

K2 Program Check List
Before & After School Care Programs



Student 1: _____
(print full name)

School: _____

Upcoming Grade: _____

Student 2: _____
(print full name)

School: _____

Upcoming Grade: _____

Student 3: _____
(print full name)

School: _____

Upcoming Grade: _____

Parent Name(s): _____

Phone # (for texting): _____

Email: _____
(print neatly)

Address Change: _____
(print new address)

My child/ren will be enrolled in Before After Both

I agree to have my payments set up for: 10 months

Pick-Up Authorization: is up to date am attaching a newer version

Emergency Medical Authorization: is up to date am attaching a newer version

Emergency Medical Info: is up to date am attaching a newer version

My child has the following allergies: _____

My child **will / will not** (circle one) have an *epipen* asthma meds/inhaler

Medical Administration: is up to date am attaching a newer version

Contact info Sheet: is up to date am attaching a newer version

Parent Agreement /Waiver for school year 2017-18 New form is signed & dated

Parent Agreement: By checking box, I agree with Policies & Procedures

Permission to take photos during camp & K2 activities: I accept no

Are there any NEW behavioral issues we should be made aware of: yes, explain below no

I understand that K2 follows FCPS calendar and Inclement weather procedures: I accept

I understand that there is no fee for Teacher workdays for full time After Schoolers only

but there is a fee for Student Holidays I accept

Acknowledgement of drop off/pick up procedures: I accept

I will **call, text &/or email any changes in attendance, pick-up or drop off** on a daily basis: I accept

I understand that I am signing my child/ren up for the FULL SCHOOL YEAR of 2017-18 I accept

All forms are available online @ www.k2maa.com. To include a newer version of any page, please print out and complete. Attach any sheets to this page.

Parent Signature: _____

Date: _____