



# Explorations

## An Afterschool Enrichment Program

### Enrollment Application

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Why have you chosen this program for your child?

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Please list three words that honestly describe your child...look deep and allow the words to come—trust what you get.

\_\_\_\_\_

What is your intention? What do you want to create for your child with this program?

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How did you hear about Explorations?

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Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Where can you be reached during the after school program hours?

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Relative/Friend to contact in case parent can't be reached:

① Name \_\_\_\_\_ Relationship \_\_\_\_\_

Where can they be reached during after-school hours?

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□ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Where can they be reached during after-school hours?

\_\_\_\_\_

Name of family physician/clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, which medical facility do you wish your child to be taken to?

Insurance \_\_\_\_\_ Policy number \_\_\_\_\_

Do you have record of your child's immunization or a notarized religious exemption?

\_\_\_\_ yes / \_\_\_\_ no (Please check one)

Please list any existing health conditions/problems: \_\_\_\_\_

\_\_\_\_\_

Please list any known allergies to foods, drugs etc.: \_\_\_\_\_

\_\_\_\_\_

Anything else we should know? \_\_\_\_\_

\_\_\_\_\_

**Emergency Care Authorization:** In case of accident or sudden illness to child's name:

\_\_\_\_\_, and in the event that I cannot be reached by phone in a safe and reasonable time, I hereby authorize a representative of The Amala Foundation's After School Program to provide any and all emergency medical treatment deemed necessary under the supervision of a licensed physician or authorized medical technician.

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



# Explorations

## Payment Information

The tuition for Explorations is:

\$450 for all three days of the 6 week program (\$225 deposit)

\$300 for two days (\$150 deposit)

\$175 for one day (\$88 deposit)

*Deposits are due by April 5 and are necessary to reserve a spot*

Please contact Alison Auwerda at 713 859 6009 or [explorations@amalafoundation.org](mailto:explorations@amalafoundation.org) if you have any questions or concerns.

Parent Name(s): \_\_\_\_\_

Child's name(s): \_\_\_\_\_

Amount paid: \$ \_\_\_\_\_

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

We accept cash, check, money order, or credit card. Please make checks payable to:  
Amala Foundation Attn: Explorations

Name (as on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

CC #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_



# Explorations

## Practical Information

**Date and Time:** Explorations is a 6 week program held on Mondays, Tuesdays and Wednesdays from 3:30-6:00 starting Monday, April 12th- Wednesday, May 19th. Please arrive promptly by 6:00 to pick up your child.

**Location:** The Amala Foundation 1006 South 8<sup>th</sup> Street, Austin, Texas 78704

### What to bring for your child:

- ~ A snack for after school
- ~ A water bottle
- ~ A journal
- ~ A change of clothes for your child for painting in or for muddy days
- ~ If applicable, medications with instructions
- ~ Please no toys or electronics
- ~ [Open hearts!](#)

**We are truly honored to nurture the seed of greatness within your child's heart. Please feel free to call us with any questions you have.**

Love and Gratitude,

*The Explorations Afterschool Team*

Tel: 713.859.6009 Email: [explorations@amalafoundation.org](mailto:explorations@amalafoundation.org)

The Amala Foundation is a Non-Profit 501c (3) Organization

All donations are fully tax deductible.

[www.amalafoundation.org](http://www.amalafoundation.org)

