



Cumberland After School Program (ASP) Application

PAYMENT OPTIONS (please check one)

All families must pay a **\$50.00** registration fee per child. (**This fee is not included in the bundled price**)

Annual Payment

I would like to add my ASP payment for (**circle one** - 3, 4 or 5 days/week), at the 10% discounted rate, to my ANNUAL TUITION PAYMENT.

Semester Payment

I would like to add my ASP payment for (**circle one** - 3, 4 or 5 days/week), at the 10% discounted rate, to my SEMESTER TUITION PAYMENT.

Monthly through FACTS

I would like to add my ASP payment for (**circle one** - 3, 4 or 5 days/week), at the 10% discounted rate, to my MONTHLY FACTS TUITION PAYMENT.

Weekly Payment

I will prepay weekly, or on a drop in basis, at the regular ASP rate.

Parent's Name

Child's Name

Signature

Cumberland After School Program (ASP) Application

Child's physician or Clinic's name (Child's primary health source)

Name _____ Phone # _____

List any special needs

List all medications prescribed for long-term use

List all pre-existing conditions, allergies, and health concerns _____

Parental Agreement

1. Cumberland After School Program agrees to provide after school care on regular school days, excluding early release days beginning at the end of the child's school day until 6:00 pm. An afternoon snack will be provided.
2. Before any medication is dispensed to my child, I will provide a written authorization, which includes, name of child, name of medication, prescription number, if any, dosage, date and time of day medication is to be given. Medicine must be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by the parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. phone numbers, work location, emergency contact, physician, health status etc.
5. The Cumberland School agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. I have received a copy and agree to abide by the policies and procedures for The Cumberland School.

Emergency Medical Authorization

Should _____ (child's name) suffer an injury or illness while in the care of The Cumberland School and the facility is unable to contact me, the school shall be authorized to secure such medical attention and care for the child as may be necessary. I agree to keep TCS informed of changes in telephone numbers, etc. where I can be reached.

Signature

Date