SOMERSET ACADEMY
East Preparatory
A Broward County Public Charter School
2009 – 2010

AFTER-SCHOOL PROGRAM

Registration for: ***___Before Care ___ After Care ___Before & After Care***

No. of Siblings Registered in Program: _____

Child's Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Sex: M or F (please circle one) **Race:** White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native Other (please circle one – information is for demographic use only)

Mother's Name: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____ Cell Phone:_____

Emergency Contact Name: _____ Emergency Contact Phone: _____ Code Word: _____

Doctor's Name: _____ Doctor's Phone: _____ Doctor's Address:_____

Insurance Company: _____ Insurance Policy #: _____

Medical Needs/Allergies/Other Special Needs: _____

Additional Persons Authorized to Pick Up: (No more than 4 additional authorized pick up persons are allowed at one time)

1. _____ phone _____ 2. _____ phone _____
3. _____ phone _____ 4. _____ phone _____

RELEASE In case of a medical emergency, I hereby give permission to the physician selected by Somerset East Preparatory Academy to order x-rays, routine tests, and treatment for the health of my child. In the event that I cannot be reached in an emergency, I give my permission to the physician selected by Somerset East Preparatory Academy to hospitalize, secure treatment for, and to order injection and/or surgery for my child as named above. I understand that my personal insurance bears responsibility in case of accident. Furthermore, I the undersigned accept all risk incidental to Somerset East Preparatory Academy activities and do hereby release Somerset East Preparatory Academy, its officers, and its representatives from all liabilities deriving from pursuits of said activities by my child. It is further agreed that Somerset East Preparatory Academy assumes no responsibility for loss of participants' personal property. I give my permission for my child to participate in activities, and field trips. I also give my permission to Somerset East Preparatory Academy to use any pictures taken of my child for future promotional purposes. I agree to pay in full all fees prior to participation in Sibling Care pursuant to the following schedule in effect through June 8, 2010. In addition, I agree to pay upon representation of notice any late pick-up or NSF/ISF Bank charges pursuant to the Parent/Student Handbook. I further agree that registration in the student medical accident insurance is necessary in order to participate in the sibling care program.

Siblings will receive a 10% discount after the first full paid child. Third and subsequent children will receive a 15% discount from the full-paid tuition amount. Discounts do not apply to registration fees.

Parent's Signature _____ Date _____