

FOR OFFICE USE ONLY

Date received: ____/____/____

Time received: _____

Received by (print): _____

Application completed (all fields): Yes No

**Extended Day Program for Students in Grades PK4-8
Student Registration Form – School Year 2015 – 2016**

Student Information

| | | |
|---------------------|-------------------------|--------------------------|
| Student First Name: | Student Middle Initial: | Student Last Name: |
| CCPCS Campus: | Grade in 2015: | Language Spoken at Home: |

Family Information

| | |
|--------------------------------|--------------------------------|
| Parent / Guardian 1 First Name | Parent / Guardian 2 First Name |
| Parent / Guardian 1 Last Name | Parent / Guardian 2 Last Name |
| Phone (xxx)xxx-xxxx | Phone (xxx)xxx-xxxx |
| Email Address Print Legibly | Email Address Print Legibly |

(All families who choose to self-pay MUST have an email address on file. Self pay family forms without an email address will not be accepted. Ask your campus Operations Manager for assistance creating an email address if needed.)

Program Usage

| | | | |
|---------------|---|---------------------------------------|--|
| Dates: | <i>Monday, August 25th – Wednesday, June 17, 2015 (excluding school holidays and closures)</i> | | |
| Time: | <i>Morning Academy:</i> | Monday – Friday | 7:00AM to 8:30AM <i>(Students will not be admitted after 7:30am)</i> |
| | <i>Extended Learning:</i> | Monday, Tuesday, Thursday, and Friday | 4:00PM-6:00PM |
| | | Wednesday | 2:30PM-6:00PM |

Place a check next to the program usage that you are registering the student listed for below.

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Morning Academy | <input type="checkbox"/> Morning Academy AND Extended Learning | <input type="checkbox"/> Extended Learning M-F | <input type="checkbox"/> Extended Learning WEDNESDAY ONLY |
| \$60/Month for 1 st child + \$44/month for each additional child | \$155/month for 1 st child + \$100/month for each additional child | \$115/month for 1 st child + \$92/month for each additional child | \$45/month <i>(no sibling discount for Wednesday only participants)</i> |

Accepted Forms of Payment

Center City *only* accepts payments made online with a debit or credit card or through a bank account. In order to make online payments, *ALL* Extended Day families must register for our online payment system, Tuition Express. A **Tuition Express form must be submitted in order for your registration to be complete. Initial next to the method of payment that you would like to use to pay your monthly Extended Day fee.**

_____ **Auto Deduction from DEBIT/CREDIT CARD:** If you would like for Center City to automatically deduct your monthly Extended Day fee from your debit or credit card, please initial here and indicate your auto deduction preference on the Tuition Express Electronic Funds Transfer Authorization for Debit/Credit Card Account Form.

_____ **Self Pay with DEBIT/CREDIT CARD:** If you would like to log into Tuition Express yourself to pay your monthly Extended Day fee using your debit or credit card, please initial here and be sure to list your email address on the first page of this registration form.

*****We do not accept cash or personal checks or money orders.*****

Persons Authorized to Pick Up Child after Extended Learning

(Please note that children may only be released to someone who is authorized and at least 16 years of age)

Contact #1 Authorized to Pickup - Check box if designated emergency contact

First & Last Name: _____ Relationship to Student _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Contact #2 Authorized to Pickup - Check box if designated emergency contact

First & Last Name: _____ Relationship to Student _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Contact #3 Authorized to Pickup - Check box if designated emergency contact

First & Last Name: _____ Relationship to Student _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Dismissal from Extended Learning - Please check ALL forms of approved dismissal

Walk (at 6PM dismissal)

Public Transportation (at 6PM dismissal)

Picked up (by authorized contacts listed above)

Extended Day Program Registration Agreement

By signing below, I agree to the following:

- I certify that all answers given in this application are true, accurate, and complete.
- I understand that in order to terminate this enrollment agreement, I must submit a Cancellation Form by the 1st of the month prior to the month that I would like to terminate program usage for my child. Failure to submit a Cancellation Form on the 1st of the month will result in continued billing for the program regardless of student attendance. So, if you want to cancel your child's enrollment for the program starting in October, you will need to submit a Cancellation Form by September 1st.
- I understand that the Extended Learning program does not assume responsibility for children enrolled in Morning Academy until they are released directly to one of our Extended Learning Staff.
- I understand that the pickup time for Extended Learning is no later than 6:00 pm, and if my child is picked up after 6:00 pm, I will be charged \$2/per minute for every minute after 6:00 pm that my child remains in Extended Learning. Failure to pay all late pickup fees during the billing cycle in which they were incurred will result in my child's dismissal from the program until payment is made.
- I understand that after incurring a 3rd late pick up fee, my child is in danger of being removed from the program until the subsequent school year.
- Unless I have given consent for my child to walk home via the Extended Day Registration Form, I agree to sign my child out from Extended Learning everyday using the program's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to pick up my child and that I must escort my child from the designated classroom and staff member each day.
- I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification.
- Center City staff (or program partners, tutors or volunteers) will not be held responsible for child injury, death, or loss and/or property damage during any Extended Day programming on this form or arising from actions associated with the events, including transportation, and the provision of meals *except* in cases of criminal negligence and/or gross misconduct.
- The Extended day staff may have access to my child's academic records, including report cards, attendance information, teacher notes, IEP's, and standardized test scores.
- I authorize any necessary emergency and medical treatment and assume liability for all medical expenses involved. Should a medical emergency arise, I consent to:
 - the administration of medical treatment, including surgical procedures deemed necessary by a medical doctor or facility selected by Center City Extended Day personnel, and
 - the immediate administration of medication, including aspirin, and other measures deemed necessary by medical or Center City Extended Day personnel under emergency circumstances. All efforts will be made by Center City to contact the parent or child guardian.
- I authorize the Morning Academy and Extended Learning Directors and/or Instructors to have access to my child's health, emergency and academic information.

Parent/Guardian Signature: _____ Date: _____

Center City PCS does not discriminate on the basis of race, age, color, national origin, immigration status, sex, or disability in its program or activities.