

STUDENT REGISTRATION FORM

Registration is required for any student to attend All-Day Care programming. The following form must be completed in full for acceptance. Any incomplete forms will not be accepted.

Parent/Guardian Name: _____ Date: _____

Email: _____ Contact Number: _____

Section 1: Program Information

All-Day Care:

Registration:

Cost: The cost per day is **\$19 for the first child and \$15 for additional children**. If you choose to pick certain days rather than the entire week, the cost will then increase per day at **\$25 for the first child and \$18 for additional children**. Registration and pre-payment are required to attend. A late fee will be added to those who register after the deadline given. There is a reduced rate for those on scholarship, please contact the C.A.S.A., Inc. Office for details.

Section 2: Student Information

Student's Full Name: _____

Student's Current Grade: _____ Student's Age: _____

Dietary Restrictions: _____

Medical Information: _____

Section 3: Meals, Allergies and Other Considerations

Church After School Association, Inc. serves students lunch and three snacks within our venues. Items served in our venues may contain food products which can result in allergic reactions. We strive to use reasonable efforts in our food sourcing, preparation and handling procedures to avoid the introduction of the allergies into your child's menu. While we take steps to prevent cross-contact, we do not have separate allergy-friendly kitchens and are unable to guarantee that a menu item is completely free of allergens.

Please also note that our allergy-friendly offerings are reliant on supplier ingredient labels, and we cannot guarantee the accuracy of the contents of each food item. Allergen advisory statements (e.g., "may contain") are not regulated and therefore not taken into consideration when developing allergy-friendly meals. It is ultimately up to your discretion to make an informed choice based upon the student's individual dietary needs.

- ____ Student can eat meals provided by Church After School Association, Inc..
- ____ Student can **NOT** eat meals provided by Church After School Association, Inc..
- ____ Student will be eating lunch provided by Church After School Association, Inc..
- ____ Student will **NOT** be eating lunch provided by Church After School Association, Inc.. and will provide their own MSDH approved lunch.

Section 4: Permission of Travel, Release of Liability and Waiver of Claims

I certify that I am the parent or guardian of the above-named student now attending Church After School Association, Inc. All-Day Care programming. Church After School Association, Inc. has my full permission to allow my child to attend any and all field trips during the timed programming; traveling by school bus or van on streets and public highways. I agree to hold harmless and release from liability the Church After School Association, Inc. or any employee or representative thereof, for any action, claim, or damage that may arise as a result of my child's participation. In the event my child needs emergency or medical treatment, every attempt will be made to contact us, the parent/guardian. In the event I/we cannot be contacted, my authorized signature below gives my/our permission to Church After School Association, Inc. to secure prompt treatment.

Parent/Guardian Signature: _____ Date: _____

CHURCH AFTER SCHOOL ASSOCIATION, INC.
ALL-DAY CARE PROGRAM

Section 5: Payment

Please choose a payment plan below.

Payment Plan:

- ACH
 Pre-Payment

Section 6: Authorization for Modifications to Registration

The parent/guardian who signs this registration form is the ONLY one who can make changes to the student's registration information.

In addition to myself, I authorize the following parent/guardian or the responsible adult the ability to make modifications to this registration information.

Parent/Guardian Name: _____

Date: _____

Appendix A: Lunch Menu

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Please choose which days your child will be eating lunch provided by C.A.S.A., Inc. by placing an X in the box(es) below.

--	--	--	--	--

Appendix B: Activities Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Appendix C: Attendance

Please choose which days your child will be attending during our All-Day Care program: Spring Break by placing an X in the box(es) below.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY