

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
ASHTON ELEMENTARY SCHOOL  
5110 ASHTON ROAD, SARASOTA, FL 34233  
PHONE (941) 361-6440

**AFTER SCHOOL PROGRAM REGISTRATION**

**Instructions:** Parent/Guardian completes form and submits to the Astro Care Director. The registration fee is due at the time of registration, is non-refundable and includes a full week of tuition payment. The parent/guardian registering the child is the person responsible for payments. Names and phone numbers of at least two other people authorized to pick up child must be provided. All persons picking up children are **required to show ID**. Enter the grade your child will be in for the school year in which you are registering.

Days child is expected to attend  M  T  W  Th  F  All Week Start Date \_\_\_\_\_

Child Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Teacher Name \_\_\_\_\_

Medical/Allergy Information  Yes  No If yes, explain \_\_\_\_\_

Child lives with  Mother  Father  Both Parents  Guardian

Parent/Guardian Name (Print) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Names of those **not allowed** to pick up child \_\_\_\_\_

**Authorized Pick Up Contacts**

Contact Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

**Parent Agreement**

I understand that:

1. I am responsible for program payments. Delinquent accounts may result in immediate suspension from the program. Checks that are returned for non-sufficient funds need to be paid in cash immediately upon notification. Further program payments may be required to be paid in cash in advance.
2. **Registration fee is non-refundable.**
3. Refunds for daily program charges must be requested before the completion of the school year in which the funds were paid. Unclaimed funds are used for the support/maintenance of the program.
4. I must call or email the director in the event my child's schedule changes at (941) 361-6440, or [diane.creech@sarasotacountyschools.net](mailto:diane.creech@sarasotacountyschools.net).
5. Pickup time is by 6:00 PM. and I will be charged a \$1.00 per minute late charge after 6:00 PM. Three late pickups may result in dismissal from the program.
6. My child(ren) must be able to use the restroom facilities without assistance from staff. If they have an accident while at after care, they must be able to fully change and clean themselves in the restroom. I will provide a change of clothes to staff. If my child(ren) has an accident without a change of clothes, I will be called for immediate pick up.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Director Initials \_\_\_\_\_ Registration Paid \_\_\_\_\_

The School Board of Sarasota County, Florida, complies with Federal and State Statutes in prohibiting any form of discrimination and harassment based on an individual's race, color, religion, ethnic or national origin, age, disability, veteran or military status, marital status, pregnancy, sex, gender, gender identity or expression, or sexual orientation.