

PROJECT KEEP 2020/2021 STUDENT INFORMATION/PERMISSION FORM

Student Name:

Grade (Fall 2020):

Two empty rectangular boxes for student name and grade.

Students School:

To Attend Project KEEP at: Fuller  Franklin  Symonds  Wheelock

Pay Option: #1  #1A  #2  #3  (Refer to Payment Schedules)

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ (ext.) \_\_\_\_\_

Parent #2: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ (ext.) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PLEASE LIST ANY SPECIAL LEARNING OR MEDICAL CONDITIONS:

Large empty rectangular box for listing special learning or medical conditions.

PLEASE NOTE: PROJECT KEEP STAFF ARE NOT ABLE TO DISPENSE MEDICATIONS. HOWEVER, IF YOUR CHILD TAKES MEDICINE FOR AN EMERGENCY (AN INHALER OR EPI-PEN FOR EXAMPLE), THEN PLEASE ADVISE US OF THIS IN THE SPACE ABOVE. WE WILL WORK WITH YOU AND THE SCHOOL NURSE TO DEVISE A PLAN TO ADDRESS EMERGENCY MEDICATION.

Please indicate the time your child will be picked up (May be earlier than 5:30 p.m., but must be no later).

List the names of the adults able to pick up your child. (These are the only individuals who will be able to pick up your child, unless we have written permission from you. An I.D. is required.) PLEASE PRINT

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
2. \_\_\_\_\_ 4. \_\_\_\_\_

Media Release: I give my consent [ ] I do not give my consent [ ] to the Keene School District Community Education Program to use my child's photograph and/or comments to publicize Project KEEP. I understand that such photographs and/or remarks could appear in program brochures or flyers, on the Keene Community Education and/or Keene School District website and social media, and in other news media.

I give permission for my child to participate in Project KEEP, and to participate in field trips scheduled during the year that will be announced to families before-hand and may require bus transportation or walking to an off-site location. I have read and understand the policies regarding Project KEEP outlined on the attached page.

Parent/Guardian Signature

Date

Two empty rectangular boxes for parent/guardian signature and date.

over

# PROJECT KEEP 2020/2021 PAYMENT

Student Name:

Parent/Guardian Name:

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Pay Option:     #1      #1A       #2      #3  (Refer to Payment Schedules)

Refer to guidelines for Option 2 & 3 (copy of your 2019 tax return required for Option 2&3 only)

To reserve a place, please complete the information on this page and the application on the reverse side of this form and return it to Community Education. A non-refundable \$25 registration fee (per child) is due with the first month's payment on August 1st.

Applications submitted after August 1st MUST include the Full August payment based on option, \$25 registration fee and completed application.

**OPTION A: ACH AUTOMATIC PAYMENTS (New in 2020!)**

Please automatically debit my checking account each month (No processing fee!)

Name on Account \_\_\_\_\_ Bank Name \_\_\_\_\_  
Routing # \_\_\_\_\_ Account # \_\_\_\_\_ \*Voided check or photocopy required  
Authorized Signature \_\_\_\_\_ (required)

**OPTION B: AUTOMATIC CREDIT/DEBIT CARD PAYMENTS**

Please automatically charge my Mastercard/VISA \* Please note: Due to increased credit card fees there will now be a 2% processing fee applied to each transaction

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*Card I.D. # \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_ (required)

\*Last 3 digits of number found within the signature box on the back of your card.

**OPTION C: MAIL IN OR DROP OFF PAYMENT to 227 Maple Ave.** - Credit/Debit card or checks payable to Keene School District. Any payments received after the 10th of each month will incur a \$25 late fee. (No payments accepted by the staff at Project Keep sites)

Please sign here if you would like us to automatically charge your credit card on a monthly basis for your chosen pay option:   #1           #1A           #2           #3

Signature:

Date

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Note: If you selected the automatic credit card payment you can, at any time, pay by check as long as we receive payment PRIOR to the due date. Credit cards will be billed on the due date.