

Bristol Warren Child Opportunity Zone (COZ)
Child Care Enrollment Form –2024-2025

Student/Family Information

CHILD: _____ / _____ / _____ **Date of Birth:** _____
Last Name First Name Middle Initial/Name

Address: _____ / _____
Street Apt. # City

School Attending: _____ Grade: _____ Teacher: _____

****PARENT #1/GUARDIAN:** _____ / _____ / _____
Last Name First Name Middle Name/Initial

CELL Phone: _____ **HOME Phone:** _____ **WORK Phone:** _____

Home Address (if different from above): _____

Email Address: _____

Driver's License #: _____

PARENT #2/GUARDIAN: _____ / _____ / _____
Last Name First Name Middle Name/Initial

CELL Phone: _____ **HOME Phone:** _____ **WORK Phone:** _____

Home Address (if different from above): _____

Email Address: _____

Driver's License #: _____

****Parent #1/Guardian is responsible for the COZ account and will be the first to be called in case of an emergency.**

DO **BOTH** PARENTS/GUARDIANS LISTED HAVE ACCESS TO FINANCIAL DOCUMENTS/RECORDS? YES NO

Please check the days you are requesting before and/or after school care:

Before School:	Mon. <input type="checkbox"/>	Tue. <input type="checkbox"/>	Wed. <input type="checkbox"/>	Thur. <input type="checkbox"/>	Fri. <input type="checkbox"/>
After School:	Mon. <input type="checkbox"/>	Tue. <input type="checkbox"/>	Wed. <input type="checkbox"/>	Thur. <input type="checkbox"/>	Fri. <input type="checkbox"/>

REQUESTED START DATE:

Application deadline for the first week of before & after school care is August 20, 2024

Are you currently receiving child care assistance from DHS? If yes, please provide your child's DHS # _____

For office use only...

Reg. Fee: Ck.# _____	Signatures	ID #'s	Date Received	Initials	Database	QB	Conf. Letter	Notes:
<input type="checkbox"/> \$ _____	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Financial/Policy Agreement

Child's Name _____

I agree to update any changes in information re: days requested, name, address, phone numbers; and/or changes in my child's medical condition, medical coverage, physician; and/or changes in designated adults who may pick up my child.

Please initial each line below to indicate that you have read and understand the COZ payment policy:

- 1. A \$35 annual registration fee - per family - is due once per calendar year when enrolling in summer camp, full days and/or before and after.
- 2. **Fees are due on Friday for the upcoming week of childcare.** A late fee of \$10 per day will be charged for late payments.
- 3. Payment may be paid by cash, check or on myschoolbucks.com. Checks should be made payable to the Bristol Warren School District - COZ or "BWRSD - COZ".
- 4. **Payment is expected for your requested schedule. No days may be substituted for regularly scheduled days.** With notification and available space, however, extra days may be added.
- 5. If a child is absent **for an entire week** due to illness or vacation, the fees will be reduced by 50% **provided we are supplied** with a doctor's note for the illness, or are notified at least two weeks prior to any week-long vacations. **You will be charged your regular schedule of care in all other cases of absenteeism.**
- 6. If your account is more than **two weeks overdue** your child will not be able to attend COZ until your balance is paid in full.
- 7. For each check returned for "insufficient funds," the parent/guardian will be required to pay a \$20 handling fee **plus** he/she may also (at the discretion of the Program Manager) be required to pay all future balances by cash or money order.
- 8. Fees for additional children in the same family are 20% less than the fee for the first child.
- 9. A late fee of \$25.00 will be applied to your childcare payment for any students being picked up **after 6pm.**

I have read the COZ Parent Handbook and have reviewed the rules of the program with my child.* I accept these policies and will participate accordingly.

Parent/Guardian Signature

Date

Program Coordinator Signature

Date

***The Parent Handbook can be found at www.bwrsd.org –Departments- Family Resource Center.**

ENROLLMENT DEADLINE FOR 1st DAY of SCHOOL: AUGUST 20, 2024

PLEASE RETURN COMPLETED ENROLLMENT PACKET TO:

Bristol Warren Family Resource Center - COZ

50 Asylum Road, Warren, RI 02885

245-1460 x 8076

*The Bristol Warren Family Resource Center /COZ Program reserves the right to change the method of operation,

enrollment fees, hours of operation, and any and all aspects at any time and in any manner