

# DOUGLAS Work and Play -- DROP-IN REGISTRATION FORM -- 2018-2019

TODAY'S DATE: \_\_\_\_\_

This form must be delivered to the school office at the beginning of the school day for which the drop in is requested, otherwise the student will be dismissed according to his/her usual dismissal procedure. Please fill out the information below and indicate your method of payment. Please make checks payable to AB Community Education..

The daily rate is \$12.00 per hour, Charges are calculated by multiplying the actual hours in attendance (one hour minimum) by the hourly rate; for example, a child attending for one hour and 15 minutes will be charged for two hours.

## A. STUDENT INFORMATION

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

(PLEASE PRINT)

Parents/Guardians email address: \_\_\_\_\_

(PLEASE PRINT)

\_\_\_\_\_, HAS PERMISSION TO PARTICIPATE IN THE  
(student name)

DOUGLAS AT DAWN/DUSK WORK AND PLAY PROGRAM ON \_\_\_\_\_  
(LIST DATE/S OF PARTICIPATION)

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

(Daily between 3:20 pm and 6:00pm/Early release thursdays between 12:50pm and 6:00pm)

Expectations for homework completion: All \_\_\_\_\_ Some \_\_\_\_\_ None \_\_\_\_\_

## B. MEDICAL INFORMATION

IN CASE OF EMERGENCY, PLEASE CONTACT

\_\_\_\_\_ AT \_\_\_\_\_  
(PARENTS/GUARDIANS, EMERGENCY CONTACT, ETC.) (PHONE NUMBER)

Food. Other Allergies \_\_\_\_\_ EPI Pen Supplied? Yes/No

Please be aware that the Douglas at Dawn/Dusk program does not have a school nurse on duty. It is important you communicate medical needs to our staff.

## C. PAYMENT INFORMATION

Checks should be made payable to AB Community ED. Please indicate method of payment below.

\_\_\_\_\_ Check for \$ \_\_\_\_\_ attached. Differences between calculated and actual fee will be invoiced monthly.

\_\_\_\_\_ By invoice at end of current month.

\_\_\_\_\_ HAS PERMISSION TO PARTICIPATE IN THE DOUGLAS AT  
DAWN/DUSK (STUDENT'S NAME) WORK AND PLAY PROGRAM ON

I will not hold the Douglas at Dusk program liable for any injury or mishap sustained by my child. I agree to the Douglas at Dawn/Dusk policies posted on the Douglas website, including picking up my child/children at the time indicated above and agreeing to pay a late pickup fee after 6 pm.

SIGNATURE \_\_\_\_\_  
(PARENTS/GUARDIANS)

NOTE: For pre-registered signup, please use the Monthly Registration form available at the Douglas School office or on the C. T. Douglas School website (<http://douglas.abschools.org/>)

## C. PROGRAM CONTACT INFORMATION

Work and Play Staff – 1-508-596-0585

Sasha Opel, Program Site Coordinator, E-Mail: [sopel@abschools.org](mailto:sopel@abschools.org), Phone# 978-266-2560

Kelly Jennings, Billing Coordinator, E-Mail: [kjennings@abschools.org](mailto:kjennings@abschools.org), Phone# 978-266-2560