



Registration Application

Please check all that apply:

- AFTER SCHOOL BRONZE
- AFTER SCHOOL SILVER
- AFTER SCHOOL GOLD
- AFTER SCHOOL PLATINUM
- SPRING/WINTER BREAK
- SUMMER CAMP
- TUTORING PROGRAM
- BEFORE SCHOOL

OFFICE USE ONLY:

- _____ Online Setup
- _____ Transport Setup
- _____ Team Assignment
- _____ ID Key Cards
- _____ Info Data Input
- _____ Homework Sheets
- _____ Picture, Mail, Cubby

STUDENT INFORMATION:

NAME: LAST		FIRST		MIDDLE	
ADDRESS:		CITY		STATE	
AGE:	DATE OF BIRTH:	GRADE:	HOME PHONE:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SCHOOL INFORMATION:					
NAME:			ADDRESS:		
START DATE:	READING LEVEL:	MATH LEVEL:	COMPUTER EXPERIENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	SNACK ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW DID YOU HEAR ABOUT US?			PLEASE SPECIFY:		
<input type="checkbox"/> POSTCARD <input type="checkbox"/> VAN <input type="checkbox"/> WALK BY <input type="checkbox"/> PAPER <input type="checkbox"/> REFERRED <input type="checkbox"/> OTHER					

PARENT/GUARDIAN COMPLETING REGISTRATION:

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	
ADDRESS:		CITY:		ST:	
EMAIL ADDRESS:		HOME PHONE:		CELL PHONE:	
EMPLOYER:		WORK PHONE:		EXTENSION:	
ADDRESS:		CITY/ST/ZIP:		WORK HOURS:	

PARENT/GUARDIAN:

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	
ADDRESS:		CITY:		ST:	
EMAIL ADDRESS:		HOME PHONE:		CELL PHONE:	
EMPLOYER:		WORK PHONE:		EXTENSION:	
ADDRESS:		CITY/ST/ZIP:		WORK HOURS:	

Registration Application

PARENTS MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE		PRIMARY RESIDENCE OF STUDENT: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> GUARDIAN – NAME:	
IF DIVORCED, WHO HAS LEGAL CUSTODY? <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> GUARDIAN			
MAY THE NON-CUSTODIAL PARENT PICK UP THE STUDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO EDUCAID TECHNOLOGY must be provided with court issued custody papers that clearly describe the custody arrangements. Have you included custody papers with your registration application? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDITIONAL AUTHORIZED TO PICK UP: NAME:	ADDRESS:	PHONE:	ID CARD: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	ADDRESS:	PHONE:	ID CARD: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	ADDRESS:	PHONE:	ID CARD (\$5): <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	ADDRESS:	PHONE:	ID CARD (\$5): <input type="checkbox"/> YES <input type="checkbox"/> NO

EMERGENCY CONTACTS: Picture ID required!

NAME:	ADDRESS:	HOME PHONE:	CELL PHONE:
NAME:	ADDRESS:	HOME PHONE:	CELL PHONE:
NAME:	ADDRESS:	HOME PHONE:	CELL PHONE:

TUITION PAYMENT ARRANGEMENTS:

FREQUENCY

- MONTHLY – 1st WEEKLY – FRIDAYS BI-WEEKLY – AUTO PAYMENT ONLY
 ONLY OPTION FOR BRONZE

OFFICE USE ONLY: <input type="checkbox"/> MULTI-STUDENT <input type="checkbox"/> AUTOMATIC PAYMENT \$ _____ . _____

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Save time & money by signing up for our **Automatic Payment Plan (APP)**. For your convenience, and with the help of your financial institution, we can now automatically deduct your fees from your checking account. No more checks to write. Simply complete the information below and **attach a voided check for bank drafts**.

NAME:			
ADDRESS:	CITY:	ST:	ZIP:
PHONE:		EMAIL ADDRESS:	
<input type="checkbox"/> BANK DRAFT		<input type="checkbox"/> CREDIT CARD	

BANK INFORMATION	
FINANCIAL INSTITUTION NAME:	NAME ON ACCOUNT:
ROUTING NUMBER:	ACCOUNT NUMBER:
DRIVER'S LICENSE STATE:	DRIVER'S LICENCE NUMBER:

CREDIT CARD INFORMATION	
<input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER	CARD NUMBER: - - -
EXPIRATION DATE: /	SECURITY CODE NUMBER (LAST 3 DIGITS ON BACK):

I hereby authorize EDUCAID TECHNOLOGY to deduct a **WEEKLY (Fridays)** **BI-WEEKLY (Fridays)** **MONTHLY (1st)** draft or charge in the amount of \$ _____ on the account designated above. This will start ____/____/____ and continue weekly/monthly/bi-monthly until the final transaction on ____/____/____ or until further notice in writing. I understand I should call (301) 262-1304 to cancel this authorization or report any change in the information above.

SIGNATURE:	DATE:
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MEDICAL REPORT

Please provide as much information as possible. Physician's information, Medical History and First Aid & CPR Authorization is a MUST! Please keep this information up to date.

STUDENT'S NAME:	LAST	FIRST	MIDDLE
DATE OF BIRTH:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

HEALTH EXAMINATION – Check correct option below and complete information that follows.

ALL STUDENTS must be current on immunizations to be enrolled. This information is required to be admitted.

1. A complete physical examination was given on: _____
2. A current examination was waived due to: _____
3. Is student currently enrolled in a Maryland school, public or private?
 - YES, provide name of Maryland school: _____
 - NO, provide a copy of immunations confirming student has all immunizations as Required by the Maryland DHMH Recommended Childhood Immunization Schedule.
 - Student is exempt from any immunization on medical or religious grounds?
Provide signed copy of Maryland Dept of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

TESTS	DATE	RESULTS
Tuberculin skin or chest X-ray	_____	_____
Other – please specify	_____	_____

	1	2	3	4	5
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
DIPHTHERIA, TETANUS, PETUSSIS					
HIB					
POLIOMYELITIS					
MEASLES					
RUBELLA					
MUMPS					
MEASLES, MUMPS, RUBELLA					
HEP. B					
VARICELLA					

MEDICAL HISTORY

Chicken Pox (Year) _____	Scarlet Fever (Year) _____
T.B./T.B. Contact (Year) _____	Frequent Ear Infections _____

STUDENT'S CURRENT PHYSICAL LIMITATIONS, SPECIAL NEEDS OR DISABILITIES (Allergy, diabetes, heart disease, H.I.V., hepatitis, epilepsy or hospitalization in the past 12 months, and any medication prescribed for long-term, continuous use.)

Allergies:
Routine Medications:
Dietary Restrictions:
Disabilities (Please specify):
Other:

PHYSICIAN'S NAME:	
ADDRESS:	PHONE:

EMERGENCY FIRST AID & CPR AUTHORIZATION

I hereby authorize the staff and director representing EducAid Technology to provide emergency First Aid & CPR care for my student, _____ while he/she is in EducAid Technology's custody.

Signature of Parent/Guardian: _____

PHOTOGRAPHY PERMISSION

- Permission IS IS NOT given for photography for publicity purposes.

Signature of Parent/Guardian: _____ Date: _____

TRANSPORTATION AUTHORIZATION

- I authorize EducAid Technology to transport my child _____ in EducAid Technology vans.

Signature of Parent/Guardian: _____ Date: _____

- My child, _____, has permission to ride the EducAid Technology van to/from _____ school.

Signature of Parent/Guardian: _____ Date: _____

- My child, _____, will respect the safety rules of the EducAid Technology van to/from _____ school.

Signature of Parent/Guardian: _____ Date: _____



MEMORANDUM OF UNDERSTANDING RETURN WITH SIGNATURE

(Updated January, 2011)

- I understand that it is my responsibility to **read and familiarize** myself with the various policies, rules and regulations concerning the program that is found in the EducAid Technology – The Learning Center (ETLC) After School Program Manual & Summer Camp Manual located at www.EducAidTech.com in “**Parents’ Portal**”.
- I authorize ETLC to transport my student from his/her school to the ETLC facility as well as various field trips. I will support ETLC’s van safety policies.
- I understand and accept the risk of my own student and their actions and behaviors.
- I understand that ETLC is not responsible for lost or misplaced items.
- I understand that my student is responsible for meeting the schedule of transportation provided by ETLC and that in the event that my student **misses the van transport, a \$25.00 surcharge** will be assessed should I desire to have ETLC return to the school or location and pick up.
- I understand that failure to notify ETLC that my student is absent from school or departed early will result in a **\$10.00 NO SHOW** fee. The **deadline** for notification to ETLC is **1:00pm**.
- I am aware that pick up time is **6:30pm sharp or 7pm Extended** during the school year. I understand that a **late fee of \$5.00 for 1st 15 minutes & \$1 per minute after 6:45pm** will be assessed for late pick up after perspective pick times. I also understand in the event that my child is not picked up within 15 minutes after perspective pick times, ETLC may begin to call all numbers on my emergency forms to attempt to contact someone. After exhaustive attempts have been made, ETLC may at its sole discretion, call Child Protective Services, or the Police to retrieve your student. **There is no invoicing or billing for late fees. They must be paid immediately.** ETLC reserves the right to change late fee assessments.
- I understand that my **tuition is due on FRIDAYS. \$25 late fee will be assessed for payments received anytime after close of business FRIDAY.** Online payment **MUST** be paid by **SUNDAY at midnight to avoid late fees. Monthly tuition payments are due by the 1st of the month. \$25 late fee will be assessed for monthly payments received anytime after the 1st.** I also understand that ETLC retains the option at its sole discretion to switch me to an automatic payment plan to maintain current payment status. There is **NO PROVISION** for tuition adjustment due to excessive absenteeism due to reasons like illness or vacation.
- I understand in the event of serious injury to my student, ETLC will call 911 for any medical attention.
- I understand it is my responsibility to provide accurate, up to date emergency numbers for the ETLC staff. In the event I change address, employment, or any contact numbers, I will notify ETLC of such changes. I accept any and all consequences resulting from failure to provide this vital information or accuracy of such. Failure to provide ETLC staff with accurate work, cell, or other phone numbers may result in dismissal from the program. One hour **MAXIMUM** response time is required for **URGENT EMERGENCY** calls.

Signature of Parent/Guardian

Date

Name of Student