

WILBUR CHARTER Before /After Care Program Credit Card Authorization Form

2018-2019 SCHOOL YEAR

Payments can be made for the full year, one payment for each semester (in August and in January), or via ten monthly payments (August through May). If you choose to have the tuition taken from your credit card account, please fill out the authorization form below and return it with your enrollment forms.

- If you need the change the credit card on file, **you must complete a new CC Authorization Form prior to the 1st of the month.** We cannot accept credit card information over the phone.
- You must notify our office in writing by filling out a withdrawal form before the 1st of the month if your child will no longer attend the program. If you fail to do so and your credit card is charged, no refund will be given.
- Listing a secondary account number is required.
- If the primary credit card is declined, the secondary card on file will be charged. Should both cards decline, cash, check, or money order will be required.
- I understand there is an additional \$4.00 fee per credit card transaction.

Child's Name: _____

Primary Account

Name (as it appears on credit card) _____

Acct Number: _____ Exp Date: _____ CVC: _____

Billing Address: _____ Phone Number: _____

Visa Mastercard

Secondary Account

Name (as it appears on credit card) _____

Acct Number: _____ Exp Date: _____ CVC: _____

Billing Address: _____ Phone Number: _____

Visa Mastercard

PROGRAM OPTIONS (Please check appropriate boxes)

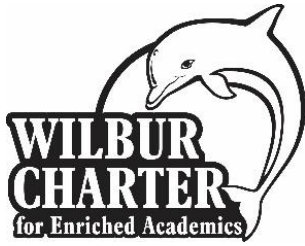
<input type="checkbox"/> Before Care Program	<input type="checkbox"/> After Care Program
<input type="checkbox"/> 5 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> 5 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F
3 days per week = \$54 per month 4 days per week = \$72 per month 5 days per week = \$90 per month	3 days per week = \$195 per month 4 days per week = \$260 per month 5 days per week = \$325 per month

Check here if splitting tuition with another party: Name: _____

Please charge the tuition: Monthly 2 Payments (August and January) One Payment for the Year

I hereby authorize Wilbur Charter's Before/After School Care Program to charge my credit card by the 5th of every month for the tuition payment for my child's participation in the program.

Signed: _____ Date: _____



WILBUR CHARTER

Before /After Care Program

Enrollment Form

PROGRAM OPTIONS

- After Care Program 5 Days 4 Days 3 Days M T W T F
 Before Care Program 5 Days 4 Days 3 Days M T W T F

Start Date: _____

Child: _____
First Name Last Name DOB Age Grade in Fall

Address: _____
Street City Zip Code Home Phone

Parent/Guardian 1 Relationship Occupation Cell Phone

Home Address: _____
 Same as child Street City Zip Code Work Phone

Email: _____
(Your email address will only be used to send information regarding our program and will remain confidential.)

Parent/Guardian 2 Relationship Occupation Cell Phone

Home Address: _____
 Same as child Street City Zip Code Work Phone

Email: _____
(Your email address will only be used to send information regarding our program and will remain confidential.)

Are you a returning student to the Program? Yes No

PERSONS AUTHORIZED TO PICK UP CHILD OTHER THAN PARENT OR GUARDIAN

Name Relationship Daytime Telephone

Name Relationship Daytime Telephone

Signature: _____
Parent/Guardian Date

CHILD'S MEDICAL HISTORY

CHILD'S NAME:	SEX:	BIRTH DATE:
PARENT/GUARDIAN (1) NAME:	DOES PARENT/GUARDIAN (1) LIVE IN HOME WITH CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PARENT/GUARDIAN (2) NAME:	DOES PARENT/GUARDIAN (2) LIVE IN HOME WITH CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS/HAS YOUR CHILD BEEN UNDER REGULAR SUPERVISION OF A PHYSICIAN? [IF YES, FOR WHAT?]	DATE OF LAST PHYSICAL EXAMINATION?	

HEALTH HISTORY

ASTHMA – DOES YOUR CHILD CARRY AN INHALER? YES NO

A.D.D/A.D.H.D.

OTHER: _____

MIGHT YOUR CHILD NEED A LIFE-SUSTAINING DRUG ADMINISTERED TO THEM DURING THE PROGRAM? (INHALER, EPIPEN) YES NO If yes, please explain: _____

DOES YOUR CHILD HAVE AN INDIVIDUALIZED EDUCATION PLAN (IEP) OR (504)? YES NO

If yes, please explain: _____

DOES YOUR CHILD REQUIRE MORE INDIVIDUALIZED ATTENTION THAN A TYPICAL STUDENT? YES NO

If yes, please explain: _____

ALLERGY INFORMATION

PLEASE LIST ANY KNOWN ALLERGIES:

FOOD ALLERGIES – PLEASE LIST: _____

BEE STINGS TREES, GRASS, POLLEN ANIMALS – PLEASE LIST: _____

DIETARY RESTRICTIONS _____

MEDICAL INFORMATION

WILL YOUR CHILD TAKE ANY MEDICATION DURING PROGRAM HOURS? YES NO

IF YES, ARE THEY ABLE TO ADMINISTER THEMSELVES? YES NO

LIST MEDICATIONS: _____

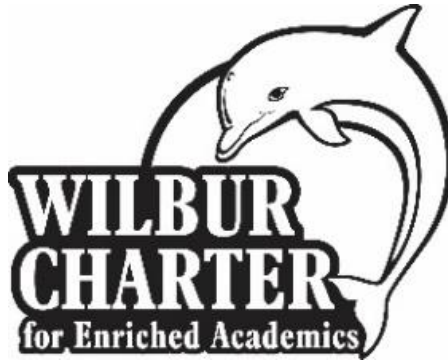
CONSENT FOR EMERGENCY MEDICAL TREATMENT: As the parent or authorized representative, I hereby give consent to Wilbur Charter Before/After Care Program to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.), or dentist (D.D.S.) for [write in Child's Name] _____. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named above.

LIABILITY WAIVER: By signing this waiver, I (we) agree to the following terms: In case of illness or accident, Wilbur Charter Before/After Care Program is authorized to secure emergency medical treatment at my expense.

NAME OF PARENT OR GUARDIAN, PLEASE PRINT _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

PARENT ACKNOWLEDGMENT FORM
Wilbur Charter Before/After Care Program



Please sign and return this page along with your registration forms.

Please check all boxes that apply. *Mandatory for enrollment.

* I HAVE READ AND UNDERSTAND THE WILBUR CHARTER BEFORE/AFTER CARE PROGRAM POLICIES AND PROCEDURES HANDBOOK.

* I understand that my child's participation in the Wilbur Charter Before/After Care Program and its activities is completely voluntary. I have familiarized myself with the Program and the activities in which my child will be participating. I recognize and have instructed my child in the importance of knowing and abiding by the Program policies for the safety of all students.

Your signature(s) below indicate that you have read and understand the above.

Parent/Guardian: _____

Signature: _____ Date: _____

Parent/Guardian: _____

Signature: _____ Date: _____