Student Name: _____ NAD ID#_____*(office use only)*

Advent Ridge Academy

AUTHORIZATION FOR RELEASE OF STUDENT

I hereby authorize the Academy to release my child to the following individuals ONLY:

_____		(_____) _____-- _____
Person #1	Last, First, MI	Phone
_____		(_____) _____-- _____
Person #2	Last, First, MI	Phone
_____		(_____) _____-- _____
Person #3	Last, First, MI	Phone
_____		(_____) _____-- _____
Person #4	Last, First, MI	Phone

I understand it is my responsibility to notify the school *in writing* if the above information changes and ARA is neither responsible nor liable for any inability to contact these listed authorized adults.

AFTER-SCHOOL CARE REGISTRATION

What days of the week will you need regularly scheduled after-school care?

☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday

AFTER-SCHOOL CARE FEES

Monday-Thursday	3:30-5:00 PM	$2.50 per ½ hour increment (or any part there-of)
	5:31 PM -pickup	$10 per ½ hour increment (or any part there-of)
Friday	1:45 – 3:45 PM	$2.50 per ½ hour increment (or any part there-of)
	3:46 PM - pickup	$10 per ½ hour increment (or any part there-of)

Statement of Understanding

I understand that this is in addition to tuition and must be paid each month to ensure that my child/children will be able to participate in the after-school care program.

I authorize the individual(s) listed above to visit or pick-up my child from school.

Signature of Parent/Guardian _____ Date _____

PERMISSION TO PHOTOGRAPH

I grant permission to photography/videotape my child for the following reasons:

Use photographs on bulletin board, yearbook or other similar uses	☐ Yes	☐ No
Use photographs for promotional materials	☐ Yes	☐ No
Use photographs on the ARA Website	☐ Yes	☐ No
Give video to current parents of enrolled students	☐ Yes	☐ No

Photographs and video will never be sold, distributed, or placed on the Internet without written permission.

_____

Parent/Guardian Signature Print Name Relationship Date