

Airborne Academy - Student Information Form - After School / Day Camp 2011/2012

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 _____