





# COMMUNITY EDUCATION AND BEFORE/AFTER SCHOOL CARE PROGRAMS



## PARENT/GUARDIAN SIGNATURE FORM FOR THE RECEIPT AND ACKNOWLEDGEMENT OF THE COMMUNITY EDUCATION AND BEFORE/AFTER SCHOOL CARE PARENT HANDBOOK

SCHOOL NAME: MIAMI SPRINGS ELEMENTARY SCHOOL

### STUDENT ACCIDENT INSURANCE IS REQUIRED

I have received, read, and acknowledge the program guidelines and policies outlined in the Community Education and Before/After School Care program 2009-2010 Parent Handbook.

- Fees must be paid **on time and in full** based on the payment schedules. Failure to make payments may result in the child being withdrawn from the program.
- Late payment fee of \$10 for payments not received by the due date on the payment schedule.
- Late pick up fee of \$10 per 15 minutes per family after 6:00 p.m.
- Any returned checks and bank service charges must be paid in cash within 24 hours of notification or the child may be withdrawn from the program.
- Discipline procedures
- Fee Payment Schedules

I verify that I have purchased the student accident insurance for this school year for my child. I understand that this paper will be kept in my child's file as an official document.

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PLEASE PRINT) LAST, FIRST

PARENT/GUARDIAN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PLEASE PRINT) LAST, FIRST

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**INSURANCE:** Upon registering your child, it is mandatory to obtain the student accident insurance issued through the district. No child may attend the before and after school care program without this insurance. This is a supplemental insurance plan and it is required even if you already have family or individual medical insurance coverage. This supplemental insurance plan **DOES NOT** take the place of family or individual medical insurance coverage. It is your responsibility to become familiar with any insurance limitations and other information provided in the brochure.

**If you enroll your child(ren) online for the school Insurance you must bring in a copy of the confirmation screen with their registration packet..**

## ENROLL ONLINE FOR QUICKER SERVICE or Complete and Mail

Enrollment Form (School Year 2009-2010) Underwritten by UnitedHealthcare Insurance Company

Student's Last Name (Please Print)		DOB	
<input type="text"/>			
Student's First Name	MI	Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security #		Grade	
<input type="text"/>		<input type="text"/>	
Street #	Address		
<input type="text"/>	<input type="text"/>		
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of School (District) (Required to Process)	Name of School (Required to Process)		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
X _____ Date _____		Email Address _____	
Signature of Parent or Guardian			

Student Insurance --- Check <input type="checkbox"/> Your Selection:	
<b>Accident Only Coverage Plans</b>	
24-HOUR (K-12)	\$33.00 <input type="checkbox"/>
AT-SCHOOL Grades K-6 Grades 7-12	\$11.00 <input type="checkbox"/> \$13.00 <input type="checkbox"/>
<b>STUDENT HEALTH PLAN</b> \$147.00 <input type="checkbox"/> Per Quarter    \$588.00 <input type="checkbox"/> Annual* (Per Policy Year) <small>(Note: No premium notices will be sent. It is the insured's responsibility for timely premium payments)*May not be purchased after September 30th</small>	
<b>COMPANY USE ONLY</b> Check No. _____ Amount Received _____ Date Received _____	Enclose check for total payment payable to: UnitedHealthcare StudentResources  <b>TOTAL ENCLOSED: \$ _____</b>

Complete this section only if you wish to pay with MASTERCARD/VISA

<b>Full Name on Card:</b>			
First Name	MI	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Billing Address (if different then above)			
Street #	Address		Apt #
<input type="text"/>	<input type="text"/>		<input type="text"/>
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Card Number	Expiration Date: Mo		Year
<input type="text"/>	<input type="text"/>		<input type="text"/>
Cardholder signature: X _____			

Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason, will invalidate insurance.)

**Miami Springs Elementary Community School**  
**Pick-Up / Emergency Contact Information**  
**Before & After School Care Program**

**Student ID#** \_\_\_\_\_ **Homeroom** \_\_\_\_\_

(maestro/a)

**Student's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

(apellido)

(nombre)

**Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

(grado)

(edad)

(sexo)

(fecha de nacimiento)

**Student Address:** \_\_\_\_\_

(direccion)

**Mother's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

(apellido de la madre)

(nombre de la madre)

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

(telefono)

(telefono del trabajo)

(telefono mobil)

**Place of Employment:** \_\_\_\_\_

(lugar de trabajo)

**E-mail Address:** \_\_\_\_\_

(correo electronico)

**Father's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

(apellido del padre)

(nombre del padre)

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

(telefono)

(telefono del trabajo)

(telefono mobil)

**Place of Employment:** \_\_\_\_\_

(lugar de trabajo)

**E-Mail Address:** \_\_\_\_\_

(correo electronico)

**Emergency contact / Pick-Up information: Contacto de Emergencia (aparte de los padres):**

Name (nombre)	Phone Number (telefono)	Relation to Child (parentesco)

In the event no one can be contacted, I give permission for my child to receive emergency medical treatment: En caso de una emergencia, yo doy permiso que mi hijo/a reciba atención medica: **YES** (si) \_\_\_\_ **NO** (no) \_\_\_\_

**Student's health data:** (Información sobre la salud del alumno)

**Person(s) NOT Authorized to Pick-Up your child from School:** Personas NO autorizada para recoger a su hijo / hija del colegio:


\* It is the parent's responsibility to inform the After School Care Office of any changes in writing.

\* Es la responsabilidad de los padres, de informar a la oficina de cualquier cambio por escrito.

**Parent's Signature:** (firma) \_\_\_\_\_ **Date:** (fecha) \_\_\_\_\_