

CREC Magnet Schools 2023-2024 Before / After Care Enrollment Application

Please complete this form and return it to your schools Main Office or email to your schools program coordinator

REGISTRATION INFORMATION:

Please contact the program coordinator for any concerns regarding your child(ren). We do not have access to school files. Registration is considered on a first come – first served bases.

SCHOOL PROGRAM (Select one):

<input type="checkbox"/> Academy of International Studies	<input type="checkbox"/> Discovery Academy	<input type="checkbox"/> Museum Academy
<input type="checkbox"/> Academy of Aerospace & Engineering	<input type="checkbox"/> GEHMS Magnet School	<input type="checkbox"/> Reggio Magnet School
<input type="checkbox"/> Ana Grace Academy of the ARTS	<input type="checkbox"/> Montessori Magnet School	<input type="checkbox"/> University of Hartford Magnet
<input type="checkbox"/> PRE-K @ PROGRESS DRIVE		

Check		Date
<input type="checkbox"/>	New Registration: Student(s) will begin on:	Click or tap to enter a date.
<input type="checkbox"/>	Student(s) will no longer participate in Before / After Care program as of:	Click or tap to enter a date.

STUDENT INFORMATION:

Student Name(s)	Date of Birth	Grade	Teacher	Gender	Allergies
	Click or tap to enter a date.				
	Click or tap to enter a date.				
	Click or tap to enter a date.				

PARENT / GUARDIAN INFORMATION:

Parent/Guardian Name:		Relationship:
Address:		Student lives with Y/N?
Home Phone:	Cell Phone:	Work Phone:
Employer and address:		
Email address:		

Parent/Guardian Name:		Relationship:
Address:		Student lives with Y/N?
Home Phone:	Cell Phone:	Work Phone:
Employer and address:		
Email address:		

EMERGENCY CONTACTS / AUTHORIZED TO PICK UP:

(Please note that for the safety of your child(ren), we will not release your child to any person not on this list.)

Name	Relationship	Cell Phone	Work/Home Phone

Student Name (s): _____

HOURS AND COSTS: Indicate your selection below. All fees are per child.

Description	Annually	Y/N
Before Care Only	\$1305.00	<input type="checkbox"/> Y <input type="checkbox"/> N
After Care Only	\$2425.00	<input type="checkbox"/> Y <input type="checkbox"/> N
After Care – Half Days Only (\$32 / Day x 15 days)	\$495.00	<input type="checkbox"/> Y <input type="checkbox"/> N
Before and After Care	\$3730.00	<input type="checkbox"/> Y <input type="checkbox"/> N
Sibling Discount	25% (not applicable at all locations)	

Rates subject to change per District Calendar

Multiple payment options (weekly, bi-weekly, monthly, full pay) will be billed at monthly rate (10 months)

PARENT / GUARDIAN ACKNOWLEDGEMENT:

- I understand that my child is expected to participate fully in the program and maintain expected school behaviors.
- I understand that I will be responsible to pick up my child from After Care in the case of illness.
- ✓ I / We have read, understand and agree to adhere to all of the policies, procedure and expectations outlined in the CREC Before / After Care Family Handbook specific to our school.
- ✓ I / We agree to pay all fees owed on a WEEKLY or Monthly basis. (Please check one)
- ✓ In the event of an emergency, I / We authorize my / our child(ren) to be treated at CCMC.

Parent / Guardian Name (print)	Parent / Guardian Signature	Date
		Click or tap to enter a date.
		Click or tap to enter a date.
Child's Primary Care Physician:		Phone number:

The following is for federal and state reporting purposes only:

Ethnicity (check one)	American Indian <input type="checkbox"/>	Asian <input type="checkbox"/>	Black, not of Hispanic origin <input type="checkbox"/>	Hispanic <input type="checkbox"/>	White, not of Hispanic origin <input type="checkbox"/>
What language did the student(s) learn to speak first?					
What is the primary language spoken by parents / guardians or other persons living in the students' home?					
What is the primary language spoken by the student(s) at home?					