



Mississippi Basketball and Athletics · 2240 Westbrook Rd., Jackson, MS 39211 · 601-957-7373 Fax: 601-957-7372 · Email: mbahoops.net

ASAP

After-school Sports and Academics Program

APPLICATION FOR SCHOOL-AGE CARE

School Year 20__/20__

First Child's Name: _____ Sex: _____

Date of Birth: _____ Age: _____ Grade: _____

Child's Social Security #: _____ School Attending: _____

Address: _____ City: _____ State: _____ Zip: _____

Allergies: _____

Medication: _____

Special Medical Needs: _____

Pertinent Medical History Information: _____

Any other information critical to child's well being; or pertinent information regarding growth and development of the child: _____

Primary Parent / Guardian's Information (Relationship to child: _____)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Numbers: Mobile: () _____ Home: () _____

Work: () _____ Work Hours: _____

Secondary Parent / Guardian's Information (Relationship to child: _____)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Numbers: Mobile: () _____ Home: () _____

Work: () _____ Work Hours: _____

PERMISSION FOR MEDICAL TREATMENT

I understand that every effort will be made to contact me in the event of any emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize MBA After-School Sports and Academics Program (ASAP) to transport my child to the nearest hospital or medical facility and to secure for my child the necessary medical treatment. I understand the employees in the after school program are trained in the basics of First Aid/CPR and I authorized them to give my child First Aid and or CPR if necessary.

CHILD'S NAME: _____ AGE: _____

GRADE: _____ SCHOOL: _____

PHYSICIAN'S NAME: _____ PHONE: _____

INSURANCE PROVIDER: _____ POLICY NUMBER: _____

Please list any allergies, medical conditions, physical limitations, regular medication:

PARENT'S OR GUARDIAN'S SIGNATURE: _____ DATE: _____

PERMISSION FOR FIELD TRIPS

Field trips may be scheduled from time to time on days with early dismissal, or on days when the program operates for a full day. We will plan field trips in advance, and will send home with your child a letter describing the field trip. We will always have adequate supervision, and follow established safety guideline on all trips.

_____ I am willing _____ am not willing for my child to participate in field trips with MBA ASAP.

PARENT'S OR GUARDIAN'S SIGNATURE: _____ DATE: _____

PERMISSION FOR PHOTOGRAPHS AND RESEARCH

Pictures and photos are taken of activities from time to time for the purpose of MBA ASAP advertisement, newsletter, or other publications. Any children pictured in these publications will not be identified by name. Please sign below your preference for your child to participate:

_____ I am willing _____ am not willing for my child to have pictures taken of him/her while participating in MBA ASAP.

PARENT'S OR GUARDIAN'S SIGNATURE: _____ DATE: _____

From time to time we are asked to allow research to be conducted at our programs by universities or school systems; research will only be allowed by representatives of organizations with proper identification and credentials. Children who participate will not be identified in any research publication, nor will they be allowed to be removed from the program premises by the researcher. Please indicate your willingness for your child to participate.

_____ I am willing _____ am not willing for my child to participate in research studies.

PARENT'S OR GUARDIAN'S SIGNATURE: _____ DATE: _____

AUTHORIZED PICK-UPS

Permission is given to the following individuals to be released from the program as stated below and / or I give permission for the following individuals to receive my child(ren) at the end of the day.

1. Name: _____ Relationship: _____
Address: _____ Phone #: _____
2. Name: _____ Relationship: _____
Address: _____ Phone #: _____
3. Name: _____ Relationship: _____
Address: _____ Phone #: _____
4. Name: _____ Relationship: _____
Address: _____ Phone #: _____

Waiver of Liability

I understand that even when every reasonable precaution is taken, accidents can still sometimes happen. Therefore, in exchange for me and / or my children, being allowed to participate in the after school activities, I release MBA After-School Sports and Academics Program and Word of Faith Foundation from all liabilities, injuries, losses or damages connected in anyway whatsoever to me or my child's participation in activities on or off MBA After-School Sports and Academics Program and MBA premises. I understand that this release includes directors, administrators, staff, and guests. I have read, understand and am voluntarily signing this authorization and release.

Parent / Guardian Signature: _____ Date: _____

EMERGENCY CONTACTS AND PICK-UPS (If parent or guardian cannot be located promptly list in order who to be contacted)

1. Person's Name: _____ Relationship to child: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #s: Mobile: () _____ Home: () _____ Work: () _____
2. Person's Name: _____ Relationship to child: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #s: Mobile: () _____ Home: () _____ Work: () _____

How did you hear about the program?

- ____ Flyer sent home from school ____ Phone Call ____ Another Parent
____ Other (please specify) _____

FOR OFFICIAL USE ONLY

Child's Enrollment Date: _____
Registration Fee to be Charged: _____
Payment Schedule (circle one) weekly, bi-monthly or monthly
Is transportation need? Yes or No
Has transportation waiver been completed? _____
 ____ **Shot Record** ____ **Birth Certificate**
Withdrawal Date: _____
Reason for Withdrawal: _____

Staff Initial: _____ **Date:** _____

I have received information concerning the facility policies and procedures and a copy of the childcare regulations summary for parents:

Parent or Guardian's Signature: _____
Date: _____

MBA AFTER-SCHOOL SPORTS AND ACADEMICS PROGRAM MBA ASAP

PARENT CONTRACT

I, _____, am enrolling my child,
(Parent Name)
_____, in the After-School Sports and
(Child's Name)
Academics Program at my child's school, _____.
(School Name)

I agree to the following terms of this enrollment: **(please initial each statement)**

- At the beginning of each school year that my child is enrolled in the program, I agree to pay the \$40 (non-refundable) registration fee (subject to change yearly) _____
- On the first Monday of each week (or month depending on your payment choice), I agree to pay the program tuition fees for the after school program. _____
- I understand that these fees are not contingent on my child's attendance of the program, but that they are program fees, due as long as my child is enrolled in MBA ASAP (After-School Sports and Academics Program). _____
- I understand that in the event that I am more than one week behind in payment, my child will be unable to attend the program until my outstanding balance is paid in full. _____
- My child will be picked up by myself or another previously designated driver by close of the after school program (6:00 p.m.). If my child has not been picked up by this time, for each minute past 6:00 p.m., I agree to pay \$1.00 per minute. _____
- I will give 2 weeks notice prior to the withdrawal of my child from the after school program. Full tuition will be charged if my child/children attends a portion of the week and withdraw prior to Friday. _____
- There are no credits for absences regardless of the reason and no make-up days. _____
- I understand that if my check is returned for any reason, **I am no longer able to pay by check and that all further payments are to be paid by Cash, Cashier's Check or Money Order only; including the face value of the returned check and the return check fee.**

I understand the information above and with my signature, agree to the terms established.

Signed _____ Date _____

Witness of Signature _____ Date _____

MBA AFTER-SCHOOL SPORTS AND ACADEMICS PROGRAM

PARENT HOMEWORK RESPONSE FORM

Child's Name

Date

School

Indicate your preference about ASAP involvement in your child's homework. If she or he is going to be doing homework in ASAP, please check your preference below.

HOMEWORK PREFERENCES

_____ My child must complete as much of his or homework as possible while in ASAP.

_____ My child may choose whether to do homework while in ASAP.

_____ My child should not do homework while in ASAP. I prefer that homework is completed at home.

Parent / Guardian Signature

Date