



Authorization & Policies

Student Name: _____ DOB: _____ Allergies: _____

Sibling attending Name: _____ DOB: _____ Allergies: _____

Elementary School: _____ Enrollment Date: _____

Afternoons Attending (Please circle): M T W TH F

Student Address: _____

Parent / Guardian Name & Phone Number: _____

E-mail Address: _____

Enrollment Information: I give permission for ALD to release my child to be transported to:

(Name of Hospital) _____

(Hospital Address) _____

*(Hospital Phone Number) _____ or to the nearest hospital by ambulance in the event of an emergency. Initial _____

***First Aid/CPR:** I give permission for the Staff of the ALD Program to act on my behalf and provide needed medication and assistance. Initial _____

***In the event of an emergency:** I give ALD permission to act on my behalf and provided needed medication and assistance. Initial _____

***In the event of after school activities being cancelled,** ALD will also be cancelled. Initial _____

***In the event of after school activities being cancelled,** you are to follow emergency care card procedures. Initial _____

***Picture taking permission slip:** I give ALD permission and consent for ALD to take pictures / video of my child during program hours and activities. I further give permission and consent that any such photographs / video may be used by the ALD Program to illustrate and promote the ALD Program's website, Facebook page, or for the purposes of brochures and advertisements. Initial _____

***Release of Records:** I authorize ALD to access and review all health and educational records. Including but not limited to, an IEP, disability evaluations and test data for the purpose of providing instruction to my child. Initial _____

***Medications:** I understand that in order for my child to be given medications (prescriptions and/or over the counter medications) I must provide written authorization by the physicians and parent. Initial _____

***Computers / Video:** I give permission for my child to use or view computer / technology equipment during their time at ALD. I understand that the site coordinator monitors all exposure. Initial _____

***Billing:** Registration/material fee is not refundable, If your child is no longer attending or decreases their days payments will continue to be charged until the end of the determined school quarter/trimester, there is a \$15 processing fee for declined credit cards that will automatically be charged to your credit card, \$12 late fee for any child not picked up at the designated pick-up time, If weekly tuition is not paid within the given week your child can not attend until balance is rectified. Initial _____

I have read and initialed the above authorization and policies

Parent Signature: _____ Date: _____

**All students must have a completed form on file in order to attend the Aligning the Learning Date Program (ALD). Please return your completed form to TaraALDprogram@gmail.com.

Official Use Only:

____ Student entered in BW

____ Create registration fee

____ Set up BW billing plan

____ Email Welcome letter

____ Student entered on roster

____ Parent/Guardian email entered in Google contacts