



SOUTHGATE ACADEMY

850 West Valencia Road 📍 Tucson, AZ 85706
T 520.741.7900 📞 F 520.741.7901 🌐 www.southgateaz.org

Dear Parents:

Welcome to the Southgate After School Program for the school year of 2018-2019. Our Program provides a safe, secure environment for the students of Southgate. Our program allows time for your student(s) to do their homework, as well as a snack time (provided by us), physical activity time, and educationally based activities.

Basic Information We Require for Registration:

The After School Registration Form for 2018-19 (one per family)

The completed Emergency Information form (one per student)

Hours of Operation:

We are open from 3:30pm-5:00pm

(Wednesday from 2:30pm-5:00pm)

All students must be picked up no later than 5:15pm.

*Students must be picked up prior to 5:16pm or there will be a late fee of \$10.00 per 15 minutes of tardiness

*This late fee must be paid before the student may return to the program.

*After 3 late pick-ups the student(s) will no longer be eligible for the after school program.

*Any student picked up later than 30 minutes will result in a permanent suspension from the program.

Cost of the Program:

There is a \$25.00 per child weekly fee that is due the Friday before the participating week. The cost is decreased slightly if you have multiple children:

1 Child-\$25.00 (weekly) 2 Children-\$40.00 (weekly) Each Additional Child \$15.00 (weekly)

Example: 3 children = \$55 per week

Daily Rates for less than the entire week:

1 Child-\$8.00 (daily) 2 Children-\$14.00 (daily) Each Additional Child \$5.00 (daily)

Example: 3 children = \$19.00 per day

Southgate After School Program Registration Form 2018-2019

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Parent/Guardian #1

First Name: _____

Last Name: _____

Home Phone: _____

Cell Phone: _____

Address: _____

Parent/Guardian #2

First Name: _____

Last Name: _____

Home Phone: _____

Cell Phone: _____

Address: _____

Southgate After School Program has a weekly payment system. You are required to pay a week in advance (No later than the Friday before the week.) You have the choice of cash or check for payment. (exact change for cash would be greatly appreciated.) Please indicate whether your student(s) is full time or less.

Full Time

Less than full time

Emergency Information 2018-19

Child's Name:	Date Enrolled:	Updated:
Home Address(#, Street, City, State, Zip Code):		
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Mother or Guardian Name:	Home Address(#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, Call:

Health Care Provider*	Name:	Contact Telephone Number:
-----------------------	-------	---------------------------

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:
--

Does your child have insurance coverage? No Yes Name of Insurance Company:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility: Yes No

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is Child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional Comments:
Other special instructions:

This Emergency Information is accurate and complete, provided by:

Parent's Name (printed)

Signed Name

___/___/___
Date

(All information on this card will be used for emergencies only, and will not be seen by any other agencies.)