



AYS Program Site: \_\_\_\_\_

AYS STAFF USE ONLY

Date of attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount due \$ \_\_\_\_\_ Initial \_\_\_\_\_

Please choose from the following:  AM Session  PM Session  AM & PM  Whole Day  Snow Day
 Other \_\_\_\_\_

Child #1 Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

School \_\_\_\_\_ Child's Grade \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F Ethnicity:  Hispanic  Non-Hispanic

Race:  African American/Black  American Indian/Alaskan Native  Asian  Bi-racial
 Caucasian/White  Hawaiian or Pacific Islander  Multiracial  Other \_\_\_\_\_

Who has legal custody of this child?  Both Parents  Mom only  Dad only  Other \_\_\_\_\_

Child #2 Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

School \_\_\_\_\_ Child's Grade \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F Ethnicity:  Hispanic  Non-Hispanic

Race:  African American/Black  American Indian/Alaskan Native  Asian  Bi-racial
 Caucasian/White  Hawaiian or Pacific Islander  Multiracial  Other \_\_\_\_\_

Who has legal custody of this child?  Both Parents  Mom only  Dad only  Other \_\_\_\_\_

Parent/Guardian #1 Last \_\_\_\_\_ First \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_
Street City State Zip

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Check all that apply:  Lives with child  Emergency contact & Authorized pick-up  Responsible for payment

Parent/Guardian #2 Last \_\_\_\_\_ First \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_
Street City State Zip

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Check all that apply:  Lives with child  Emergency contact & Authorized pick-up  Responsible for payment

**Additional Emergency Contacts & Authorized Pick-up** *(In addition to parent(s)/guardian(s). Must be 18 years or older and ID required)*

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_  Cell  Home  Work Phone #(\_\_\_\_\_) \_\_\_\_\_  Cell  Home  Work

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_  Cell  Home  Work Phone #(\_\_\_\_\_) \_\_\_\_\_  Cell  Home  Work

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_  Cell  Home  Work Phone #(\_\_\_\_\_) \_\_\_\_\_  Cell  Home  Work

**Health Information**

Does your child have any allergies?  YES  NO If yes, please explain \_\_\_\_\_

Does your child have any special needs, diagnosed health condition, or take regular medication?  YES  NO If yes, please explain \_\_\_\_\_

\*If an accommodation needs to be made, a separate Plan of Care form must be submitted.

**Enrollment Terms**

I understand and agree to the following:

By signing below, I am indicating that I agree to the following terms and conditions for my child(ren)'s participation in the AYS program: I agree to the AYS policies outlined in the 2018-2019 AYS Parent Handbook and AYS' Behavior Management, Transportation, and Safe Conditions policies. I agree that my first grade or older child(ren) can participate in activities that would limit direct supervision for brief periods of time such as bath rooming and that I shall pick up my child(ren) from AYS by 6:00 pm per the AYS clock. I agree that if emergency medical care is deemed necessary, and if I cannot be contacted, I authorize AYS staff to act on my behalf in granting permission for my child(ren) to receive emergency treatment and that I shall be financially responsible for any medical care or transportation expenses incurred on my child(ren)'s behalf.

Further, I give permission for my child(ren) to be included in any AYS promotional/media resources, including photography and videography including brochures, flyers, AYS/school websites, AYS/school social media sites, on-site news media or in press releases. I also give permission for AYS and my child(ren)'s school to share educational, behavioral and other pertinent information regarding my child(ren) with each other and that I shall notify AYS in writing should I choose to opt-out of having my 2018-2019 enrollment data anonymously and confidentially shared with the United Way of Central Indiana for research and evaluation purposes. Finally, I agree to pay all court costs and attorney's fees associated with the collection of any delinquent fees.

In consideration of my child(ren)'s participation in the activities at AYS and acknowledging that risk of injury exists, including but not limited to significant injuries, I HEREBY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS AYS, INC., ITS OFFICERS, THE MEMBERS OF ITS BOARD OF DIRECTORS, ITS EMPLOYEES, VOLUNTEERS, AND AGENTS ("Releasees") from any and all claims, liabilities, acts, omissions, and/or liability for personal injury or property damage that my child(ren) or I may suffer directly or indirectly arising out of or relating in any respect to participating in AYS including negligence. This waiver and release of all claims, acts, omissions, demands, actions, and liability shall include, without limitations, any injury, damage or loss to person or property which may be caused by or in any way arise out of any act, or failure to act, by Releasees even if said injury, damage, or loss results from the negligence of any or all of the above-identified Releasees.

The laws of the State of Indiana will govern any disputes or other matters relating to this Consent and Liability release. I further certify that I am the parent/legal guardian of this/these child(ren) and that I have authority to make the representations and grant the authorizations contained herein.

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
1st Child's Printed Name

\_\_\_\_\_  
2nd Child's Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date