



# Berean Academy After Care Program 2022-23 Registration Form

ONE FORM PER CHILD - PLEASE PRINT

*This packet must be filled out completely & fees paid **PRIOR** to attending the Program.*

Rates are \$10.00 a day per child (K-6th),  
Monday – Thursday 3:30pm - 5:30pm  
Friday 12pm - 5:30pm

CHILD: \_\_\_\_\_ Grade(K-6): \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Teacher/ Room# \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**MOTHER/GUARDIAN:** \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Address (if different than child): \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ Wk. Ph#: \_\_\_\_\_

**FATHER/GUARDIAN:** \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Address (if different than child): \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ Wk Ph#: \_\_\_\_\_

**HEALTH INFORMATION:**

\_\_\_\_ YES: I understand my child must be able to feed and toilet themselves (identify need and proper use; dress self, no "pull-ups", etc.)

NO \_\_\_\_ YES \_\_\_\_ Does your child have any disability that requires special accommodation?

NO \_\_\_\_ YES \_\_\_\_ Taking any medication(s)? If so, list/what for: \_\_\_\_\_

NO \_\_\_\_ YES \_\_\_\_ Are there any allergies or health issues affecting your child?

If so, list and describe what precautions should be taken: \_\_\_\_\_

EMERGENCY CONTACTS – LIST (2) OR MORE LOCAL INDIVIDUALS, BESIDES  
PARENT/GUARDIANS ABOVE.

**The following persons may also be contacted, or pick up my child from the program – Please have ID:**

LEGAL NAME(as appears on ID)	RELATIONSHIP	DAY PHONE	WK/ HM/ CELL #'s
1.			
2.			
3.			
4.			
5.			

# Berean Academy Aftercare Rules, Policies, and Registration

## ( Please Read Front & Back)

1. No teacher/staff member should be alone with a student at any given time.
2. All teachers and staff members will talk to all students in a loving and logical way.
3. If your child is sick, showing 2 or more symptoms and / or running a temperature, they **CANNOT** participate in the Aftercare Program! They will be sent home immediately! This is for the protection and health well- being of the other students and our Aftercare staff! **\*\* We will be checking temperature\*\***

### Symptoms include:

- Fever of 100.4 degrees or higher (**MANDATORY PICKUP**)
- Chills
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- New loss of taste or smell
- Sore throat
- Congestion or running nose
- Diarrhea
- Any other symptoms of illness, whether or not you believe it is related to

COVID-19