



Springfield Seventh-Day Adventist Junior Academy

Before and After Care Registration Form

Educating for Eternity, Today

797 State Street
Springfield, MA 01109

Paulette Pottinger
Principal

Phone: (413) 731-2220
Fax: (413) 731-2227

Name of Child: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name: _____ Cell Phone #: _____ Work Phone#: _____

Email: _____

Important Notes: _____

Parent/Guardian Name: _____ Work Phone: _____

Cell Phone#: _____

Authorized Release: Students will only be released to the parent or authorized pick up person. Complete the attached emergency information form and include a photocopy of the signee's ID or driver's license. This is especially important in case of emergencies.

Emergency Information:

Child's Allergies/Concerns:

Doctor's Name: _____

Phone #: _____

If the event of an injury that requires medical attention, the staff has my permission to seek the same. If necessary, have the child transported to the nearest hospital. The doctor and /hospital has my permission to start the needed treatment. _____ (Please initial)

Please check with program you are registering for:

Before care Monthly Fees: \$75.00 (regardless of number of days attending per month)

After Care Monthly Fees: \$75.00 (regardless of number of days attending per month)

Both Before/After Care Fees: \$150.00 per month

Discounts are given to parents with two or more children in the program

***Payment is due prior to starting; all subsequent payments are due on the first school day of school of the month. Please made check payable to Springfield SDA Junior Academy.**

Parent/Guardian Signature: _____ Date: _____

*Please sign that you have read the guidelines and policies concerning conduct, payments, lateness, and medical.

Parent/Guardian Signature: _____ Date: _____

*****OFFICE USE ONLY: _____ Paid-Cash/Check/Money order

Money Order Number: _____ Subsidy: _____ number of day attending per month)

Emergency Information

The following individuals are cleared to pick up my child at the end of BAP program or in an emergency:

Names:	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____