



For grades K3-8th only

**Northside Aftercare
Application 2017-2018**

Check the appropriate box needed for childcare services. Tuition will be charged according to the time(s) of services you mark. If you need to change the services you marked on this application, you must complete an **ADD or DELETE** form. Changes made will take effect on the first of the month after the form is received.

_____ Before School Care	6:30 am until 8 am	(No charge)
_____ Extended Childcare	12 pm until 3 pm	(\$1750 Yearly) (\$175 Monthly)
_____ Extended Childcare	12 pm until 6pm	(\$2500 Yearly) (\$250 Monthly)
_____ After School Care	3 pm until 6 pm	(K5 thru Grade 8) (\$1500 Yearly) (\$150 Monthly)
_____ Regular Drop In Childcare	Days (Circle) M T W TH F Time(s)_____	(\$8.00 hour)

Student Information: Today's Date _____
 Date of Birth _____ Child's Present Age _____ Home Phone _____
 Child's Name _____ Name called _____
 Address _____ City/State _____ Zip Code _____
 Allergies/Medications _____

Guardian Information:

Father _____ Address _____
 City/State _____ Zip Code _____ Home Phone _____ Cell _____
 Place of Employment _____ Work# _____ Ext. _____

Mother _____ Address _____
 City/State _____ Zip Code _____ Home Phone _____ Cell _____
 Place of Employment _____ Work# _____ Ext. _____

**If parents are separated or divorced, with whom does the student live? _____

Who is responsible for the bill? _____

Pick – Up Information: Persons AUTHORIZED to pick up child:

Name _____ Phone# _____ Relationship _____
 Name _____ Phone# _____ Relationship _____
 Name _____ Phone# _____ Relationship _____

Persons NOT AUTHORIZED to pick up your child (Must provide legal documentation)

Name _____ Relationship _____
 Name _____ Relationship _____

For Office Use Only

Date Received _____ Office _____ Childcare _____

Medicine Administration

All medicine MUST be in the original container. Prescription medicine MUST have the child’s name on it. All medicine will be administered by the School Nurse from the hours of 8 am until 3 pm. A note must be sent with the medicine giving us instructions and permission to give that particular medicine. Please sign below to give us permission to allow Aftercare to administer **medicine brought from home** from 3-6 pm. All medicine that needs to go home will be kept in the medicine box on top of the cabinet out of the reach of children.

I give Aftercare permission to administer medicine to _____ after school hours.

Parent’s signature

Date

Parent’s Statement

Northside has an after care program for students that need care after their classes are dismissed. All monthly fees are billed on a 10 month plan from August 1—May 1. Registering for after care after July 10, 2015 will result in an additional \$50 registration fee and monthly payments increased due to a shorter payment plan.

I hereby pledge to pay my financial obligations to the school on the date due and understand that late fees will be charged if payment is received after the 10th of the month. Please note that if the 10th falls on a weekend or holiday, you must make arrangements to have your payment in the office before this date. Any payment received after the 10th will be considered late and a late charge will be added. I understand that my child’s grades or any other school records will not be released or transferred unless my school bill is paid in full. I understand that I will be charged \$1.00 per minute after 6pm if my child is not picked up. I understand that if my child attends aftercare one day in the month, I am responsible for the entire month’s charge.

I understand that if my account becomes delinquent it will be placed with Prim and Mendheim LLC. Further, I agree to the following terms regarding any outstanding balance that I owe: (1) I will incur interest at the rate of 1 & ½ percent per month (18% PER ANNUM); (2) I agree and hereby consent that I will be responsible for reasonable collection costs and attorney’s fees in and costs of court incurred by this office in the collection of same, whether such outstanding balance is satisfied prior to, after initiation of a lawsuit, or after a judgment has been issued in a lawsuit; and (3) I agree and hereby consent that any lawsuit and/or legal proceeding surrounding the outstanding balance and debt, and fees and costs thereon, shall be initiated and litigated in the court of appropriate jurisdiction of Houston County, Alabama, and I hereby waive any and all defenses and/or objections to said jurisdiction and waive my rights to claim exemption. By signing below, I consent to the terms contained herein and affirmatively acknowledge that I have read the same before signing. Furthermore, I agree that if a cell phone number has been provided I can be contacted regarding my balance on said cell phone. Additionally, if I reside in Florida I agree to waive my rights to any exemption that would prohibit a wage garnishment should same become necessary to secure payment of any outstanding balance. I also agree that at any time if my balance has not been paid according to policy I understand my credit history will be investigated and thoroughly reviewed.

I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligations remain unpaid. I understand that my child’s grades or any other school records will not be released or transferred unless my school bill is paid in full.

I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises. I give my consent to Northside Methodist Academy to allow my child’s picture to be used on the school website, television, billboards or social media sites at the school’s discretion. If I choose not to allow my child’s picture to be used, I will submit my request in writing to the school office.

I appreciate the standards of the school and agree to support all regulations of the school in the applicant’s behalf and authorize this school to employ such discipline, as it deems wise and expedient for the training of my child.

I further agree to hold the school and its agents harmless of any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason be taken against Northside Methodist Church and Childcare or any employee or agent thereof, on my child’s behalf and the school or its agent not be found at fault, I agree to pay the attorney’s fee, court fees, damages or other costs that Northside Methodist Academy or its agents should incur to defend itself against such action. I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligations remain unpaid.

Father’s Signature

Date

Mother’s Signature

Date