



Thank you for choosing SHINE After School as your child care provider for the 2010-2011 school year. Below you will find all the necessary details to register your child. Please contact our center if you have any questions by email at shine@campsonshine.org or our center phone 301-476-8283.

Easy Steps to Register:

- 1) Complete the Registration Form - Please ensure that you have completed *all* family and student sections, and signed the parental consent.
- 2) Enclose Payment - Please include the appropriate payment: **\$50 non-refundable registration fee and \$175 deposit per child** (covering your first and last week attending SHINE).
- 3) Return your registration to:
 SHINE After School 16819 New Hampshire Ave. Silver Spring, MD 20905
 or you may fax it to 301-989-7116 or email it to shine@campsonshine.org.
- 4) Complete the Emergency Contact Information Card; this must be signed and updated each year for your child to attend.
- 5) Complete the Health Inventory Form/ Immunization Certificate; it must be signed by a physician and filled out completely for your child to attend. (This may require a trip to the doctor's office).
- 6) You will receive a confirmation email after we have processed your application and a Parent Guide/ Calendar with pertinent information shortly before school starts.

After all of this is in your child's file, you are set to start the school year with us! Once school starts, you will receive emails about our special events and program updates, monthly tuition invoices, and other important information from us keeping you updated on all that happens at SHINE, so be sure to keep your phone numbers and email address updated.

Monthly Tuition Options

You will select these options on the student information page (pg.3)

- Tuition is based on enrollment, not attendance.
- Full-time monthly tuition is \$375 a month per child.
- Sibling discounts are about 10% off the regular rate of full-time tuition.
- Part-time tuition is attendance twice a week and about 25% off the full-time rate.
- Private school rates are different due to the difference in the schools' calendars.
- The snow day fee for all students enrolled is \$25 per day and to be paid at drop off.
- All full-time and part-time public school rates include attendance on full and early release days.
- Tuition is due the first Monday of the month.
- Tuition may be paid automatically each month with a credit card on file. It is processed on Tuesday of the week tuition is due. Please let us know if you would like this form.

Schools	Full-Time	Sibling Discount	Part-Time
Montgomery County Public Schools	\$375/month	\$340/month	\$280/month
Private Schools	\$350/month	\$315/month	\$260/month

Family Information

Parent or Guardian during school year

Mother/Step Mother

Work Phone

Cell Phone

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Email Address

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Father/Step Father

Work Phone

Cell Phone

--	--	--

Email Address

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Address during school year (billing purposes)

Home Phone

--	--

City

State

ZIP

--	--	--

Name of Parent not living in household

Relationship

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If there is someone (parent, grandparent, etc.) who does not have permission to pick up the student, check here and explain in an attached letter.

Registration/Deposit Payment Details

- \$50 registration fee child.
- A \$175 deposit per child is due at the time of registration in the form of Cash, Check, Money Order, or Credit Card (Visa, MasterCard, or Discover Card only).
- Make checks payable to SHINE After School.
- There is a \$35 fee for each returned check.

Method of Payment:

\$_____ Cash Check Money Order VISA MasterCard Discover Card

Credit Card Number: _____ Expiration Date: _____

Name on Credit Card: _____ Security Code: _____

Credit Card Billing Address: same as above, if different please write below.

Card Holder Signature: _____

Student 1 Information

First and Last Name: _____

Birthday (m/d/yr): _____ Age: _____ Gender: _____ Grade entering Fall 2010: _____

Please select the appropriate tuition option for your child based on your attendance plan (see pg.1 for details)

Full-Time (5 days/week) Sibling Discount (full-time enrollment) Part-Time (2 days /week)

Please select the appropriate transportation option for your child (pick up is not guaranteed from other schools)

Cloverly Elementary Sherwood Elementary Stonegate Elementary Forcey Christian School

Briggs Chaney Middle School Farquhar Middle School Washington Christian Academy

* No, I do not need transportation provided from school to SHINE.

My child attends: _____

Things my child does well:

What my child likes and dislikes:

My child enjoys these physical activities:

Things I am working on with my child:

My child has difficulty or might need help with these activities:

Does your child have any special needs we should be aware of?

Provide information on any medical, psychological, or behavioral conditions, medications, allergies, dietary or activity restrictions, or special needs that we need to be aware of to ensure that your child's experience is positive. (Please attach additional sheet if necessary).

Medication or other health aid that child presently uses: (please call to request a Medication Form if your child is to take any medication during SHINE hours, including emergency medication).

Anything else you want us to know about your child:

Please initial and sign below:

_____ *I give permission for my child to be transported in SHINE vehicles from school to the center each day, to be transported to local destinations on field trips and in case of an emergency.*

_____ *Occasionally, SHINE takes photographs or videos of children at our center. These may be used on displays, in brochures, videos, the website, or another SHINE publication. I hereby give my permission for SHINE to use any photographs or videos taken of my child for the purposes stated above.*

Parent or Guardian Signature

Date

Parental Consent

I understand that a minimum payment of at least \$175 per child must accompany this application as a deposit, there is a \$50 non-refundable registration fee, and that all tuition fees are based on enrollment, not attendance. All fees will be refunded if child is placed on a waiting list and not accepted into the program.

I understand that full or partial payments may be made at any time, but that I will be billed once per month for all unpaid tuition.

I authorize SHINE to administer Benadryl in case of an emergency allergic reaction if I cannot be reached. I understand that SHINE cannot administer prescription drugs to my child, even with written parental consent, unless the medication is sent in a properly labeled container provided by a pharmacy and accompanied by the specific written authorization form provided in the parent guide.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by SHINE to hospitalize, secure proper treatment for and to order medical care including, but not limited to injections, anesthesia or surgery for my child (as deemed necessary by licensed staff). My child's physician or his/her office should be contacted, if possible. I also understand that I am financially responsible for the medical care of my child.

My child has permission, without restriction, to participate in all snacks, regular and special programming, including trips off grounds, transportation unless I notify SHINE otherwise in writing. I understand and realize that SHINE will follow safety procedures and safety precautions but that all physical activities include a certain risk and that SHINE assumes no liability for injury or damage arising from or as a result of participation. I affirm that I have been advised that activities such as indoor and outdoor games, playground activities, moonbounce, field sports, arts & crafts, woods activities and other activities include certain risks and dangers. I understand I can call a director to see the training manual and safety procedures for each activity. These risks include, but are not limited to loss of or damage to personal property, injury, or fatality. In consideration of and as a part payment for, the right to participate in all SHINE activities and the services and food arranged (when applicable) for my child by SHINE and its agents, servants, and employees, I have assumed all of the above risks and intending to be legally bound hereby, will hold SHINE and its agents, servants, and employees harmless from any liability which may arise out of or in connection with any trips, goods provided, and related participation in any other activities arranged for by SHINE, its agents, servants, and employees. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for any minors.

*Please know we cannot, without exception, guarantee availability on the phone, however we will process applications in order of arrival and will send you either a confirmation notice or notify you by phone if you are on a waiting list. Upon acceptance, you will be sent a confirmation letter.

I understand and agree to all the above financial, first aid, safety, and other policies.

Parent or Guardian Signature

Date

I heard about SHINE from:

- | | |
|--|--|
| <input type="checkbox"/> A friend | <input type="checkbox"/> My child's school |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Camp Sonshine (open house, fair...) |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Other |

Please list name of referral:

Student 2 Information

First and Last Name: _____

Birthday (m/d/yr): _____ Age: _____ Gender: _____ Grade entering Fall 2010: _____

Please select the appropriate tuition option for your child based on your attendance plan (see pg.1 for details)

Full-Time (5 days/week) Sibling Discount (full-time enrollment) Part-Time (2 days /week)

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Parent or Guardian Signature

Date

Student 3 Information

First and Last Name: _____

Birthday (m/d/yr): _____ Age: _____ Gender: _____ Grade entering Fall 2010: _____

Please select the appropriate tuition option for your child based on your attendance plan (see pg.1 for details)

Full-Time (5 days/week) Sibling Discount (full-time enrollment) Part-Time (2 days /week)

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Parent or Guardian Signature

Date

Student 4 Information

First and Last Name: _____

Birthday (m/d/yr): _____ Age: _____ Gender: _____ Grade entering Fall 2010: _____

Please select the appropriate tuition option for your child based on your attendance plan (see pg.1 for details)

- Full-Time (5 days/week) Sibling Discount (full-time enrollment) Part-Time (2 days /week)

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- Cloverly Elementary Sherwood Elementary Stonegate Elementary Forcey Christian School
 Briggs Chaney Middle School Farquhar Middle School Washington Christian Academy

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Things my child does well:

What my child likes and dislikes:

My child enjoys these physical activities:

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Parent or Guardian Signature

Date