



@ Fairburn Youth Center

2017-2018 Before / ASP Registration Form

For Office Use Only:

Date Received:

Reg. Fee Received:

Notes:

Please print or type.

Name of Student: _____
LAST , FIRST , MIDDLE Date of Birth

Address: _____
STREET CITY
STATE ZIP

Grade Level: _____

Name of Parent/Guardian: _____

(Will receive program communication)

LAST

FIRST

RELATIONSHIP

Telephone Number: HOME (____) ____-____ CELL (____) ____-____

Email Address: _____

Emergency Contact: _____
NAME Relationship

TELEPHONE

EMAIL

Address

Important Medical Information (allergies, diagnosed health conditions, medications taken every day, etc.): _____

Weekly Fees:

ASP fee is \$65/week or \$20/day for drop in. All fees must be paid weekly by using the **online store at www.mentalfitnessatl.org**. Upon registering please download the Brightwheel App. This app will be used to keep attendance and receive weekly communication info. All fees must be paid 1 week in advance. Upon registering, the parent will be given a **Brightwheel registration code**.

Before Care Fees are \$20/week with a one-time \$25 registration fee. Follow the instructions above for registering.

Late Fee is \$5/first 15 minutes / \$1 each additional minute after 7:15 pm. The time used will be according to Mental Fitness attendance clock.

The onetime \$20 registration fee must paid to complete registration.

Parents must pay the first week in advance of the beginning of after school attendance. No exceptions. Children will not be picked up if fees have not been paid accordingly.



Name(s) of people authorized to pick-up the student: (Parent /Guardian filling out form understood)

NAME	TELEPHONE	EMAIL
RELATIONSHIP		

NAME	TELEPHONE	EMAIL
RELATIONSHIP		

Emergency Medical Authorization: Should my child referenced in this application become sick or injured while in the care of Mental Fitness and we are unable to contact you immediately, I authorize the facility to secure medical attention for my child as necessary. I (we) will assume financial responsibility for such care and the payment for said services.

Parent or responsible party: _____ Mental Fitness Staff: _____

Enrollment Policies

1. Parents must complete the enrollment forms for each child who will attend the program(s).
2. All forms must be completed and returned to the site director before the child can participate in the After School Program. You may scan and email if able to jc@mentalfitnessatl.org.
3. Children will be allowed to attend the program only after all forms have been completed and returned and the first week of program fees have been paid.
4. Each parent must sign up for the Kinderlime Parent App available in the Apple App Store or Google Play Store.

Participation Agreement:

I wish to participate in the Mental Fitness Before / After school program. I agree to follow all the rules of the program. I will do my best to participate with a positive attitude, learn as much as I can, and respect myself, the staff, and other students while following the Mental Fitness student policies at all times.

Student's Signature

Date

I give my consent for my child's name, voice, photograph, image, or likeness to be used by Mental Fitness 21st Century Learning for the sole purpose of the promotion of Mental Fitness 21st Century Learning.

Parent/Guardian Signature

Date

If you have questions, contact John Childs @ 678-938-7208 office, or jc@mentalfitnessatl.org.

THANK YOU for registering for Mental Fitness @ The Fairburn Youth Center!

