



2016-2017 Beyond the Bell Application

Today's Date:

Student Information

Full Name:	Full Name(2 nd student):
Date of Birth:	Date of Birth:
Gender: Age: Grade:	Gender : Age: Grade:

Medical Information

Allergies / Special Diet:
Special Activity or Health Needs:
Regular Medications:

Parent/Guardian Information

Parent/Guardian Information

Name:	Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Mailing address:	Mailing address:



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AUTHORIZED PICK UP/EMERGENCY CONTACT LIST: Please list people who are authorized to take your child from the program, including yourself and spouse, if applicable. All persons may also be contacted in case of an emergency and you cannot be reached.

Name	Phone & Address	Relationship to Student

PARENT - PROVIDER CONTRACT- By checking each bullet, I am acknowledging acceptance.

- ☐ I understand that my child will be released **ONLY** to those listed on my Emergency Contact/Authorized Pick Up List and agree to amend my list as needed. I also understand when my child has been released to one of the above named people, his or her welfare is no longer the responsibility of Franklin Beyond the Bell (BTB)
- ☐ My child has permission to go on walking field trips while attending the Franklin Beyond the Bell.
- ☐ I give permission for the Franklin Beyond the Bell Program to photograph my child while involved in after school activities. Photographs may be placed on our bulletin boards and website for parent and children viewing. I understand that my child's identification (name and age) will not be disclosed.
- ☐ The staff has permission to evaluate simple injuries and apply first aid if necessary. In the event of serious injury or illness and if I cannot be reached, my child has permission to be treated by his/her Physician, by the medical personnel if 911 is called or hospital emergency services. If 911 is called and transportation by ambulance is necessary, I give my permission for transport.
- ☐ I agree to pay the registration fee (\$15/child or \$25/family) during registration and ALL appropriate child care fees at the beginning of each month during which care is provided if monthly payments are agreed to.
- ☐ Pick up time is 6:00 PM daily. I agree to pay late pick up fees, if they are assessed, in accordance with the policy. The late fee is \$1 per minute for each minute after 6:00 PM.
- ☐ BTB will operate on an 'as need' basis for noon release days. I agree to sign up and pre-pay the Monday before any noon release day that I wish my child(children) to attend. The fee for BTB noon release days is \$25.
- ☐ In addition to any bank charges, I will be charged a \$25 fee for returned checks due to insufficient funds.
- ☐ The Franklin Beyond the Bell Program agrees to provide written notification of all changes in policies and two weeks' notice for any change in fees.

Parent / Guardian Signature

Date