



Interactive, bilingual, creative, academically accelerated after school program

Registration packet

404.740.8900 or [aprendiendoacolor@gmail.com](mailto:aprendiendoacolor@gmail.com)

## Parent/ Guardian information

Mom's Name: \_\_\_\_\_ Mom's Cell Phone: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Dad's Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Student (Please make additional copies of this page for additional children)**

Student Name: \_\_\_\_\_

M/F: \_\_\_\_ DOB: \_\_\_\_\_

Child Care/Elementary, High School Attending: \_\_\_\_\_

Other pertinent information about this student?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



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## Pick - up and emergency contacts other than parents.

I authorize the following individuals to pick-up my child, and serve as an emergency contact (18 or over):

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## Class or camp selection

☐ If you are attending a single session one time one hour drop in class please check this box

### Art Classes:

Day of the week: \_\_\_\_\_ Hours: \_\_\_\_\_

Location: \_\_\_\_\_

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Single session drop in students are not entered into the computer system and will need to complete a paper registration form each time they attend. For others, there is a \$20 once in a lifetime registration fee, and then we will enter your child's information into our system so that we can make appointments for your child to attend future classes or camps without filling out a paper registration form each time you attend.

### Language Classes:

Day of the week: \_\_\_\_\_ Hours: \_\_\_\_\_



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**Location:** \_\_\_\_\_

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Language: Spanish \_\_\_\_\_ English \_\_\_\_\_

**Parents' Night Out:**

**Day of the week:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Location:** \_\_\_\_\_

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Language: Spanish \_\_\_\_\_ English \_\_\_\_\_

**Knitting Classes:**

**Day of the week:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Location:** \_\_\_\_\_

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Language: Spanish \_\_\_\_\_ English \_\_\_\_\_

**Camp you are enrolling in:**

**Camp Name** \_\_\_\_\_

**Location:** \_\_\_\_\_

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**Time:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

For art camps the drop off, pick up, and late fee for a particular camp are listed on the paper camp flyer and on the web site. There is a fee for early drop off or late pick up if you arrive before your scheduled camp time or pick up later than you scheduled pick up time.



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## Allergies or medical conditions.

Please list any known medical conditions or allergies, food or non-food items:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are three short horizontal lines at the top left corner, likely representing staple marks or punch holes. The rest of the page is empty except for the continuous rows of lines.



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## Parents' Night Out Guidelines\*

To ensure a safe, enjoyable environment for everyone, the information below outlines our guidelines. These are subject to change with or without notice.

The program is from 6:30 pm - 10pm. It is offered every Friday of June, or as outlined by the online calendar found on our website.

- Snack (usually Goldfish, Pretzels, Vegetables, Fruit, ect.) with a drink. If you want to bring your child's snack you may do so. Our facility is capable of refrigeration, preparation or heating. Please label anything brought with your child's full name and preparation directions.

- Dinner approximately starts around 8:30PM and is a combination of cheese or pepperoni pizza, sandwiches and another food vendor such as Chick-Fil-A (please verify with facility). If you do not want your child to participate in the dinner that is included, please provide a sack lunch or snacks. Please label anything brought with your child's full name and preparation directions.

- All children must be fully potty trained. Ages 4-12 years.

- Each child must bring or wear a pair of socks. You are more than welcome to bring in a pillow or sleeping bag to this event.

Please note that we are not responsible for any lost or stolen items.

If given a 48 hour notice, we can switch your prepaid registration to a future date. Sorry, no refunds are given. There are no refunds for children that are removed from the program due to any behaviour that is harmful to other children, persons or themselves.

- Please do not bring your child if they are sick. We will not allow children that are sick to be dropped off; any child that becomes ill during the program will be to be picked up as well.

- All children will need to be signed in and out by an approved parent/guardian each day. The sign in/out sheet will be in the lobby or pick-up area. A photo ID will be required at pick-up.

- Please make sure that your child is in comfortable clothing. No jeans. All participants must also have socks.

- Late Pick Up: \$15 for the first 15 minutes. \$2 per minute for each additional minute after 15.

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



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## AAC Exemption notice\*

*\* One form is needed per child.*

I, \_\_\_\_\_ have been informed and understand that this program is not a licensed childcare facility. I acknowledge and understand that the program is not required to be licensed by the Georgia Department of Early Care and Learning. I acknowledge and understand that this program is exempt from state license requirements.

\_\_\_\_\_  
Parent name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature



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## Release Photo, Audio, Video recording, Artwork\*

*\* One form is needed per child.*

AAC routinely takes photographs and/or creates audio or video recording of its students as they are participating in AAC programs. AAC uses photos of its members on its website and publicity for the school. AAC may also have occasion to utilize children's artwork for similar external educational purpose and publicity. A student's image and / or artwork may, dependent upon below authorization, be externally released, but only for news, or publicity purposes to benefit AAC.

Child's name: \_\_\_\_\_

Parent Initial

\_\_\_\_\_ I hereby grant AAC, the right, without fee, to make edit, use or display photos and /or video recordings of my child. I agree that the image may be used in any form of written or electronic media, now existing or created in the future, including, but not limited to, standard print, websites. Every precaution for student safety is taken. Students' names and personal information are never posted in conjunction with the photograph.

\_\_\_\_\_ I hereby grant AAC, the right, to use, or display my child's artwork which is/has been created during AAC programs. I agree that the artwork may be used in any form of written or electronic media, now existing or created in the future, including, but not limited to, standard print, websites. I further understand that my child's artwork will not be identified by name without my further parental consent.

\_\_\_\_\_ I do not grant permission to AAC to use my child's images or artwork externally for any purpose.

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Date

Parent signature

## Acknowledgement of receipt of AAC Parent Handbook

This is to acknowledge that my family has read the AAC Parent Handbook (found at <https://www.aprendiendoacolor.com/tutoring>). I understand that it contains important information on the general policies of AAC.

I will familiarize myself with the material in the Parent Handbook. I further understand that AAC may change, rescind, or add to any policies, or practices described in the Parent Handbook at any time, with or without prior notice.

I have discussed the contents with all members of my family who will be participating at AAC. By signing this document my family consents and agrees to abide by the policies and procedures of AAC.

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Date

Parent signature



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## Financial Obligation Agreement

I have seen the financial obligations associated with participation in AAC (see AAC Handbook at <https://www.aprendiendoacolor.com/tutoring>).

I am aware that fees are payable in advance. All fees for classes, camps, or parties are non-refundable and due by four continuous class.

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Date

Parent signature



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## Class Policies

These are specialty one hour classes and school holiday/summer camps for the arts (Fine Art, Spanish language arts, Camp). All classes require sufficient enrollment to convene, and The AAC reserves the right to cancel, reschedule, combine classes or change instructors if necessary.

If any information in this student registration form changes, parents are required to submit a written update to this registration form, which will be kept on file. It is the parents' obligation to inform to AAC of changes to this registration form.

I do hereby acknowledge that I understand this registration form, the information in the form, and the class selection, school holiday/summer camp selection, reservation and pricing policies of the AAC, and will comply with these policies.

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Date

Parent signature