

AMA After School Daycare, LLC Registration Form - 2009/2010
10101 Newell Hickory Grove Rd, CLT NC 28213
704-494-0800

Students Name _____ DOB _____ Age _____

Name of School child attends _____

Grade in School _____ School Teacher's Name _____

Home Address _____ Zip _____

Cell Phone _____ Home Phone _____ email _____

Parents Names _____ / _____

Father's Work Number _____ Mother's Work Number _____

Friend or Relative to contact in case of emergency _____

Friend or Relative's Address _____ Zip _____

Friend Cell Phone _____ Friend Work Phone _____

Name of Physician _____ Phone Number _____

Address _____

In case of an emergency, when no one listed can be reached, **do we have permission to seek medical help?** _____ Yes _____ No Hospital Preferred _____

Please list any known allergies: _____

Does your child need any medication on campus? _____

_____ By initialing to the left I give permission for all given activities, inside and outside the fenced area to include any transported activities for the year.

Persons Authorized to pick up your child:

1. _____ Driver's License # _____

2. _____ Driver's License # _____

3. _____ Driver's License # _____

4. _____ Driver's License # _____

5. _____ Driver's License # _____

_____ **I have attached a copy of my child's Immunization records**

_____ **I have received a copy of the Behavioral Management Policy**

_____ **I have received a copy of my invoice**

_____ **I have read and received a copy of the NC Childcare Law & Rules**

Student's First Day in our Program _____

I heard of your program from _____

AMA After School Daycare, LLC Registration Form - 2009/2010
10101 Newell Hickory Grove Rd, CLT NC 28213
704-494-0800

PAYMENT AUTHORIZATION

____ Option A = Monthly beginning _____

____ Option B = Bi-weekly beginning _____

This is my authorization to the AMA After School Daycare, LLC to automatically debit my

VISA Card # _____ - _____ - _____ - _____ Exp. Date (mm, yy) _____

Name on Card _____ CVV2 _____

I understand that this authorization for the total amount of \$_____ will be divide as initialed above in the payment options. This agreement is in effect until the above "Father" or "Mother" notifies AMA After School Daycare, LLC, in writing, of their intentions to cancel the membership. This notification must be given at least 30 days in advance of any automatic drafts. Further, I have the right to make adjustments to increase the amount of the draft NO LESS THAN 48 HOURS in advance of the scheduled draft. AMA After School Daycare, LLC and myself must mutually agree upon this adjustment. If the draft is returned to AMA After School Daycare, LLC for any reason other than an error on the part of AMA After School Daycare, LLC, a \$25 fee will be charged my account. In that same regard, if a draft is returned to AMA After School Daycare, LLC for Non-sufficient funds, a \$25 fee will be assessed to my account as well. **THIS AUTHORIZATION IN NON-NEGOTIABLE AND NON-TRANSFERABLE.**

Signature _____ Dated _____

LIABILITY WAIVER

In consideration of your acceptance of my entry into AMA After School Daycare, LLC, I do hereby, for myself, my children, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I or my children may have or which may hereafter accrue to me against the AMA After School Daycare, LLC, the Site Owners, Directors, Teachers and all members associated with the AMA After School Daycare, LLC, agents representatives, successors and/or assigns, the participants, the instructors and staff, for any and all damages which may arise from my traveling to, participating in and returning from the AMA After School Daycare, LLC. I further agree to waive claims against any persons connected with the AMA After School Daycare, LLC, for any injuries my children or I may sustain and likewise assume full responsibility for all my actions and actions of my children in connection with AMA After School Daycare, LLC.

Signature _____ Dated _____