

**CHILD CARE RELEASE FORM**

	In case of emergency, I give the after-school coordinator, or person in charge, my permission to administer first aid or to obtain medical aid from a qualified physician or hospital.*
	I hereby release, indemnify and hold SRA employees harmless from any medical claims, damages or other liabilities for injuries to or damage by my child, which are not a result of gross negligence by SRA employees.*
	I hereby grant permission to you to use photographs of my child for school projects, displays, handbooks, the company website, and/or the company and teachers' Facebook page(s). IF YOU DO NOT AGREE PLEASE DO NOT INITIAL TO THE LEFT AND TYPE N/A HERE.*
	I hereby release, indemnify and hold SRA agents and employees harmless for any damage done to toys, clothes, or other personal articles I bring from home.*
	I have read and agree with the SRA Before/After School operational policies (in the parent handbook online or printed), and do understand, accept and support them. I have also gone over all the rules and expectations of SRA with my child/children policies contained in the handbook I received.*
	I have read and agree with the financial agreement policy and understand that I will pay the stated tuition fees by the agreed upon due dates or I will pay the late fee. If these terms are not met, I understand that my child will be dismissed from the program until unpaid balance is paid in full.*
	I understand that if my child leaves the program with an unpaid balance, after 30 days, SRA reserves the right to report the past due balance to a collection agency.*
	I understand that if I need to change from full-time to part-time (or vice versa), I can only do so ONE TIME during the school year and I must speak to SRA's Office Manager at least a week in advance before I can do so.*
	I understand that I must pay a NON-REFUNDABLE registration fee of \$30 per child (\$10 discount off additional child) to enroll in the program.*
	I understand and agree that I have received a copy of SRA's Discipline & Behavior Policy, and Financial Agreement Contract.*
	I have read and agree to the smoking policy, which is that there is to be no smoking or tobacco use by staff or parents on the premises, including the parking lot or in vehicles used to transport children or during off premise activities.*

**AFTER SCHOOL CARE ONLY (REQUIRED IF APPLICABLE)**

	I grant my permission for my child to be transported from SRA to any field trip locations during school closings.
	I grant my permission for my child to be transported to the After-School program (and SRA, if applicable) from my child's school, , and I understand that I am responsible for calling SRA if my child DOES NOT need to be picked up for any reason. After three times, a charge of \$5.00 fee, I also agree to pay the monthly transportation fee.
	I grant my permission for my child to be transported to South Rowan Academy, 413 N. Main Street, China Grove, by SRA staff if my child is not picked up by 5:45 p.m.(China Grove After School ONLY). I understand that I will then have to pick up my child from South Rowan Academy AND pay an extra \$5.00 fee for late pickup.

Signature of parent / guardian\*

Date\*

Child's Name\*

Today's Date\*

Enrollment Date\*