



**BRAVES' CLUB ENROLLMENT APPLICATION
LA CONNER AFTER SCHOOL PROGRAM**

Date _____ Membership # _____

Student First Name _____ Last Name _____

Gender ____ M ____ F Date of Birth ____/____/____ Teacher _____ Grade ____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone _____

Required Primary Contact Information

Primary Contact _____ Home Phone () _____

Email _____ Home Address ____ Same as Above

Physical Address _____

City _____ State ____ Zip _____ Cell Phone () _____

Relationship to Member _____ Employer _____

Employer Phone # () _____ Title _____

Secondary Contact _____ Home Phone () _____

Email _____ Home Address _____ Same as Above

Physical Address _____

City _____ State ____ Zip _____ Cell Phone # () _____

Relationship to Member _____ Employer _____

Employer Phone # () _____ Title _____

Medical Information (required)

Primary Care Physician _____ Phone () _____

Insurance Carrier _____

Policy # _____ Group # _____

Special Needs _____ Health Issues _____ Allergies _____ Epi Pen _____ Inhaler _____

If you marked any of the above, please specify: _____

Information gathered for grant purposes only:

Ethnicity

Race (please check all that apply)

___ Hispanic

___ White

___ African American

___ Other

___ Non-Hispanic Latino

___ Native Hawaiian

___ Native American

___ Unknown

___ Pacific Islander

___ Asian

The following is **required** for a scholarship request but not a guarantee- Pending approval from the Director

My child is approved for: ___ Free lunch ___ Reduced lunch

I agree to abide by the terms and conditions of the La Conner School District Handbook governing the enrollment of the child listed on this form. I understand this is a membership-based program and agree to pay **the monthly fee by the 15th of each month for the remainder of the school year. This membership form is a contract for the 2019/2020 school year. By signing the membership application, I understand it is a commitment to paying the monthly tuition fee by the 15th of each month for the remainder of the school year. Delinquent accounts will be forwarded to the La Conner School District Business Office for collection.** Non-compliance or reoccurring late payments could result in suspension or termination of the account. I certify that my child is covered by the medical insurance listed on this application. I understand I am solely responsible to provide medical coverage. I understand I am solely responsible for any consequences of failure to provide adequate coverage. I understand it is my responsibility to inform the La Conner After School Program of any changes to said coverage. I understand there is risk involved in participation in children's games, fitness, and general activities. I give permission for my child to participate in program activities and agree that the La Conner School District, La Conner After School Program, La Conner School District employees, volunteers, La Conner Board of Directors, affiliated agencies, will not be liable for any claims, demands, injuries, damages, action, whosoever for any injury caused to me or my child as a result in participation in the La Conner After School Program activities. I hereby authorize the staff of the La Conner After School Program, my physician, dentist, emergency personnel, and those named on the enrollment form, to perform all necessary medical treatments to my child including emergency surgery. All expenses will be solely my financial responsibility and discharge any claims against the La Conner School District, La Conner After School Program, the La Conner School Board, and affiliates. I also give my permission for the La Conner After School Program to use photographs or other types of media of my child for promotional purposes and waive any claims I have against the La Conner After School Program for all thereof. I certify that I am legally capable of executing this agreement and have so on my own free will on the date indicated below, on behalf of my spouse and our child whom this enrollment form was prepared for. I also acknowledge all information on this form to be current and will provide updated information should there be any changes including, but not limited to change of address, phone number, school, parent employment, or medical dental coverage. The La Conner After School Program is not responsible for lost, stolen, or misplaced possessions belonging to the student listed on this form. I understand the La Conner After School Program requires parents or designated adult to physically sign their child out in grades kindergarten through grade 5 and middle and high school students are permitted to exit the program on their own free will to attend school-based programs or exit the campus. Student loitering on campus is not permitted.

Signature of Parent or Guardian _____ **Date** _____

Staff Only

Revised 6/18/19

_____ (Legible Initial) Form Complete

Registration/Tuition Collected Cash \$ _____

Check # _____

Total: \$ _____

Receipt # _____

Date: _____

Entered into Computer date ____/____/____

By: (Legible Initial) _____

Free _____ Reduced _____ Paid _____

Verified by: _____ Date: _____



Additional Designated Transportation Adults
Adult Phone Numbers & Addresses are Required or form will not be accepted

Student Name: _____ **Date:** _____

Adult Name: _____ Home Phone () _____

Email _____

Address _____

City _____ State ____ Zip _____ Cell Phone # () _____

Relationship to Member _____ Employer _____

Employer Phone # () _____

Pick up _____ Emergency Contact _____ Both _____

Student Name: _____ **Date:** _____

Adult Name: _____ Home Phone () _____

Email _____

Address _____

City _____ State ____ Zip _____ Cell Phone # () _____

Relationship to Member _____ Employer _____

Employer Phone # () _____

Pick up _____ Emergency Contact _____ Both _____

Parent/Guardian Signature _____