

2019-2020 SCHOOL YEAR ENROLLMENT DATES	
Re-enrollment for Returning AYS <i>(enrolled in 2018-2019)</i> Families Begins	February 13
Enrollment for Incoming Pre-K/Kindergarten Children Begins	February 13
Open Enrollment Begins	April 1

2019-2020 SCHOOL YEAR ENROLLMENT CHECKLIST

Please print clearly. All 2019-2020 forms, including the Parent Handbook, are available at www.ayskids.org/registration.
Parent Handbook is also available at your AYS program site.

Follow this checklist to complete the school year enrollment process:

Complete 2019-2020 School Year Enrollment Form - Please complete each section. <u>Forms must be complete to be processed.</u>
Health Record - Complete a Health Record for each child.
Immunizations - Immunization records are required for each child.
Plan of Care and/or Medication Consent Forms <i>(if applicable)</i> - Complete all necessary Plan of Care and/or Medication Consent forms for each child.
Custody Agreement/Decree <i>(if applicable)</i> - Please provide a copy of any agreements/decrees that impact the custody of the child.
Bank Account/Credit Card Automatic Withdraw Authorization Forms <i>(recommended)</i> - To have weekly tuition automatically withdrawn from your bank account or credit card, please complete the appropriate authorization form and submit with your enrollment packet.
Include Payment - Include enrollment fee. First week's tuition is due no later than the Friday before school begins. <u>Missing payments will cause delays.</u>

HOW TO SUBMIT ENROLLMENT APPLICATION (INCLUDING ANY ADDITIONAL REQUIRED DOCUMENTS)

Mail:	AYS, Inc., Attn: Enrollment Coordinator 4701 N. Keystone Avenue, Suite 475 Indianapolis, IN 46205	Email:	registration@ayskids.org
		Fax:	317-283-3840

ENROLLMENT FEE SCHEDULE - ENROLL EARLY, SPACE IS LIMITED!

Returning AYS Families Only: FREE through April 30!	New AYS Families
\$10 per child beginning May 1	\$10 per child through May 31
\$35 per child beginning June 1	\$35 per child beginning June 1

SELECT 2019-2020 TUITION PAYMENT METHOD (REQUIRED)

- Automatic withdrawal
 Online through MyProcure
 I currently receive CCDF vouchers
 I plan to apply for AYS Financial Assistance
 Check or Money Order

DONATION TO ELLEN CLIPPINGER FINANCIAL ASSISTANCE FUND

- Yes! I would like to help a child who might otherwise be unable to participate in AYS. My tax-deductible donation is \$ _____
 I would like to make this a recurring gift until further notice.
 Monthly
 Quarterly
 Annually
 Would you like to be recognized in AYS' annual report for your generous contribution?
 Yes
 No *I wish for this gift to remain anonymous.*
 How would you like your name to be listed? _____

TOTAL AMOUNT DUE WITH ENROLLMENT PACKET

Enrollment Fee:	\$ _____ x _____ <i>(number of children)</i>	Enrollment Fee Total =	\$ _____
Weekly Tuition Rate:	Child #1 \$ _____ + Child #2 \$ _____	First Week's Tuition Total =	\$ _____
		Donation <i>(Optional)</i> =	\$ _____
		TOTAL INCLUDED =	\$ _____

- I authorize AYS, Inc. to continue to charge my credit card currently on file for the enrollment fee, weekly/monthly tuition, and donation *(if applicable)* listed above until I provide written notice to revoke authorization.

_____ / _____ / _____
 Signature of Card Holder Date

STAFF USE ONLY

Amount Paid \$ _____ Check/MO# _____ Date Received _____ / _____ / _____ Staff Initials _____

2019-2020 SCHOOL YEAR ENROLLMENT

CHILD INFORMATION



Returning AYS Family (previously enrolled in AYS)

New AYS Family

CHILD #1		PLEASE PRINT CLEARLY
Last	First	MI
Date of Birth _____ / _____ / _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	School _____ AYS Program Site (if different) _____	
Child's first day at AYS <input type="checkbox"/> First day of 2019-2020 school year OR enter other start date _____ / _____ / _____ (must be a Monday)		
Child's last day at AYS <input type="checkbox"/> Last day of 2019-2020 school year OR enter other end date _____ / _____ / _____ (must be a Friday)		
Grade (in fall)	Teacher (if known)	Bus Number (if known)
Who has legal custody of this child? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom Only <input type="checkbox"/> Dad Only <input type="checkbox"/> Other _____ Please remember to provide a copy of any custody agreement/decree (if applicable)		
SELECT WEEKLY TUITION SCHEDULE (see Parent Handbook for more information on weekly tuition plans)		
Choose 1:	<input type="checkbox"/> Full-time (4-5 days per week) <input type="checkbox"/> Part-time (1-3 days per week) select days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
Choose 1:	<input type="checkbox"/> Before School* - AM <input type="checkbox"/> After School - PM <input type="checkbox"/> Before* & After School - AM/PM	
Other Options:	<input type="checkbox"/> Flex Pass <input type="checkbox"/> Breaks* Only (must register child for each break at least two weeks before break begins) <small>*Please note, before-school and break programs not available at all schools.</small>	

CHILD #2		PLEASE PRINT CLEARLY
Last	First	MI
Date of Birth _____ / _____ / _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	School _____ AYS Program Site (if different) _____	
Child's first day at AYS <input type="checkbox"/> First day of 2019-2020 school year OR enter other start date _____ / _____ / _____ (must be a Monday)		
Child's last day at AYS <input type="checkbox"/> Last day of 2019-2020 school year OR enter other end date _____ / _____ / _____ (must be a Friday)		
Grade (in fall)	Teacher (if known)	Bus Number (if known)
Who has legal custody of this child? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom Only <input type="checkbox"/> Dad Only <input type="checkbox"/> Other _____ Please remember to provide a copy of any custody agreement/decree (if applicable)		
SELECT WEEKLY TUITION SCHEDULE (see Parent Handbook for more information on weekly tuition plans)		
Choose 1:	<input type="checkbox"/> Full-time (4-5 days per week) <input type="checkbox"/> Part-time (1-3 days per week) select days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
Choose 1:	<input type="checkbox"/> Before School* - AM <input type="checkbox"/> After School - PM <input type="checkbox"/> Before* & After School - AM/PM	
Other Options:	<input type="checkbox"/> Flex Pass <input type="checkbox"/> Breaks* Only (must register child for each break at least two weeks before break begins) <small>*Please note, before-school and break programs not available at all schools.</small>	

HOW DID YOU HEAR ABOUT AYS? (check all that apply)		
<input type="checkbox"/> We are a current AYS Family!	We use AYS' services for: (check all that apply) <input type="checkbox"/> Fall Break <input type="checkbox"/> Thanksgiving Break <input type="checkbox"/> Winter Break <input type="checkbox"/> Spring Break <input type="checkbox"/> Summer Camp <input type="checkbox"/> School Year <input type="checkbox"/> Snow Days/Delays <input type="checkbox"/> Only Occasionally	
<input type="checkbox"/> School:	<input type="checkbox"/> Flyer Sent Home <input type="checkbox"/> School Website <input type="checkbox"/> School Newsletter <input type="checkbox"/> Poster <input type="checkbox"/> Staff <input type="checkbox"/> Other _____	
<input type="checkbox"/> Social Media:	<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> LinkedIn <input type="checkbox"/> YouTube <input type="checkbox"/> Other _____	
<input type="checkbox"/> Friend	Who referred you? _____	<input type="checkbox"/> Google/Web Search <input type="checkbox"/> Advertisement

2019-2020 SCHOOL YEAR ENROLLMENT

PARENT AND EMERGENCY CONTACT INFORMATION



PARENT/GUARDIAN #1 PLEASE PRINT CLEARLY

Last		First	
Relationship to child		Employer	
Email <small>(Email will be used for AYS parent e-news, billing invoices, tax statements and other important communications)</small>			
Street Address		City	State Zip
Cell Phone ()	Work Phone ()	Home Phone ()	
Check all that apply: <input type="checkbox"/> Lives with child <input type="checkbox"/> Emergency contact & Authorized pick-up <input type="checkbox"/> Responsible for payment <small>(primary payer on billing account)</small>			
<input type="checkbox"/> Current military service member <small>(please include a copy of current military ID with enrollment)</small>			
<input type="checkbox"/> Employee of a school district in which AYS operates <small>(please include a copy of school ID)</small> School Name _____			

PARENT/GUARDIAN #2

Last		First	
Relationship to child		Employer	
Email <small>(Email will be used for AYS parent e-news, billing invoices, tax statements and other important communications)</small>			
Street Address		City	State Zip
Cell Phone ()	Work Phone ()	Home Phone ()	
Check all that apply: <input type="checkbox"/> Lives with child <input type="checkbox"/> Emergency contact & Authorized pick-up <input type="checkbox"/> Responsible for payment <small>(secondary payer on billing account)</small>			
<input type="checkbox"/> Current military service member <small>(please include a copy of current military ID with enrollment)</small>			
<input type="checkbox"/> Employee of a school district in which AYS operates <small>(please include a copy of school ID)</small> School Name _____			

ADDITIONAL EMERGENCY CONTACTS & AUTHORIZED PICK-UP (must be 18 years or older and ID required)

Name		Relationship to child	
Phone () <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone () <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Name		Relationship to child	
Phone () <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone () <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Name		Relationship to child	
Phone () <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone () <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Name		Relationship to child	
Phone () <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone () <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Name		Relationship to child	
Phone () <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone () <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		

2019-2020 SCHOOL YEAR ENROLLMENT

HEALTH RECORD FOR CHILD #1

Child's Name	Date of Birth ____/____/____
AYS Program Site	School (if different from AYS program site)
Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit a copy of the IEP with your enrollment packet.	

MEDICAL INFORMATION (required)

Primary Physician	Physician's Phone ()
Date of most recent physical ____/____/____	Age of child at time of physical
Dentist	Dentist's Phone ()
Health Insurance Provider	Blood Type (if known)
Insurance #	Name of Policy Holder

HEALTH CONDITIONS & SPECIAL NEEDS (required)

Does your child have a diagnosed health condition or special needs? Yes No

If yes, check all that apply and submit a completed Plan of Care Form with your enrollment paperwork.

ADD/ADHD Allergy (food) Moderate Severe Allergy (non-food) Moderate Severe
 Asthma Autism Behavior Management Plan Diabetes Epilepsy/Seizures
 Hearing/Visual Impairment Learning Disability Physical Disability
 Other, please list: _____

Are there any modifications or accommodations that would be beneficial to your child? Yes No

If yes, please explain _____

ALLERGIES (required)

Does your child have allergies? Yes No If yes, please list the specific allergen and severity for each:

Allergy: _____ Mild Moderate Severe
 Allergy: _____ Mild Moderate Severe
 Allergy: _____ Mild Moderate Severe

MEDICATIONS (required)

Does your child take regular medication? Yes No

If yes and medication is to be dispensed while at AYS, submit a completed Medication Consent Form with your enrollment paperwork.

A Medication Consent form must be on file each year for any medication, prescription or non-prescription, to be administered at AYS. Plan of Care and Medication Consent forms are available at - www.ayskids.org/registration

2019-2020 SCHOOL YEAR ENROLLMENT

HEALTH RECORD FOR CHILD #2

Child's Name	Date of Birth ____/____/____
AYS Program Site	School (if different from AYS program site)
Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit a copy of the IEP with your enrollment packet.	

MEDICAL INFORMATION (required)

Primary Physician	Physician's Phone ()
Date of most recent physical ____/____/____	Age of child at time of physical
Dentist	Dentist's Phone ()
Health Insurance Provider	Blood Type (if known)
Insurance #	Name of Policy Holder

HEALTH CONDITIONS & SPECIAL NEEDS (required)

Does your child have a diagnosed health condition or special needs? Yes No

If yes, check all that apply and submit a completed Plan of Care Form with your enrollment paperwork.

ADD/ADHD Allergy (food) Moderate Severe Allergy (non-food) Moderate Severe
 Asthma Autism Behavior Management Plan Diabetes Epilepsy/Seizures
 Hearing/Visual Impairment Learning Disability Physical Disability
 Other, please list: _____

Are there any modifications or accommodations that would be beneficial to your child? Yes No

If yes, please explain _____

ALLERGIES (required)

Does your child have allergies? Yes No If yes, please list the specific allergen and severity for each:

Allergy: _____ Mild Moderate Severe
 Allergy: _____ Mild Moderate Severe
 Allergy: _____ Mild Moderate Severe

MEDICATIONS (required)

Does your child take regular medication? Yes No

If yes and medication is to be dispensed while at AYS, submit a completed Medication Consent Form with your enrollment paperwork.

A Medication Consent form must be on file each year for any medication, prescription or non-prescription, to be administered at AYS. Plan of Care and Medication Consent forms are available at - www.ayskids.org/registration

ENROLLMENT TERMS



I understand and agree to the following:

- _____
(Initial) I have read and agree to AYS' policies outlined in the 2019-2020 AYS Parent Handbook.
- _____
(Initial) I have read and agree to AYS' Behavior Management, Transportation and Safe Conditions policies.
- _____
(Initial) I understand that my child(ren) must be signed into and out of the program each day by myself or another adult previously authorized by me.
- _____
(Initial) I understand that if I apply for financial assistance, full weekly tuition rates must be paid until notification of any scholarship award by the AYS Business Office.
- _____
(Initial) I may make schedule changes at no extra charge before fall break. A minimum one-week notice is required for all changes. **After fall break, a \$15 change fee will be applied for each schedule change. Any added days must be approved in advance by the program director.**
- _____
(Initial) I agree to pay weekly tuition on Friday for the following week. I understand that my weekly tuition payment is due regardless of my child's attendance. Weekly tuition rates will not be adjusted due to illness or school closings. I understand that break camp tuition is **not** included in my weekly tuition rate and is billed separately.
- _____
(Initial) I understand that late payment fees in the amount of \$10 per week will be assessed if my account becomes delinquent. Repeated late payments will forfeit my child's participation in AYS.
- _____
(Initial) I agree to pick up my child(ren) from AYS by 6:00pm according to the AYS clock. Any parent who is unable to pick up their child(ren) by 6:00pm will be assessed a flat \$10 fee for the first five minutes. After five minutes, a \$1 per minute fee is charged. Failure to pick up my child(ren) on time may forfeit my child's participation in AYS.
- _____
(Initial) I agree to meet with AYS staff if my child has difficulty adjusting to the program.

PARENT PERMISSION/Release and Waiver

- _____
(Initial) I give permission for my child(ren) to participate in all AYS activities and field trips during the 2019-2020 school year.
- _____
(Initial) If emergency medical care is deemed necessary, and I cannot be contacted, I authorize AYS staff to act on my behalf in granting permission for my child(ren) to receive emergency treatment.
- _____
(Initial) I agree to be financially responsible for any medical care or transportation expenses incurred on my child(ren)'s behalf.
- _____
(Initial) I give permission for my child(ren) to be included in any promotional/media resources, including photography and videography, related to AYS and/or the school, including brochures, flyers, AYS/school websites, AYS/school social media sites, on-site news media or in press releases. AYS will not identify children by last name.
- _____
(Initial) The Family Educational Rights and Privacy Act (FERPA) affords certain rights to children/families concerning the privacy of, and access to, their education records. By signing this document I understand that I am giving permission to AYS and my child(ren)'s school to share educational, behavioral and other pertinent information regarding my child(ren) with each other even if such information is protected by FERPA or any amendments thereto.
- _____
(Initial) I agree to pay all court costs and attorney's fees associated with the collection of any delinquent fees.

CONSENT, RELEASE, WAIVER AND INDEMNITY AGREEMENT

In consideration of my child(ren) being allowed to participate in AYS, Inc., programs and activities, the Undersigned agrees as follows:

To the extent permitted by law, the Undersigned agrees to release AYS, Inc., its officers, directors, employees, volunteers and agents (individually "Releasee," collectively "Releasees"), and agrees to not sue any Releasee for any claims that the Undersigned may have arising from, or in connection with, any physical or property damage that my child(ren) may suffer from any cause whatsoever other than the actual negligence of Releasees. I release Releasees from, and agree not to sue Releasees for, any physical or property damage that my child(ren) may suffer resulting from acts of nature, war, strikes, or government restrictions, terrorist activities, or the acts or omissions of any other agents over which Releasees have no direct control, including but not limited to the entity that owns or operates the premises where the AYS, Inc., programs and activities are held, school staff not employed by or otherwise affiliated with AYS, Inc., or subcontracted agents. The Undersigned further agrees to indemnify, save and hold harmless Releasees, and/or each of them individually, from and against any loss, damage, claim, suit, liability, demand, cost and/or expense, paid or incurred by Releasees, or asserted against any of them (including attorney's fees, court costs and disbursements) caused in whole or in part, by, or arising directly or indirectly out of the participation of the Undersigned's child(ren) in AYS, Inc.'s programs and activities. The Undersigned further expressly agrees that this CONSENT, RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the laws of the State of Indiana and that the laws of the State of Indiana will govern any dispute before any judicial bodies or in any matter in settling any claim between the Undersigned and Releasees and that if any portion hereof is held invalid, it is agreed that the balance shall continue in full legal force and effect. The Undersigned further agrees that the Undersigned is the parent/legal guardian of the child(ren) listed below and that the Undersigned has authority to make the representations and grant the authorizations contained herein and that no oral representations, statements, or other inducement apart from the foregoing agreements have been made. I have read and fully understand the terms and conditions of participation in the programs and activities of AYS, Inc., and agree to the enrollment terms as outlined above.

Parent/Guardian Printed Name

Parent/Guardian Signature

_____/_____/_____
Date

Child #1 Printed Name

Child #2 Printed Name

This institution is an equal opportunity provider.