



After School Enrichment Program (ASEP) Parent Agreement Form 2020-2021

1. Strong Rock Christian School agrees to provide after school care for _____ on specified days until 6:00. Late fees are effective at 6:01 P.M. at a rate of **\$1.00 per minute per child**.
2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s); person authorized by parent (s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur; e.g. telephone numbers, work location, emergency contacts, authorized persons for pickup, child's physician, child's health status, medications, and immunization records, etc.
5. The ASEP Director or Assistant Director agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, or exposure to communicable diseases which include my child.
6. The Strong Rock Christian School ASEP will not engage the students in field trips off the campus.
7. I have read the ASEP Parent Handbook (located on our website) and agree to abide by the policies and procedures for the Strong Rock Christian School.
8. I have been advised and understand that SRCS is not licensed with Bright from the Start, Georgia Department of Early Care and Learning, but SRCS has received a notice of exemption from licensure as a child care center. I understand that SRCS carries liability insurance for the ASEP.

Signature (Parent/Guardian) _____ **Date:** _____

Signature (Facility Administrator) _____ **Date:** _____