

Healthy Kids After School Alliance (HKAA) 2025-2026

Student Name: _____ **Grade:** _____ **School:** _____

Date of Birth: _____ **Gender:** _____ **Ethnicity:** _____ **Limited English:** ___ Yes ___ No

Students Address: _____

Mother/Guardian Name: _____ **Cell:** _____

Mother Employment: _____ **Email Address:** _____

Father/Guardian Name: _____ **Cell:** _____

Father Employment: _____ **Email Address:** _____

Additional Contact Information:

Name and phone # of the persons to call in an emergency (other than parents):

Name: _____ **Phone #:** _____ **Relation:** _____

Name: _____ **Phone #:** _____ **Relation:** _____

The following individuals are **not allowed** to have contact with my child:

Name: _____

Name: _____ **Court Order on file:** Yes: _____ No: _____

Medical Information:

I give permission for the Healthy Kids Afterschool Alliance and/or YMCA to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

Parent's Signature: _____ **Date:** _____

Student Medical Conditions: _____ **Student Allergies:** _____

Student Medications: _____

Special Needs: _____

Doctor's Name: _____ **Phone #:** _____

Accident Insurance: _____ **Policy Holder:** _____

Policy #: _____ **Group #:** _____

YMCA Information:



The Department of Human Resources does not inspect activities away from the facility; permission signed by the child's parent(s)/guardian(s) for the child to participate in activities away from the facility, and transportation provided by the facility, and swimming/wading provided by the facility; information concerning homelessness according to the McKinney-Vento Homeless Assistance Act.

Will tuition be covered by Family Guidance? Yes: _____ No: _____

Families with more than two children be charged the weekly rate of \$50 for the first two children, and \$10 per week for each additional child. Fees are due the Friday prior to each week. There is a \$10 late fee applied after each Friday. There is a \$75 registration fee for each student. All weekly fees are required to draft from a bank account or debit/credit card. A \$30 return fee will be applied to all returned payments. All fees are non-refundable and non-transferable. Two weeks of non-payment will result in the removal of your child from the program.

I give permission for my child to be included in after school program photographs and videos. Yes: _____ No: _____

My child will use provided transportation to the selected site; Yes _____ No _____

I will provide transportation for my child to the selected site; Yes _____ No _____

We will pick up from CCA, LCA, and PCA; however, our calendar of operating days will follow the Chilton County Public School academic calendar.

Parent's Signature: _____ **Date:** _____

Car Tag # _____

Court Order ____ Yes ____ No

DHR Custody Arrangements ____ Yes ____ No

Healthy Kids After School Alliance

CHECK OUT CARD

Names listed must show photo ID and will be the only individuals allowed to check out your child.

Student Name: _____

Grade: _____ Teacher: _____

The following people have permission to check out my child at Healthy Kids After School Alliance

NAME	PHONE #	RELATIONSHIP
Guardian/Parent 1		
Guardian/Parent 2		
Other		
Other		
Other		

Parent's Signature

Date

Home Telephone

The following people do not have permission to check out my child:

1.

2.

3.

4.

5.

6.

7.

Parent's Signature _____

HKAA

Draft Authorization Information

Payments are due on Friday prior to each week. A \$10 late fee will be assessed if payment is not received by the due date. A \$30 fee will be added to your account for any returned payment or payment that is classified as "stop payment".

Draft information: Date to draft each week (circle one):
Monday Tuesday Wednesday Thursday Friday

Amount _____

Name on account/card _____

Billing Address: _____ Zip code _____

Debit or Credit Card:

Debit/Credit Card (please check one)

☐ Visa

☐ Mastercard

☐ Discover

☐ AMEX

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Exp Date: ____/____ CVV: _____

OR

To draft bank account:

Bank Name: _____

Routing Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please provide a voided check to
Verify routing & acct numbers)

Signature _____ Date _____