2026-2027 AFTER SCHOOL CARE (ASC) ENROLLMENT FORM

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____

Phone Number & Email Address:_____

Father/Guardian Name: _____

Phone Number & Email Address: _____

AUTHORIZED PICK-UP CONTACTS

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

INDIVIDUALS NOT AUTHORIZED TO PICK UP (Court documentation must be provided.)

Name: _____ Phone: _____

Name: _____ Phone: _____

HEALTH INFORMATION

Allergies, Medical Conditions, Medications, or Special Instructions:

_____

_____

PARENT AGREEMENT

By signing below, I acknowledge and agree to the following:

• A $25 registration fee per family is due upon enrollment.

• Weekly ASC fees are $45 first child, $40 second child, $35 third child.

• Weekly fees are due regardless of attendance once my child is enrolled.

• Payments must be made through ProCare. Cash and checks are not accepted.

• ASC is available only on scheduled school days and is not offered when school is not in session.

• My child and myself are expected to follow all district guidelines and the Somerset Code of Conduct.

• In the event of a medical emergency, Somerset Academy Oaks staff may contact emergency services (911) and obtain emergency medical treatment if I cannot be reached.

• Somerset Academy Oaks is not responsible for lost or stolen personal property.

• Students must be picked up no later than 6:00 p.m.

Late Pick-Up Fees:
6:00–6:10 p.m. = $5
6:10–6:15 p.m. = $10
6:15–6:20 p.m. = $15
Additional $5 for every 5 minutes thereafter.

• Repeated late pick-ups may result in removal from the ASC program.

I certify that the information provided is accurate and that I have read and agree to all ASC policies and procedures.

Parent/Guardian Signature: _____ Date: _____

Questions: Kate Goodwin - ASC Coordinator kate.goodwin@somersetacademytx.org or via ProCare