautions will be taken for his/her safety and I will not hold Bay Haven Charter Academy and/or it's staff responsible for any accidents. In case of emergency, I understand that every effort will be made to contact the person named on this form. In the event one of them cannot be reached, I hereby give permission for the person in charge to select a physician, to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child.

**LATE FEE: THE CENTER CLOSSES AT 6:00 PM. I UNDERSTAND THAT IF MY CHILD(REN) IS/ARE NOT PICKED UP BY CLOSING, I WILL BE CHARGED A FEE OF \$1.00 PER MINUTE PER CHILD FOR EVERY MINUTE AFTER 6 :00 p.m.**

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

(OVER)

I have received and signed a copy of the parent handbook. PLEASE READ CAREFULLY.

\_\_\_\_\_Yes \_\_\_\_\_No

I understand that **ALL** weekly fees are due in advance **NO LATER THAN** Monday morning of each week.

A fee of \$10.00 per child will be charged if payments are not made on time.

\_\_\_\_\_Yes \_\_\_\_\_No

I understand that I **MUST** pick up my child(ren) **by 6:00 p.m.** or a late fee of **\$1.00/PER MINUTE / PER CHILD will be charged.** Payment of the late fee is due immediately.

\_\_\_\_\_Yes \_\_\_\_\_No

I have read and signed the Bay Haven Charter Academy Field Trip Policy.

\_\_\_\_\_Yes \_\_\_\_\_No

Student lives with \_\_\_\_\_Both Parents \_\_\_\_\_Mother \_\_\_\_\_Father \_\_\_\_\_Other

Parents are: \_\_\_\_\_Married \_\_\_\_\_Divorced \_\_\_\_\_Separated \_\_\_\_\_Other

Are there any custody issues? \_\_\_\_\_Yes \_\_\_\_\_No

"If so, please describe" \_\_\_\_\_

\_\_\_\_\_

Name(s) of Child(ren) \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_