

# GRIFFIN FOUNDATION SCHOOL DISTRICT

1844 S. Alvernon Way, Tucson, AZ 85711

520-790-8400

## For Business Use Only:

Grade Level: \_\_\_\_\_

Final Approval: \_\_\_\_\_

Description of Fees: \_\_\_\_\_

Birth Certificate

Immunization Complete

Health Records

Emergency Contact Sheet

Approved Start Date: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Appl. Received Date: \_\_\_\_\_

Initial Admin.: \_\_\_\_\_

After School Program Agreement

CRS Students With A FIMS Sibling

2018-2019

[www.griffinfoundation.org](http://www.griffinfoundation.org)

*“Visit our website for family involvement information and school events”*

I agree to enroll my child, \_\_\_\_\_ in the Griffin Foundation School District's Before and After School

Program start date \_\_\_\_\_

This program is designed to serve students ages 5 - 12. A student that has behavior issues such as not following classroom procedures, endangering the safety of other students, or showing disrespect will be suspended or placed on a 2 weeks probation period. I understand the school will provide my child with a quality program lead by caring staff in a safe and positive learning environment. Hours of operation: Monday through Friday, 3:00 pm – 4:00 pm; except on Wednesday 1:00 pm -2:45 pm.

### Tuition and Fees

I understand:

1. My weekly tuition is **FREE**. A child that is not picked-up on time will be charged \$1 per minute.

### Registration

1. Parents will complete all registration forms including; health records, emergency and permission authorizations for pick-up and any other required records or forms before student entry into the program.
2. To pick-up their child on time when the FIMS students are released from school.
3. By signing this document you agree and understand the policies and procedures of the Before and After School Program:

I \_\_\_\_\_ (**parent/guardian**) consent, acknowledge, and approve of the procedures, rules, and regulations of the Griffin Foundation School District's Before and After School Program.

*Arizona Department of Health Services: The licensing agency shall have the authority to interview children or staff and to inspect child and facility records without prior consent. The licensing agency shall also have the authority to observe the physical condition of children, which could indicate possible abuse or neglect.*

*I authorize the school district to call an emergency ambulance in case of accident or acute illness and to arrange for possible emergency medical and surgical care in case I am not immediately available. Before such action is taken, it is understood that a conscientious effort must be made to notify me or \_\_\_\_\_ at the following number: \_\_\_\_\_.*

**Before and After School Schedule** (Circle days): **Mon Tue Wed Thur Fri**

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**Name (print)**

**Home Phone**

**Work/Cell Phones**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_