



# Rhino's After School Program Registration Form: 2024-2025 School Year

## Student Information

Child's Full Name: \_\_\_\_\_ Gender: M F D.O.B.: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

Will student be riding the Rhino's bus from school to our facility? Yes or No Days attending: (circle) M Tu W Th F

## Parent Information

Legal Custody: Mother Only Father Only Both Parents Other/guardian

Mother's/Guardian's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary or Work Phone: \_\_\_\_\_

Father's/Guardian's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary or Work Phone: \_\_\_\_\_

Person(s) permitted to remove child: Mother Father Both Other: \_\_\_\_\_

## Emergency Information

Persons to be contacted in case of illness, accident, or emergency if parents cannot be reached. Those listed are also authorized to remove the child from the facility.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Med. Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medication(s) Taken: \_\_\_\_\_  
Important Medical/Health Info (allergies, etc...): \_\_\_\_\_

***Payment is \$120 based on a bi-weekly schedule (\$60 per week). Initial payment due the first day of the semester; subsequent payments due every other Monday. Daily rate (1-3 days per week) is \$15 per day. If seats are available transportation will be provided for students attending less than 4 days per week.***

**Rhino's, Inc. 2600 US 1, #1; South St. Augustine, FL 32086; Or fax to (904) 824-8115**

**Method of payment:** \_\_\_ Check (payable to Rhino's) \_\_\_ MasterCard/VISA/Dscvr/AMEX (circle)

Card# \_\_\_\_\_ Exp \_\_\_\_\_ CVC code \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing Zip Code : \_\_\_\_\_

Signature \_\_\_\_\_ initial here if you would like us to automatically debit this card every two weeks.

## Parent Policies and Procedures Contract

- \_\_\_\_1. All applicants pay an initial non-refundable deposit of \$25 upon enrollment. **This deposit will go toward your first monthly payment.**
- \_\_\_\_2. Rhino's will be open for After School Care from 2:00 pm to 6:00 pm, Monday-Friday (Wednesdays 1:00 pm to 6:00 pm), except on certain holidays. **Child shall be picked up by 6:00 pm. There will be a five-minute grace period. A charge of \$1.00 per minute per child will be charged after that time.**
- \_\_\_\_3. Rhino's After School Program will follow the St. Johns County School Calendar. Depending upon need Rhino's may open for full day childcare during school vacations/holidays and teacher planning days, for an additional fee. We will update you as the year progresses. **You will not be charged for school vacation days/holidays. However, if your child is ill or does not attend for reasons other than school vacation/holidays, you must maintain payments to hold your child's spot in the program.** If the absence will be extensive and you know your child will be out for more than a day or two, please let us know and we can work together to make adjustments to your payment.
- \_\_\_\_4. **Payments are due every other Monday. A late fee of \$5 per day will be charged if payment is not submitted on due date. After 3 days the student will be suspended from program until payment and late fees are paid in full.**
- \_\_\_\_5. In the event of emergency while your child is in attendance, you grant Rhino's permission to administer care as it sees fit for the child's best interest, in accordance with the information you provided on the enrollment form. In the event of illness or accident while the child is in attendance, medical expenses are the responsibility of the parent.
- \_\_\_\_6. Florida Department of Children and Families requires that no child leave our premises with anyone who is not written on the child's application. A parent/legal guardian may give separate written permission at any time. Permission may be faxed to us, but may not be granted by phone at any time, in accordance with Florida law.
- \_\_\_\_7. Children participating in Rhino's After School Program appear in photos or other PR information from time to time, without use of names. Signing this contract gives us permission to photograph your child unless you tell us otherwise in writing.
- \_\_\_\_8. Parents will be held financially liable for the damage or destruction of computers, televisions, games, etc., if that damage was inflicted willfully.
- \_\_\_\_9. By Florida law, staff is required to document and report any signs of abuse and neglect to the Florida Abuse Hotline without Rhino's knowledge or approval. The staff will always err on the side of protecting the child. There are specific policies relating to aggressive behaviors, including fighting, bad language, disrespect and disruptive behavior. Continued policy violations, or any violent action that threatens the safety of other children or staff will be cause for immediate dismissal. Should Director or staff determine that your child cannot adhere to the rules set forth by Rhino's; is a detriment to staff, other children, or him/herself; or that you have not fully carried out this Policies and Procedures Contract, *Rhino's has the right to terminate your child's enrollment in our program immediately.*
- \_\_\_\_10. Rhino's reserves the right to change our policies without notice.

I have read, fully understand, and agree to abide by the Parent Policies and Procedures.

Child's Name: \_\_\_\_\_

### **SIGNATURE OF PARENT OR LEGAL GUARDIAN:**

Mr. \_\_\_\_\_ Date \_\_\_\_\_

Ms. \_\_\_\_\_ Date: \_\_\_\_\_

# GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

That I/We, \_\_\_\_\_, First Party, as the parent(s) or legal guardian(s) for \_\_\_\_\_, a minor child, for the sole consideration of enrolling the minor child in Rhino's Youth Services, Inc. programs, by these presents, for themselves and their minor child, her/his heirs, executors, administrators and assigns, do hereby remise, release, and forever discharge Rhino's Youth Services, Inc., the Second Party, its successors and assigns, of and from any and all claims, demands, damages, costs, expenses, actions and causes of action, arising from participation of the minor child in any program, foreseen and unforeseen, and the consequences thereof, resulting, and to result from, any participation in such program, including bodily and personal injuries, and loss and damage to property. This includes transportation on the Rhino's bus from school to Rhino's Youth Services, Inc. facility located at 2487 US 1 South, St. Augustine, FL 32086. A copy of this release will be on file at the student's school.

It is further understood and agreed that the First Party does hereby hold harmless Rhino's Youth Services, Inc., its successors and assigns, for any medical costs or expenses incurred for any treatment of any such injuries, and the First Party agrees to be solely responsible to pay or reimburse for any such medical charges or expenses incurred including transportation expenses.

This release contains the Entire Agreement between the First Party as parent(s) or legal guardian(s) of \_\_\_\_\_ and Rhino's Youth Services, Inc. The terms of this release are contractual and not mere recital.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_