

The A Team After School Program
Student Application



A-TEAM AFTERSCHOOL PROGRAM

Please complete and include deposit. Return to:

The A Team c/o Ally Miller
5700 St. Clement Ct. Toledo, OH 43613
Cell: (419) 265-8249
E-mail: azbikow07@gmail.com

A week's cost of attendance must be provided prior to the student's first day of attendance. **Make check payable to: "The A Team".**

Student Name: _____

Home Address: _____

Student Birthdate: _____ Age: _____

Students Current School District: _____

Students Current Building of Attendance: _____

Parent/Guardian contact information (please print)

Primary Contact: _____

Name - please print

Relationship to student

Secondary phone

Second Contact: _____

Name - please print

Relationship to student

Secondary phone

(For additional contacts, please see the additional contact sheet)

I give permission for my student's current school district, as listed above, to provide The A Team After School Program with access to my child's educational records for the purposes of IEP goal information, Behavior Plan Information and any other information regarding the safety and educational needs of my child.

Signature (required)

Date (required)

Release of Student to Travel on TARPS or other Outside Agency Transportation

Complete this form and provide to the after school program staff only if utilizing an outside agency for your child's transportation.

I have arranged for my child _____ to ride on
Print child's name

Print name of transportation vehicle or system

I have made arrangements so that the pick up of my child is no later than the closing time of the after school program.

Parent signature required Date

Name and contact information for the transportation system.

Name (required—please print): _____

Phone (required—please print): _____

The A Team Transportation Service

Please return this completed form with your child's application Ally Miller as listed above.

The A Team offers transportation home from our afterschool program. Please note, that the A Team does not provide transportation to its location. There are two dismissal times for this transportation service: 5:00 PM and 6:15 PM. There will be no additional charge for this service. Parents can still pick their child up prior to the transportation home or as a family preference.

Child's Name: _____

Address for child to be dropped off: _____

Note: A responsible adult **MUST** be present at the drop off location, and this person must meet the child at the van and assist the child to go into the home. No child will be dropped off without a responsible adult present. In the event an adult is not present, the van driver will return the student to The A Team address listed above and the Toledo Police will be contacted to pick up the child.

Parent/Responsible Adult Phone Number: _____

Back-up Phone Number: _____

Signature of Parent or Guardian: _____

Date: _____

Printed Name of Parent or Guardian: _____