

IMAGINE INTERNATIONAL ACADEMY OF SMYRNA

ASP/BSP Registration Form

This form must be accompanied by the registration fee and the cost of the first week of attendance, and submitted to ASP coordinators PRIOR to use of the program.

Registration Fee: \$25 per child or \$40 per family

BSP Fee: \$5 per day or \$25 per week

ASP Fee: \$7 per day or \$35 per week

CHILD'S NAME: _____

CHILD'S GRADE/TEACHER: _____

ADDITIONAL CHILD (REN)/GRADE/TEACHER: _____

ALLERGIES/MEDICAL CONDITIONS: _____

MOTHER'S NAME: _____

CELL PHONE: _____

WORK PHONE: _____

E-MAIL ADDRESS: _____

FATHER'S NAME: _____

CELL PHONE: _____

WORK PHONE: _____

E-MAIL ADDRESS: _____

I have read and understand the ASP/BSP rules and guidelines. I understand that failure to follow the rules, or keep my account current will result in the loss of use of the program. I understand that my child may be uninvited from the program for negative behaviors.

PARENT SIGNATURE _____

Please complete the Pick-up Authorization on the back of this form.

ASP Pick-Up Authorization Form

Child's Name: _____

The following people are allowed to pick up my child and be contacted in case of an emergency:

NAME _____

PHONE _____

NAME _____

PHONE _____

NAME _____

PHONE _____

Any additional information:
