

Airborne Academy - Student Information Form - After School / Day Camp 2009/2010

School Attending _____ Approximate Drop Off _____ Pick Up _____
Student's Name _____ DOB _____ Grade _____
Phone #'s Home _____ Work _____ Cell _____
Address _____
City _____ State _____ Zip _____
Mothers Name _____ Fathers Name _____

Please "X" all that apply: After Care ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri
1/2 Day Care ___
Full Day Care ___

Fill out information below so we can act quickly in an accident:

Who to call if parents cannot be reached:

Name/Relation _____ Phone # _____
Name/Relation _____ Phone # _____
Doctors Name _____ Phone # _____
Medical Insurance Co _____ Policy # _____

Any intolerance to drugs or medication?
Any illness, injury, or physical restrictions the staff should be aware of?
Any allergies to foods or insects?

Authorized Pick-Up List:

Name _____ Relation _____
Name _____ Relation _____
Name _____ Relation _____

Airborne Gymnastics Academy Parent Agreement - Rules & Policies of Airborne After School

Payments Payments will be collected on a weekly basis according to attendance. All payments are due upon receipt, no later than 7 days following the bill. Failure to pay on time will result in a \$10 late fee.
Special Care Requests for 1/2 day or Holiday Care MUST BE submitted to Airborne at least one week in advance.
Transportation All Transportation arrangements are to be made by the parents. You need to contact your transportation department and apply for Baby Sitter Care.
Valuables Valuable items should not be brought to Airborne. Airborne will not be responsible for lost or stolen items.
Holidays Holidays will include: Labor Day, Thanksgiving, Christmas, New Years, Good Friday Memorial Day
Food Airborne will supply snacks. On 1/2 day or Holiday Care lunch will NOT be provided. A bagged lunch will be the responsibility of the parent.
Pick-Up Pick-Up time is 5:30PM - There will be a charge applied for late pick-ups.

Parent Signature _____ Date _____