SUCCESS UNLIMITED ACADEMY AFTERCARE PROGRAM REGISTRATION Grades K4 - 8th

Student Name		Age	Grade Level
Parent/Guardian Name	. Home #	Work #	Mobile #
Emergency Contact	Home #	Work#	Mobile #
Any medical concerns we should be aware of?			
Any allergies?			
As parent and/or guardian, do you authorize us to seek emergency media	ical assistance, i	f deemed necessary, whi	le your student is in aftercare?
YESNO Student's primary physician		Tele	ohone #
I,, parent and/or guardian	n, of		understand that
Success Unlimited Academy, LLC, its employees or representatives, coll	lectively or indivi	dually, shall not be held I	iable for any accident, and or
injury of said student while in the Success Unlimited Academy, LLC after	rcare program or	while on the Success U	nlimited Academy, LLC property.
Please sign and date certifying your understanding of the release of liabi	lity.		
Parent/Guardian signature		Date	
Aftercare is for K4-8th grade students, and	is held at the Va	aughn Road - Lower Cam	pus.
Select the days in which you are r	egistering your s	student for aftercare:	
MondayTuesday _	Wednesda	yThursday	
Select the time session which you ar	re registering you	ur student for aftercare:	
12:15 p.m 3:00 p.m. (\$20 per day or \$80 per week)	1:	2:15 p.m 5:00 p.m. (\$3	0 per day or o\$120 week
There is a late pick-up fee of \$10 per each fin	ve minutes late. T	hree late pick-ups will resu	It in dismissal from the program.
Additionally, two incidences of behavior will r	result in dismissal	from the program. The fir	st will be addressed
by a written warning and the seco	nd will be dismiss	eal.	
DI FACE NOT	F .		
PLEASE NOTI • Students stay		are must bring a snac	ek lunch
and drink. No	microwave fo	oods please.	
Students in af activity and ar		ve homework/tutoring	g, physica <mark>l</mark>
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Artercare is standard adequate eno		ellation, if there are ne participating.	not an
For additional in	formation, ple	ease call the main nu	mber at
(334) 2	13-0803		L CC
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