

How did you hear about **acac's** BAS? Brochure Friend Print ad Camp Other: _____

Participant Information an **acac** Before & After School Registration Form must be completed for EACH child

acac Family Member Non-member

Child's Full Name _____ Nickname _____

Female Male Grade in Fall _____ Birthdate _____ New Returning

Home Address _____ Home Phone _____

School/Previous Childcare _____ Allergies, medications, other concerns _____

Chronic/Developmental/Special Accommodations _____

Pediatrician _____ Location _____ Phone _____

Permission to Swim: Yes No Swimming ability: Below average Average Excellent

Permission to attend **acac** lessons: Yes No Permission for **Sunscreen**: Yes (*No known adverse reactions*) No

E-Mail Address (to receive important registration information): _____

Family Information (Please check box next to name if authorized to pick up child)

Guardian Name _____ Custodial Parent Non-Custodial Other

Home Phone _____ Cell Phone _____ Work Phone _____

Home Address _____ E-mail _____

Employer/Location _____

Guardian Name _____ Custodial Parent Non-Custodial Other

Home Phone _____ Cell Phone _____ Work Phone _____

Home Address _____

Employer/Location _____

Emergency Information Additional Emergency Contacts authorized to pick up child (**two other than parents**)

Name #1 _____

Name #2 _____

Primary Phone _____

Primary Phone _____

Alt. Phone _____

Alt. Phone _____

Address _____

Address _____

MUST TURN IN:

- ① Registration form (filled out completely)
- ② Medical/immunization form signed by doctor
- ③ Copy of birth certificate or passport
- ④ Signed policies and procedures



11621 Robious Road | Midlothian, VA 23113
804-464-0997 | 804-794-8160 (fax)

Year-Round Sept - June	PRICING			
	Member		Non-Member	
Before & After	\$104/wk (\$425/session)	[]	\$114/wk (\$465/session)	[]
After School Only	\$89/wk (\$365/session)	[]	\$99/wk (\$405/session)	[]
Before School Only	\$77/wk (\$315/session)	[]	\$87/wk (\$355/session)	[]
Middle School After Only	\$73/wk (\$299/session)	[]	\$79/wk (\$325/session)	[]

SCHOOL	
*Bettie Weaver	[]
Greenfield	[]
Robious Em.	[]
Robious Middle	[]
*Bon Air <i>after school only</i>	[]
*Crestwood <i>after school only</i>	[]

Early Release Days are included. Kids Days Off are additional on an as-needed basis

*\$45 acac bus transportation fee per session

Sessions	
<i>Payment Date</i>	<i>18 school days</i>
Sept 1	Sep 3-26
Oct 1	Sep 27-Oct 22
Nov 1	Oct 23-Nov 18
Dec 1	Nov 19-Dec 19
Jan 1	Dec 20-Jan 29
Feb 1	Jan 30-Feb 25
Mar 1	Feb 26-Mar 20
April 1	Mar 23-Apr 24
May 1	Apr 27-May 20
June 1	May 21-Jun 12

Entry Fee: \$100

Withdrawal/Freeze Fee: \$100 (15 days notice required)

Method of Payment Drafts taken on the 1st of every month

Charge to **acac** account Need **acac** account

I hereby authorize the **acac** to effect payment for Before & After School. This authorization is to remain in full effect until **acac** has received WRITTEN NOTIFICATION from me of cancellation by certified letter, return receipt requested FIFTEEN DAYS IN ADVANCE.

Parent/Guardian Signature

____/____/____
Date

Parent/Guardian Consent and Agreement

I am requesting that the child named be admitted to **acac's** Before & After School program and I understand the nature and scope of the program and will adhere to all policies. I understand that there are risks and dangers associated with Before & After School. I understand that it is not the function of the Atlantic Coast Athletic Clubs of Virginia, Inc. (**acac**), its employees, agents, operators, or instructors to guarantee the safety of participants with respect to Before & After School. I also understand that each participant has the responsibility to exercise due care in the performance of Before & After School activities for the safety of himself/herself and the other participants. I furthermore understand that 1) a medical and immunization form must be filled out, signed, and 2) a copy of child's birth certificate or passport be submitted with registration form in order for a child to attend. In the event that I cannot be reached in an emergency involving the above named participant, I hereby give permission to the appropriate medical personnel, selected by Program Directors, to provide medical treatment deemed necessary by such personnel. I also give permission for the child named to be included in photos or videos for promotional use. Also, if I enroll my child in an event that will need transportation, my signature below signifies that I give permission for my child to be transported from **acac** Before & After School to the appropriate destination via **acac's** bus.

In consideration of the participants being permitted to enroll in Before & After School, I hereby release, indemnify, and hold harmless **acac**, its employees, operators, counselors, and instructors from any and all claims and demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by the participant as a result of or relating to participation in Before & After School.

I HAVE READ, AND I UNDERSTAND, THE ABOVE LIABILITY RELEASE.

Parent/Guardian Signature

____/____/____
Date