

**Learning Bridge ASP**

**SCHOOL\_\_\_\_\_**

**2020-2021 Enrollment Form**

**START DATE\_\_\_\_\_**

**Full Time / Part Time**

**STUDENT INFORMATION**

Last name\_\_\_\_\_First\_\_\_\_\_MI\_\_\_\_\_

Gender\_\_\_\_\_DOB\_\_\_\_\_Age\_\_\_\_\_Grade\_\_\_\_\_

Home address\_\_\_\_\_

**PARENT / LEGAL GUARDIAN INFORMATION (Please circle custodial adult)**

Male Guardian: Relationship\_\_\_\_\_Legal guardian? Yes no

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_ZIP\_\_\_\_\_

Occupation\_\_\_\_\_Employer\_\_\_\_\_

Work Address\_\_\_\_\_

Cell phone\_\_\_\_\_Work phone\_\_\_\_\_

Home phone\_\_\_\_\_DL#\_\_\_\_\_

E-Mail address\_\_\_\_\_

Female Guardian: Relationship\_\_\_\_\_Legal guardian? yes no

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_ZIP\_\_\_\_\_

Occupation\_\_\_\_\_Employer\_\_\_\_\_

Work Address\_\_\_\_\_Work phone\_\_\_\_\_

Cell phone\_\_\_\_\_DL#\_\_\_\_\_

E-MAIL Address\_\_\_\_\_

Special Instructions: List any known allergies, physical or psychological disorders, cognitive or Developmental disabilities which would limit your child's participation in activities.

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The following accommodations may be required to most effectively meet my child's needs. \_\_\_\_\_

Current medications (prescription or OTC) which my child takes on a daily basis for long term or continuous medical concerns.

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\*\*\*LEARNING BRIDGE DOES NOT ADMINISTER MEDICATIONS\*\*\*

In the event a parent / guardian is not able to pick up the child listed above, the following adults have my permission to pick up my child. INITIALS \_\_\_\_\_

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Is student on restricted pick-up? YES NO

Please specify restriction \_\_\_\_\_

***If biological parent is restricted legal documentation must be on file in order to deny access.***

### **HOMEWORK PROGRAM**

Learning Bridge is committed to providing a homework program to best accommodate the parent's needs. Please initial your preference below:

\_\_\_\_\_ I prefer my child complete his/her homework at home. Student will still be required to participate in academic activities and /or reading during homework period.

\_\_\_\_\_ I prefer my child to complete his/her homework in program. I understand staff will check agendas/backpacks if necessary.

### **HEALTH CARE RELEASE**

In order to provide the best possible care for my child, I understand special health care needs or chronic conditions will be shared with appropriate after-school staff.

In the event of a situation requiring emergency medical care the after-school staff have my permission to obtain said care. I understand staff will make every effort to contact me, but the child's safety and health are the main priority.

Signature\_\_\_\_\_Date\_\_\_\_\_

### **PARENT HANDBOOK**

I understand the parent handbook is available on the website, and I have read and understand all policies and procedures. Failure to access handbook does not remove me from responsibility of following policies.

Signature\_\_\_\_\_Date\_\_\_\_\_

### **FULL TIME TUITION NOTICE**

I understand tuition is pre-pay and must be paid regardless of absences.

Signature\_\_\_\_\_Date\_\_\_\_\_

### **PART TIME TUITION NOTICE**

I understand that tuition is due for the number of days scheduled and will be invoiced regardless of absences.

Signature\_\_\_\_\_Date\_\_\_\_\_

### **PARENTAL ACCESS**

I understand I have access to all areas used by Learning Bridge during the time my child is present and am encouraged to participate in activities and special events.

Signature\_\_\_\_\_Date\_\_\_\_\_

### **PHOTO RELEASE**

I give permission for my child to be photographed or videotaped for stories or displays promoting the after-school program. These may appear in outside sources or on display inside the school. I consent to the release of photos to be used for after-school related promotions or displays.

Signature\_\_\_\_\_Date\_\_\_\_\_

## Learning Bridge After School Program Parental Agreement

Welcome to our after school program! With your help we will provide a fun and safe environment for your child. Please read the following policies and sign.

Learning Bridge agrees to provide after-school care for the following child (ren)

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After-school care will be provided from August to May, Monday to Friday from dismissal time until 6:00 p.m. The Learning Bridge will follow the Paulding County School schedule and will be closed when the school is closed.

1. Every child attending must have a **completely** filled out, current enrollment and immunization form on file. It is the parent's responsibility to keep us informed of any changes in contacts, numbers, health issues etc.
2. Learning Bridge will provide a daily afternoon snack. It is the parent/guardian's responsibility to inform the staff of allergies.
3. If your attendance needs change, **written** notification is required.
4. Learning Bridge will complete and file accident reports and discipline incident reports. Parents will be required to sign those forms.
5. We will keep parents informed of any instances of communicable diseases.
6. All Paulding County School policies apply to Learning Bridge ASP, and will be enforced.
7. No medication will be dispensed by Learning Bridge staff. Please contact Director for any emergency medications needed.
8. Learning Bridge will provide no transportation for your child. Any emergency transport will be provided by ambulance. In the event of a severe injury or life-threatening situation I understand the after-school personnel have my permission to obtain emergency medical care for my child.
9. If school closes due to inclement weather the Learning Bridge will close also.
10. Your child is not allowed to leave the building without being escorted by a parent, authorized adult or staff member. Only people listed on the registration form will be allowed to pick up your child and picture identification will be required. Your child must be signed out by **you or your authorized adult** every day.

11.Children may be suspended or withdrawn from program for the following reasons or at Director's discretion:

- Chronic late pick up
- Discipline problems
- Non-payment of tuition
- Failure to follow all policies by either child and or authorized adult.

Tuition policies:

- Checks should be made out to "The Learning Bridge ASP"
- Tuition must be paid on the Friday prior to attendance or no later than Monday 6:00P.M. **If you fail to pay two weeks of tuition your child will not be able to attend until payment is made.**
- A late fee of \$1.00 will be charged for every minute after 6:00 your child is on site. This will be charged according to the school clock. Late fees should be paid in cash to the staff present and not added to the tuition check.
- Two returned checks will require all future payments to be made in cash, by money order or online.
- Statement summaries will be done only on an as needed basis or on overdue accounts.
- Delinquent checks need to be corrected within 24 hours of notification and a returned check fee of \$25 will be charged.
- **Your weekly tuition amount will be the same regardless of absences or days missed unless approved by the Director.**

**The parent handbook is available on our website-  
learningbridgepaulding.com I acknowledge that I have read the handbook  
and agree to abide by all the policies and procedures of The Learning  
Bridge.**

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Site Director signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# The Learning Bridge

## Vehicle Emergency Medical Information

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father / Legal Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother / Legal Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to notify in an emergency if parents cannot be contacted:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility Learning Bridge uses – Wellstar at Paulding

Child's allergies \_\_\_\_\_

Current medications [prescribed and OTC] \_\_\_\_\_

Child's special needs or medical conditions \_\_\_\_\_

\_\_\_\_\_

Authorized pick-up list:

	Name	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____