

**ANDRE AGASSI COLLEGE PREPARATORY ACADEMY  
AFTER SCHOOL ENRICHMENT PROGRAM  
ENROLLMENT AND PARTICIPANT INFORMATION FORM  
2010-2011 SCHOOL YEAR**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F

Please register my child (mark with an X): Weekly - \$25.00 per week \_\_\_\_\_ Drop-in - \$7.00 per day \_\_\_\_\_

1. I will complete all necessary forms before my child attends the Andre Agassi College Preparatory Academy (AACPA) After School Enrichment Program. Please complete both sides of this form.
2. I will be responsible for all fees which may be incurred.

\_\_\_\_\_ **FEES (initial):** I understand all fees are due by Friday of the current week. Payments may be made in cash, money order, credit card (MC, Visa, and Discover), debit card, or check accompanied by a driver's license. A delinquent account will result in your child being suspended from the program.

\_\_\_\_\_ **LATE PICK-UP FEE (initial):** I understand in the event my student is not picked up by 6:00 pm, a late fee of \$1 per minute, per family, will be charged to my account.

\_\_\_\_\_ **NON-SUFFICIENT FUNDS FEE (initial):** I understand that a \$25.00 fee will be assessed for each returned item/check. Upon the second occurrence, all future payments must be made by cash, money order or credit card only.

3. I will not be credited for any missed days for enrollment by the week (\$25.00 per week). Any advance payments for Drop-ins will be applied as used.
4. I understand my student will be signed into the After School Enrichment program when he/she is not picked up by the end of the school day (**3:45 pm**). Only the adults listed on the attached Participant Information form are authorized to pick up my student.
5. I will make other arrangements for emergency closings, delays and dismissals. I understand that the After School Enrichment Program is not in session when AACPA is closed.
6. I understand that my child may bring appropriate personal belongings to the program and I will not hold AACPA responsible for replacement or repair of any items that may be lost, stolen, or broken.
7. I understand that if my child is posing a serious or recurrent discipline problem, he or she may be suspended or dismissed from the program and the balance of my account must be immediately be paid in full.
8. I have read and understand the policies and procedures as outlined in the AACPA Parent Handbook.

For and on behalf of the minor child named as participant herein, myself, my spouse, if any, and our heirs, executors and administrators, I hereby due expressly and forever waive and release the Andre Agassi College Preparatory Academy and all their respective officers, employees, agents or representatives from any and all liability for personal injury or damages sustained, incurred, arising from, or connected with the program or activity described herein or the above-named child's participation therein, including travel thereto and return there from.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PLEASE TURN OVER AND COMPLETE THE PARTICIPANT INFORMATION.**

**ANDRE AGASSI COLLEGE PREPARATORY ACADEMY  
 AFTER SCHOOL ENRICHMENT PROGRAM  
 ENROLLMENT AND PARTICIPANT INFORMATION FORM  
 2010-2011 SCHOOL YEAR**

<b>Student Name:</b>	<b>Grade:</b>	<b>Date of Birth:</b>
<b>Address</b>	<b>Apt.#</b>	<b>Phone:</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
	<b>Age</b>	<b>Cell Phone:</b>

<b>Parent/Guardian #1:</b>	<b>Cell Phone:</b>
<b>Work Location:</b>	<b>Work Phone:</b>
<b>Parent/Guardian #2:</b>	<b>Cell Phone:</b>
<b>Work Location:</b>	<b>Work Phone:</b>
<b>Parent/Guardian #1: e-mail address</b>	<b>Parent/Guardian #2: e-mail address</b>

EMERGENCY CONTACT (Someone other than parent/guardians):  
 (I understand it is my responsibility to provide current phone numbers and address)

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

MY CHILD MAY BE PICKED UP BY (Someone other than parent/guardians):

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

ALLERGIES OR SPECIAL PROBLEMS: \_\_\_\_\_