



ASD Celebrating 250! SUMMER of DISCOVERY 2026

held at AACS Ontario Building 8:00 am - 3:00 pm

Tuesdays, Wednesdays & Thursdays June 23 - July 23

An After School Discovery program for students in Kindergarten - 6th grade in 2025/26 school year

Student Name (Print) _____ M F
Last First
 2025/26 School _____ 2025/26 grade ____ Teacher _____ Birth date ____/____/____
 Parents/Guardian (print) _____ Relationship to student _____
 Home Address _____
 City _____ State _____ Zip _____ Email _____ T-Shirt Size _____
 Cell Phone _____ Home _____ Other _____
 Ethnicity Asian Black/African American Hispanic White Mixed
 My child has an IEP (Individualized Education Plan)
 My child has Special Needs
 My child will miss the following days: _____

Transportation:

I will transport my child from/to home to **Ontario Building**. They will be released to any of the following: **(AM Parent drop off at the front of Ontario Building at cafeteria entrance by 8:00 am. PM Parent pick up at 3:00 pm at the front of Ontario Building in the parents pick up lane)**

Adult name _____ relationship _____ phone _____
 Adult name _____ relationship _____ phone _____
 Adult name _____ relationship _____ phone _____

OR

I need transportation through approved transportation services to/from my home. I give my permission for my child to be transported to and/or from AACS Ontario Building by Sunset Transportation.

- A. After School Discovery, Inc. (ASD) occasionally uses students' photographs, pictures, or works created for promotion or other uses, including media releases and web site postings. I grant to ASD as the sole owner, the right to photograph film and otherwise use my child's likeness and created works without any compensation whatsoever and understand that pictures may appear on social media.
- B. After School Discovery, Inc. (ASD) works closely with the Ashtabula Area City Schools and other School Districts and is requesting your consent for records to be released between your school and ASD to aid in present and future educational plans.
- C. I give permission for my child to participate in routine "field trips" between common areas on the Lakeside Elementary campus.
- D. I give permission for my child to attend any field trip off campus using approved transportation with proper notification as to where they are going.
- E. I understand a copy of ASD's Parent Handbook is available on request.

I hereby warrant that I am the parent and/or legal guardian of the above-named child and that I have the authority and authorization to sign this application form on behalf of said minor child. By signing below, I also agree with the statements above. If I am not in agreement with any of the above statements, I will inform After School Discovery in writing of my intentions.

Parent/Guardian Signature **X** _____
 Parent/Guardian (Print) _____ Date _____

Mail back full application to ASD, PO Box 113, Ashtabula, OH 44005-0113 or have student take completed form to AACS school office. **Please complete ALL pages**

EMERGENCY CONTACT AND HEALTH INFORMATION

Emergency Contacts: **Parents cannot be listed** as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness **if you cannot be reached**. Any person listed should be able to assist in contacting you or at least one person listed must be within one hour of the school and able to take responsibility for the student in case you cannot be contacted.

Name (not the custodial parent of the registered child)		Name (not the custodial parent of the registered child)	
City	State	City	State
Telephone Number	Relationship to student	Telephone Number	Relationship To student
Name or Physician or Clinic/Hospital			
Street Address			
City	State	Telephone Number	

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	Do Not Give <u>Permission</u> to Transport
AFTER SCHOOL DISCOVERY		
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent/Guardian Signature X		Date
		Date

Does your child have any food, medication or environmental allergies? (check all that apply)

No Yes – check all that apply

Food Medication Environmental

Please list and explain:

Does your child's allergy/allergies require staff to monitor child for symptoms, take action if a reaction occurs or give emergency medication to your child?

No Yes – please explain

Does your child need an epi-pen? No Yes

Does your child use an inhaler? No Yes

How often is epi-pen/inhaler needed?

When is epi-pen/inhaler needed?

What causes your child to need their epi-pen/inhaler?

Inhaler/epi-pen will be given to ASD staff **before the first day** in the original box with the prescription label attached. **NOTE: additional paperwork will need to be completed by the child's doctor before your child can attend.**

Does your child have a special health, developmental delay or medical condition that staff need to know about? (check one)

No Yes – please explain

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (check one)

No Yes – please explain

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one)

No Yes – please explain

ADDITIONAL FAMILY INFORMATION

Child's Name	Nickname (if any)
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The value of this summer program is more than \$1,500 per child. There are options for financial assistance through the following programs. Please check which option fits your family:

- DIRECTION HOME** – assists nonparent Care Givers 55 + years old with child-care. Provides respite in the form of this ASD summer camp offering for their minor children.

- FULL SCHOLARSHIP** if your child does not qualify for the above option.

Does anyone in your family have any need for resources or support in the following areas?

- Yes No Guiding and supporting a child's behavior
- Yes No Health insurance and/or access to regular medical care, dental care, or medications
- Yes No Help paying for child-care
- Yes No Have a need for Gym shoes (closed toe)? What size _____
- Yes No Obtaining toys or activities to use to help any child in your home
- Yes No Help with clothing, i.e. summer clothing or fall for next school year
- Yes No Other needs: _____

By providing complete information about your child, you will assist the staff in creating a positive experience for him/her while in our care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff who care for your child.

Members of child's immediate family	
Changes or transitions that your child recently experienced or is experience? (i.e. new home, birth of sibling, divorce, school issues, death of family member, friend, pet)	
What is your child's favorite subject (s) in school?	What subject (s) is a challenge?
Any other information that would be helpful for the staff caring for your child to know?	
<div style="display: flex; justify-content: space-between; align-items: center;"> X <div style="flex-grow: 1; border-top: 1px solid black; border-bottom: 1px solid black;"></div> </div>	
Parent/Guardian Signature	Date