

After School Student Care Registration Form

Registration Fee \$5 per student

Child's Name: _____ CCCC Member: YES NO
Male Female Date of Birth: _____ Age: _____ Grade (2016/2017) _____
Home Address: _____ City: _____

Mother Guardian

Name: _____ Primary Phone: _____

E-mail _____ Secondary Phone: _____

Father Guardian

Name: _____ Primary Phone: _____

E-mail _____ Secondary Phone: _____

Marital Status: Single Married Divorced

Custody: Mother Father Both Other

Custody Notes:

Authorization Pick-Up List Below is a list of people who are authorized to pick up your child from the CCCC After School Student Care. Your child will not be released to anyone not on this list, unless other wise noted.

Name: _____

Address: _____

Primary Phone: _____ Relationship to child: _____

Name: _____

Address: _____

Primary Phone: _____ Relationship to child: _____

Parent/Guardian Agreement:

I hereby certify that my child is in normal health and has my permission to participate in all planned After School Student Care and fun club program activities. In the event of an emergency, if neither parent nor the emergency contact person can be reached, I give my permission to the CCCC staff to secure emergency medical attention. Prudent attempts will be made to contact the parents or guardian immediately. I understand related medical expenses for this medical attention will be my responsibility. I also understand that no refunds are given if a child does not attend or leaves early because of an illness or disruptive behavior * See CCCC Handbook for details. The CCCC is not responsible for lost, stolen or damage to personal articles. Parents are financially responsible for intentional damage to equipment and facilities caused by their student. I authorized the CCCC to take and use photographs, slides and videotapes as needed for promotional purposes. We serve all children regardless of gender, race, color, nationality, religion, ethnicity, or disability. **By signing this, I am acknowledging that I have fully read and understand the policies and procedures of the After School Student Care and Fun Club Programs and that I agree to the information in the Parent Handbook.**

Parent/Guardian's Signature: _____

For Office Use Only

Payment Type: ___cash ___check# _____ Amount \$ _____ Staff Initials: _____ Date _____