



Academic & Professional Training Centre

A+ APTC OUT OF SCHOOL PROGRAM REGISTRATION FORM SCHOOL YEAR _____

DATE STARTED : _____ (TO BE COMPLETED BY A+ APTC)

Please complete the following information (Please print or type).

1. Student's Full Name: _____ Gender: _____
Nationality (Optional): _____ School Grade: _____
Student's Date of Birth: _____ Student's Age: _____
Student's School: _____

Please complete section two (2) ONLY if you are enrolling a second child.

2. Student's Full Name: _____ Gender: _____
Nationality (Optional): _____ School Grade: _____
Student's Date of Birth: _____ Student's Age: _____
Student's School: _____

3. Parent(s) /Guardian(s) Full Name: _____
Home Address: _____
Home Phone Number: _____ Cell Number(s): _____
Email Address: _____ WhatsApp Number: _____
Name of Workplace: _____
Work Tel. Number: _____

Note: If any of the above information changes, please notify the A+ APTC office immediately.

Please check the preferred boxes below:

4. My child(ren) will attend on: Monday Tuesday Wednesday Thursday Friday

Note: If your child(ren) will be absent on any of the selected days A+ APTC must be informed prior to his/her absence.

EMERGENCY CONTACT INFORMATION

Please list two emergency contacts other than those listed on first page:

_____	_____	_____	_____
Name	Relationship	Home Phone	Work Phone
_____	_____	_____	_____
Name	Relationship	Home Phone	Work Phone

Medical Problems: Yes No

If yes, please state which:

Allergies: Yes No

If yes, please state which:

1. GENERAL INFORMATION SCHOOL AID PROGRAM (SAP)

- The SAP will run from January to December.
- Hours of operation are for 10:00 A.M. – 6:00 P.M. Monday through Friday. During school breaks special programs will be offered to the children.
- Parents must pick their child up by 6:00 P.M. or a late fee of \$10.00 will be assessed after 6:00 P.M
- A⁺ APTC is closed only on Public/Bank Holidays.
- A⁺ APTC is open early for all Early Release Days during regular school.
- A hot meal will be available for each child between 2:00 P.M. – 3:00 P.M. daily.
- Please remember that the A⁺ APTC Program is not a babysitting service. Children are expected to interact with other children. Children are required to participate in all activities as instructed by the staff.
- Failure to follow the rules can result in your child being expelled from the Program.
- If a child is expelled or suspended from SAP, there will be no refund of the registration fee.
- Disrespect of the A⁺ APTC staff, refusal to follow instructions, fighting, bullying of any type, are ground for immediate dismissal.
- A registration fee of **\$60.00** per child per month is charged for SAP. The entire **\$60.00** is due regardless of the number of days the child attends the program.
- The registration fee is to be paid no later than the **5th** of each month.
- No electronic devices (with the exception of a calculator) are allowed by students.
- Students are not allowed to record or video tape anything on A⁺ APTC premises without permission.

2. EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize A⁺ APTC to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

3. HOLD HARMLESS RELEASE

I hereby waive, release, absolve, indemnify, and agree to hold harmless (will not hold A⁺ APTC liable) A⁺ APTC Foundation, its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result of negligence or for any other cause. I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

4. CODE OF CONDUCT

Positive attitudes are expected to keep the Program fun. Below are some guidelines participants are expected to follow:

- Respect yourself and the A⁺ APTC staff
- Play fairly and be honest
- Applaud the efforts of others
- Avoid inappropriate language
- Eat and drink in designated areas
- Say only good things about others
- If you make a mess, you clean it up
- Resolve disagreements in a positive way
- Follow the instructions of the A⁺ APTC staff
- Listen during appropriate times and assemblies
- Be respectful of other members and their property
- Tobacco, drugs, alcohol, and weapons are prohibited
- Take care of the A⁺ APTC facility, grounds, and equipment
- No inappropriate touching (no sitting in laps or hitting)

Child's Digital Signature (I agree with the terms):

Child's Name in print: _____ Date: _____

A. BULLYING/HARASSMENT/FIGHTING POLICY

Bullying/harassment/fighting has no place at the A⁺ APTC Foundation. Bullying/harassment/fighting means more than beating up or pushing people around.

Violation of this policy includes:

- Physical assaults (touching in angry ways)
- Threats (“Better watch your back”, “I’m gonna hurt you”, “We’re gonna get you”, etc.)
- Harassment (always bothering someone)
- Name-calling
- Racial slurs
- Intimidation
- Sexual harassment – physical or verbal
- Spreading rumors
- Extortion
- Foul language
- Taunting
- Making insulting remarks about another student or any of their family members
- Using the internet to harass, threaten, verbally abuse, intimidate, or spread rumors

Violation of the intent of this policy by a participant of the A⁺ APTC Foundation will not be tolerated.

Review of the policy serves as your WARNING.

- If you are found to be in violation of this policy you will be suspended for up to one week.
- On the second offense you will be suspended for the remainder of the program. There will be no refund of registration fees due to a student suspension.
- The enforcement of this policy and any judgment on the punishment of a student for violation of this policy will be the decision of the A⁺ APTC Managing Director and is not subject to a hearing or appeal.

Child’s Digital Signature (I agree with the terms):

Child’s Name in print: _____ Date: _____

5. AUTHORIZATION TO PRODUCE AND USE AUDIOVISUAL MATERIALS

I hereby voluntary and without compensation authorize A⁺ APTC Foundation to produce photographs, movies, videotapes, audio-tapes, and Power Point Presentations of the below named student. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand A⁺ APTC Foundation and its employees will not use these materials for compensation. I understand that this grant of permission shall only be revoked by a written instrument delivered to the Managing Director of the A⁺ APTC Foundation. This consent shall remain in effect, unless revoked.

CHECK-OUT AUTHORIZATION FORM

The following individuals are **AUTHORIZED** to check-out the above named student from all A⁺ APTC activities:

1. Name: _____ Relationship: _____
2. Name: _____ Relationship: _____
3. Name: _____ Relationship: _____
4. Name: _____ Relationship: _____
5. Child is allowed to walk home by his or herself.

Please list below names of persons who are **PROHIBITED** from contacting or checking-out the student.

1. Name: _____ Relationship: _____
2. Name: _____ Relationship: _____

6. INFORMATION DISCLOSURE

In signing this document I/we give permission for A⁺ APTC to give and receive information relevant to my/our child's academic and social development with the relevant entities within the educational and social development sector within the BES Islands.

SIGNATURE

By signing this document parent(s)/guardian(s) agree to have read, understood, reviewed the document with the child(ren), and agree to section

1. General Information School Aid Program (SAP)
2. Emergency Medical Release
3. Hold Harmless Release the document
4. Bullying/ Harassment/Fighting Policy
5. Authorization to Produce and Use Audiovisual Materials
6. Information Disclosure

Parent/Guardian Digital Signature (I agree with the terms):

Parent/Guardian Name in print: _____ Date: _____