



Extended Day Learning Student Enrollment Form

Student Name: _____ Date of Birth: ____/____/____ Age: _____

Race: African American/Black Alaskan Native Asian/Pacific Islander Caucasian/White
 Hispanic Native American Other _____

School (2010-2011) _____ Grade in School _____ Does this child have an IEP? Yes No

Parent Name _____ Address _____

Home Phone _____ Cell Phone _____ Alternate Phone _____

E-mail _____

Emergency Contact (name and number of someone we can contact in case you cannot be reached)

Name _____ Phone Number _____

Name _____ Phone Number _____

My child will be attending the program Before School After-School Both

How will your child get home after the program? Car Rider Walker

Are there restrictions as to who can pick up your child? Yes No

If yes, please explain _____

Medical Information

Food Allergies/Special Health Considerations

Permission/Release Information

I release Communities In Schools of Clark County (CISCC) and individuals from liability in case of accident during activities related to CISCC, as long as normal safety procedures have been taken.

I give my child permission to go on field trips and release CISCC and individuals from any liability in case of accident during field trips, as long as normal safety procedures have been taken.

I give CISCC permission to have access to information regarding my child's report card, test scores, demographic information, student ID #, and any other information needed for CISCC report forms.

I give permission for CISCC to use my child's photograph and/or work in any media format.

I have the legal authority to sign up my child on this form. I understand that this is an application and the named child's participation is contingent upon space being available in this program. I also understand that once my application is confirmed, I must complete payment by the deadline.

In the event that I cannot be reached in an emergency, I hereby give permission to the director of the program or the designee to secure emergency medical services, including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia or surgery for my child as named above. Medical and accident insurance is the responsibility of the parent or guardian.

To the best of my knowledge, the information on this form is complete and accurate. I have read and agree to these terms and conditions

Parent Signature _____

Date _____



Student(s) Name _____
School _____

FEES

Extended Day Learning/Child Care

Hours of Service:

Before School: 6:30 a.m. - start of school
 After School: end of school - 6:00 p.m.

	WEEKLY			DAILY
	Before School Only	After School Only	Both	
One child	\$40.00	\$55.00	\$65.00	\$15.00
Two children	\$65.00	\$95.00	\$110.00	\$12.00 each
Additional children	\$20.00 each	\$25.00 each	\$30.00 each	\$10.00 each

Snow Days (full day): an additional \$20.00 per child

Half Days: an additional \$10.00 per child

School Breaks (full day): \$125.00 per week per child; \$25.00 discount for additional children from same family.

Child Care for special days will be provided on an “as needed” basis. In order to help us plan for staffing, please check all that apply below.

I would need child care for:

- _____ snow days
- _____ half days of school
- _____ Christmas Break (December 20, 21, 22, 23)
- _____ Spring Break
- _____ Fall Break