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 TUTION PAYMENT.

**Weekly Payment**

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

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Parent’s Name ____________________________________________ Child’s Name ____________________________________________

Signature ________________________________________________
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Please complete and submit to the Elementary office. It is the parent/guardian’s responsibility to inform the program of any changes of information on this form during the school year.

My child will be enrolled in the prepaid after school program.

Please print: (Register one child per form)

__________________________________________________________________________

Child’s Name

__________________________________________________________________________

Teacher ___________________ Grade _______ Birth Date _______

Siblings _____________________________________________________________

__________________________________________________________________________

Home Address ____________________________________________ Phone # ______________

Parent/Guardian ___________________ Daytime # ___________ Cell # ______________

Parent/Guardian ___________________ Daytime # ___________ Cell # ______________

Parent/Guardian ___________________ Daytime # ___________ Cell # ______________

Parent/Guardian ___________________ Daytime # ___________ Cell # ______________

In case of an emergency, or the parent/guardian(s) listed above cannot be reached, please call the persons listed below. All emergency numbers must be local. ID and signature will be required at the time of pick up.

__________________________________________________________________________

Name ___________________________ Daytime # ___________ Cell # ______________

__________________________________________________________________________

Name ___________________________ Daytime # ___________ Cell # ______________

__________________________________________________________________________

Name ___________________________ Daytime # ___________ Cell # ______________

In custody cases, the following people MAY NOT pick up my child from the Cumberland After School Program. A copy of the official court order for custodial records must be submitted with this form.

Name ___________________________

Name ___________________________
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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