



The Griffin's Nest Afterschool Program Policies Acknowledgement

I certify that all information given on the previous application form is true and accurate. I understand providing false or incomplete information will be a cause for disenrollment from the program.

Signature of Parent/Guardian: _____

Printed Name: _____

Date: _____

Policies and Procedures 2024-2025

I have received and read through the policies and procedures for the Griffin's Nest Program and agree to all the policies in place. I understand payments are due on the last Friday of each month for the following month. I understand students cannot attend if fees are not paid by the due date.

Signature of Parent/Guardian: _____

Printed Name: _____

Date: _____

Photo Authorization

I _____ GIVE _____ DO NOT GIVE (check one)

Permission for my child to be photographed at the program site (e.g. showing activities on social media, pictures in monthly newsletters.)

Children(s) Names: _____

Signature of Parent/Guardian: _____

Printed Name: _____

Date: _____