



Ascension Learning Academy

Registration Form

Participant Name: _____ Date: _____

Age: _____ Birth date: _____

Grade

Kindergarten
1
2
3
4
5
6
7

Time Slots: (check all that apply)

Monday-Friday	Saturday
3:00 pm-5:00 pm	10:00 am-12:00 pm
3:30 pm-5:30 pm	10:30 am-12:30 pm
4:00 pm-6:00pm	11:00 am-1:00 pm

Special Accommodations: ___ read aloud ___ calculator

1. \$12.00 per hour 2 hour minimum (students picked up 10 minute late will be charged for an additional hour.)

Academic Enrichment Days (full day) 8:30 am-3:00 pm **\$40.00**
(Advance notification is helpful, but not required)

Family Information

Parent/Guardian Email: _____ Date Enrolled: _____

Parent/Guardian First Name	Last Name	Relationship
_____	_____	_____

Home Phone	Work Phone	Cell Phone
_____	_____	_____

Street Address	City	State	Zip
_____	_____	_____	_____

It is the parents/guardian responsibility to make sure that student has reliable transportation at the dismissal time of the program. Students attending academic enrichment days should bring lunch. Students will be allowed to use vending machines.

TRANSPORTATION: please check one

___ Car Rider ___ Walker ___ Van Service

Note: Parents must sign students in and out. Anyone other than the parent picking up a child must provide photo id.



Ascension Learning Academy

Emergency Contact

1st Contact Information

First Name	Last Name	Relationship
------------	-----------	--------------

Home Phone	Work Phone	Cell Phone
------------	------------	------------

2nd Contact Information

First Name	Last Name	Relationship
------------	-----------	--------------

Home Phone	Work Phone	Cell Phone
------------	------------	------------

Child May Be Picked Up By

First Name, Last Name

Relationship

Phone Number

Note: Anyone picking up a child other than the listed contact must be verified by the parent in a text message. Text must include child's name, parent name, and person's name who is picking up the child.