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| <input type="checkbox"/> School 2009-2010 Registration Fee Paid
<input type="checkbox"/> Parent Handbook Form Returned |
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CHALLENGE TO EXCELLENCE
BEFORE AND AFTER SCHOOL CARE PROGRAM
ENROLLMENT FORM 2009-2010

Child's Name: _____ **Age:** _____ **Grade:** _____

Enrollment Date: _____ **Date of Birth:** _____ **Sex:** M F

Mother's Name: _____ **Marital Status:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home #: _____ **Cell #:** _____ **Work #:** _____

Driver's License #: _____

Email Address: _____

Place of Employment: _____ **Work Hours:** _____

Business Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Father's Name: _____ **Marital Status:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home #: _____ **Cell #:** _____ **Work #:** _____

Driver's License #: _____

Email Address: _____

Place of Employment: _____ **Work Hours:** _____

Business Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Authorizations

Order of parents to be contacted for pick-up:

1.) **Name:** _____ **Address:** _____ **City:** _____

Home #: _____ **Cell #:** _____ **Work #:** _____

Relationship: _____

2. **Name:** _____ **Address:** _____ **City:** _____

Home #: _____ **Cell #:** _____ **Work #:** _____

Relationship: _____

If Neither Parent Can Be Reached For An Emergency Call:

1.) **Name:** _____ **Address:** _____ **City:** _____

Home #: _____ **Cell #:** _____ **Work #:** _____

Relationship: _____

2.) **Name:** _____ **Address:** _____ **City:** _____

Home #: _____ **Cell #:** _____ **Work #:** _____

Relationship: _____

3.) **Name:** _____ **Address:** _____ **City:** _____

Home #: _____ **Cell #:** _____ **Work #:** _____

Relationship: _____

FULL ADDRESS IS REQUIRED FOR MEDICAL INFORMATION*

Dentist/Doctor/Hospital Information

***Dentist's Name:** _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

***Doctor's Name:** _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

***Hospital Name:** _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Child's Personal Information:

1. Does your child have any special needs? Yes No

If yes, please list. _____

2. Does your child have any food allergies? Yes No

If yes, please list EXACT foods.

3. Please describe any problems that your child might have in regards to any allergies, asthma, seizures, diabetes, heart disease, respiratory illness, drug reactions, chronic health conditions, handicapping problems, or any other information that we need to know about your child:

Video Viewing

Family (G-Rated) videos will sometimes be shown after the homework session is over. These include, but are not limited to Disney, Reading Rainbow, Geo Kids, etc.

With the above mentioned criteria: I, _____, give permission for C2E Before and After Care to allow my child to view videos at the director's discretion.

Signature _____ Date _____

Parent Release Form

I, _____, give the C2E Before and After Care permission to seek emergency medical or dental care from any 911 provider which includes, but is not limited to, emergency personnel transporting my child by ambulance to the nearest hospital. It is understood that a conscientious effort will be made to locate us, the parents/guardians. This expense will be accepted by us, the parents/guardians.

Insurance Carrier: _____

Group #: _____ Policy #: _____

Signature _____ Date _____

Sunscreen Application

Students are allowed to bring their own sunscreen and apply it themselves. It should be labeled with your child's name. It will be stored in your child's cubby. No sunscreen will be applied by any staff member.

I, _____, give permission for my child to apply sunscreen to him/herself for outside activities.

Signature _____ Date _____

Payment Policies

All fees are payable in advance and are due the first day your child attends the C2E Before and After School Care Program. Fees will be paid in advance for the program you selected for your child/children. If payments are not received in advance, services will be terminated and your child/children will be officially withdrawn from the program.

No credit will be given for absences. This will ensure a quality program and proper staffing at all times. The C2E Before and After School Care Program is not open on legal or district holidays or during the winter or spring break. Morning care is provided on parent/teacher conference days.

A \$1.00 per minute late fee will be charged for each child after 6:05 P.M. This fee will be paid in cash directly to the staff member in charge for services rendered.

Financial Acknowledgment

I have reviewed each of the above policies and hereby agree to comply with all the provisions here of.

Parent/Guardian _____ Date: _____

****THESE FORMS MAY BE MAILED OR HAND DELIVERED TO THE SCHOOL OFFICE. BE SURE TO INCLUDE A SIGNED COPY OF THE BEFORE AND AFTER SCHOOL CARE HANDBOOK FORM FROM THE PARENT HANDBOOK.** The enrollment forms and the handbook form must be returned before your child/children can be accepted into the Before and After Care Program along with registration fee and payment for days attending. Each child must have his/her own enrollment form filled out. Only one handbook form per family is needed.

Please mail forms and checks to:

***Make checks payable to:** Challenge To Excellence
Before and After Care

**Julie Stewart
Director of Before and After Care
Challenge To Excellence Charter School
16995 E. Carlson Drive
Parker, Colorado 80134**

Attention: Before and After Care Enrollment Registration