

AL FALAH ACADEMY

A full-time Islamic School in Gwinnett County

(678) 502-7211 and (678) 380-0201



AFTERSCHOOL CARE ENROLLMENT PACKET 2022-2023 SCHOOL YEAR

This packet includes forms that are necessary to complete the afterschool care enrollment process. Additional forms may be required, depending on your situation. This packet includes:

- Afterschool Care Student Registration Form
- Afterschool Care Fees Agreement
- Afterschool Care Emergency Healthcare Information
- Afterschool Care Pick-up Authorization Form



AL FALAH ACADEMY

A full-time Islamic School in Gwinnett County
(678) 502-7211 and (678) 380-0201

AFTERSCHOOL STUDENT REGISTRATION FORM 2022-2023 SCHOOL YEAR

STUDENT INFORMATION: (PLEASE PRINT CLEARLY)					
Last Name		First Name		Middle Name	
Grade		DOB		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address				City	
County		State		Zip	
Race (used only to meet federal funding reporting requirements)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White				

FATHER / LEGAL GUARDIAN INFORMATION			
Last Name		First Name	
Address		City, State Zip	
Email Address		Home Phone	
Cell Phone		Work Phone	
Employer		Profession	

MOTHER / LEGAL GUARDIAN INFORMATION			
Last Name		First Name	
Address		City, State Zip	
Email Address		Home Phone	
Cell Phone		Work Phone	
Employer		Profession	

PARENTS / LEGAL GUARDIANS
<input type="checkbox"/> Student lives with both parents
<input type="checkbox"/> Parents are divorced/separated/widowed and student lives with <input type="checkbox"/> mother <input type="checkbox"/> father
<input type="checkbox"/> Student does not live with either parent (please explain):
In case of divorce/separation, please indicate who has legal custody: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):
Please attach a notarized copy of the court document indicating anything other than joint custody.

PHOTOGRAPH AND VIDEO RELEASE

Al-Falah Academy staff may take pictures or videos of the students. Please be aware that pictures will only appear in future promotional materials, including our brochure, Facebook, and videos...

- Yes, I authorize Al-Falah Academy to take photos and videos of my child
- No, please do not use any photos of my child listed above

EMERGENCY CONTACTS

Name		Best # to call		Relationship	
Name		Best # to call		Relationship	
Name		Best # to call		Relationship	

PARENT / LEGAL GUARDIAN CERTIFICATION

I certify that the information submitted is correct to the best of my knowledge. I understand that information in this application and any supporting documents submitted will be confidential and only shared with relevant school personnel, as needed.

Name: _____ Relationship to Student: _____

Signature: _____ Date: _____

School Use only:

Payment Type: Credit Card MO #: _____ Check #: _____
 Afterschool care application Received on: _____ Received by: _____
 Student Accepted: Yes No (reason): _____
 Comments: _____



AL FALAH ACADEMY

A full-time Islamic School in Gwinnett County
(678) 502-7211 and (678) 380-0201

AFTER-SCHOOL CARE FEES AGREEMENT 2022-2023 SCHOOL YEAR

STUDENT(S) INFORMATION			
Last Name	First Name	Middle Name	Grade

PAYMENT PLAN
<ul style="list-style-type: none"> • It is very important to fill out ALL requested information. • Payments are due on the first of the month in advance of attendance. • After-school fees do not roll over to next month. • Late payments will incur a \$50 fee if paid later than the 5th of the month.

AFTER-SCHOOL CARE PROGRAM: DATES AND TIMES									
Please choose your child's spot on days you know you will use this service. The number of units per day is in parentheses. The program is from 3:45pm to 6:00pm and Fridays from 12:30pm to 6:00pm									
Mon (1 Unit)	<input type="checkbox"/>	Tue (1 Unit)	<input type="checkbox"/>	Wed (1 Unit)	<input type="checkbox"/>	Thu (1 Unit)	<input type="checkbox"/>	Fri (3 Units)	<input type="checkbox"/>

FEES						
The fee is based on the number of units per week/month. Monday through Thursday are counted as one unit each and Friday is counted as three units making the full week (Monday through Friday) seven units. The cost of units is discounted as more units are reserved. The monthly tuition , based on the number of units, is shown in the table below.						
One Unit/Month	Two Units/Month	Three Units/Month	Four Units/Month	Five Units/Month	Six Units/Month	Full Month
\$35	\$65	\$90	\$112	\$128	\$140	\$150
<input type="checkbox"/> Yes, Please enroll my children in the After-School Program and deduct the monthly fee from my account.						

PARENT / LEGAL GUARDIAN AGREEMENT
<p>I agree, in the event of an unusual emergency, to call the school directly to notify the After-School Care Officer.</p> <p>I agree to pick-up my child(ren) no later than 6pm.</p> <p>A late pick-up fee of \$10 per 15 minutes or any fraction thereof will incur.</p> <p>I agree the parent/guardian is responsible for the payment of the after-school care fees on time.</p> <p>I agree to abide by the above agreement and understand the school reserves the right to take action including removal from the program if the fees are not paid on time and/or the child is not picked up on time.</p> <p>Name: _____ Relationship to Student: _____</p> <p>Signature: _____ Date: _____</p>



AL FALAH ACADEMY

A full-time Islamic School in Gwinnett County
(678) 502-7211 and (678) 380-0201

AFTERSCHOOL CARE EMERGENCY HEALTHCARE INFORMATION 2022-2023 SCHOOL YEAR

STUDENT INFORMATION					
Last Name		First Name		Middle Name	
Date of Birth			Grade		

MEDICAL ISSUES AND ALLERGIES
Please list any allergies or other medical issues, with restrictions that need to be made. _____ _____

MEDICATIONS
Will the clinician need to administer any medication during the day? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, sign this section)
Please note: Both prescription and non-prescription medications are treated similarly, in that the parent must provide the medication in the original packaging, labeled clearly with your child's name and directions for use. No common medications, such as headache remedies, cough drops, or antibiotic cream, will be administered to any child unless it is prepared in accordance with these guidelines.
I, the undersigned parent/legal guardian, give permission for my son/daughter's medication to be administered by the Al-Falah clinician. I have provided the medication, clearly labeled and with clear instructions, to the School Clinician.
Name: _____ Relationship to Student: _____
Signature: _____ Date: _____

HOSPITAL TREATMENT RELEASE
In the event I cannot be reached, I give permission for my child named above to be transported to a hospital and authorize the hospital to provide emergency medical or surgical treatment. I assume full responsibility for all charges related to the above, and release the hospital, Al-Falah Academy, and their agents, employees, administrators, and assigns from any and all liability, claims, and causes of action arising in connection with the transportation and/or treatment of the student named herein.
Name: _____ Relationship to Student: _____
Signature: _____ Date: _____



AL FALAH ACADEMY

A full-time Islamic School in Gwinnett County
(678) 502-7211 and (678) 380-0201

AFTERSCHOOL CARE PICK-UP AUTHORIZATION FORM 2022-2023 SCHOOL YEAR

In addition to the parents or legal guardians, please list up to three other adults who are authorized to pick up your child. Each family will be given two free carpool numbers. If more are needed, they may be purchased at the front office for \$4 each. Any adult, including the parents or legal guardians, who comes to pick up the child, must display the carpool number. If the carpool number tag is not available, please come to the front office for authorization verification.

STUDENT INFORMATION					
Last Name		First Name		Middle Name	
Date of Birth		Grade		Carpool #	

AUTHORIZED PICK-UP ALTERNATE			
Last Name		First Name	
Address		City, State Zip	
Phone		Relationship	

AUTHORIZED PICK-UP ALTERNATE			
Last Name		First Name	
Address		City, State Zip	
Phone		Relationship	

AUTHORIZED PICK-UP ALTERNATE			
Last Name		First Name	
Address		City, State Zip	
Phone		Relationship	

PARENT / LEGAL GUARDIAN AUTHORIZATION	
I authorize the individuals named above to pick-up the student named above from school. I understand that a driver's license or government issued ID will be required to verify the identity of the authorized pick-up alternate.	
Name: _____	Relationship to Student: _____
Signature: _____	Date: _____