## 2024-2025 After-School Program Enrollment Form COMMUNITY SCHOOLS CHAPEL HILL-CARRBORO CITY SCHOOLS 750 S. Merritt Mill Rd. Chapel Hill, NC 27516

**Email this form:** COMMUNITYSCHOOLS@CHCCS.K12.NC.US **In-Person:** 521 S. Greensboro St. Carrboro, NC 27510

Payment of \$160.00 per child (\$120.00 deposit and \$40.00 registration fee) due upon an offer of enrollment.

(Please print legibly!)							
Child's Name:				Date of Bir			/
(Last) School/After-School Site:	, ,		(M.I.) (Nickname) Grade 24-25:	Sex: □M	(mo.)	) (day) Race: 🗖	(, ,
School/After-School Site:  Hispanic American Indian or Alaska Nati							J Willie
Child's Street Address:							
			(City)		(State)	(Zi	
Parent 1/Guardian:			Parent 2/Guardian:				
Mailing Address:			Mailing Address:				
City, State, Zip:			City, State, Zip:				
Phone(s):(h)			Phone(s):		(h)		
(w)		(c)		(w)			(c)
Place of Work:			Place of Work:				
Email Address:			Email Address:				
☐ Parent/Guardian is a current district en	nployee	selecting i	Part-Day A-S Program (4.	:30PM pick-up/5.	:30PM Wed	lnesdays)	
Medical/Developmental History	YES	NO				YES	NO
Allergies? (list & describe treatment below)			Motion sickness when tra	aveling?			
Previous diseases or illnesses?			Physical limitations?				
Chronic illness?		□	Developmental delays?				
History of seizures?			Behavioral/emotional special needs?			_	
History of diabetes? History of heart trouble?			Does the child have any other special needs?  Does the child receive special services during				
Hospitalizations/surgeries?			the school day?				
Plance avalain VES answers have							
Please explain YES answers here: _ Emergency Information (Please pri	int leaihl	//)					
Hospital preference in the event		-					
Child's Doctor:							
			Phone:				
In the event of an emergency, if parents/g				-			
people <i>must also be listed under Relea</i>			they are authorized to pi	ck up the child	from Aft	ter-Scho	ool as well.
At least two people must be list			Discourse	4.5			
Name/Relationship:							
Name/Relationship:		/	Phone:	(h)			(w/c)
Release Information (Please print le	gibly!)						
In addition to the parent/guardian, the fo		people are	e authorized to pick up tl	he child from	After-Sc	hool:	
Name/Relationship:		_/	Phone:	(h)			(w/c)
Name/Relationship:							

The After-School program agrees to provide transportation to an appropriate medical facility in the event of an emergency. In an emergency situation, other children at the site will be supervised by a responsible adult. The After-School staff will not administer any drug or medication without specific instructions from the child's physician or parent/guardian.

I agree that the child care provider may authorize the physician of his/her choice to provide emergency care if neither I nor the child's physician can be contacted immediately.

<u>Miscellaneous Information</u> Please provide any additional information about the child that is important for staff members to know (specific likes, dislikes, fears, etc.):						
_	ent/Guardian Information e describe any special skills, talents or knowledge you would like to share with your child's After-School program:					
<u>Insu</u>	rance Information Please check one of the statements below. Family/Private Insurance					
J	I have family/private insurance for my child to cover medical expenses resulting from injuries which might occur while my child is attending the After-School program sponsored by Chapel Hill-Carrboro City Schools.					
	School Accident Insurance I have purchased/will purchase school accident insurance for my child. (Contact the school office for more information.)					
	<b>No Insurance</b> My child is not covered by family/private insurance or school accident insurance, therefore, I will assume this financial responsibility.					
<u>Ackr</u>	nowledgments Please read the following carefully and sign below.					
	cal Exam/Immunizations: I certify that a record of a physical exam and a complete record of immunizations are on the CHCCS school office where my child is enrolled.					
	cal Expenses: I fully understand that Chapel Hill-Carrboro City Schools is not responsible for medical expenses ing from injuries which might occur while my child is attending the After-School program.					
to and Work	<u>Trips</u> : I give permission for my child to be transported by activity bus to a Chapel Hill community swimming pool or other CHCCS school to attend a special event. I agree to sign a separate field trip permission form for each Teacher day program for which my child is enrolled and to check the After-School program site at least one week in advance secific field trip information.					
NC C	hild Care Law and Rules: I certify that the NC Child Care Law and Rules can be viewed on the District website.					
viewe	<u>ram Policies</u> : I certify that the <i>After-School and Summer Camp Programs Operational Policies and Procedures</i> can be ad on the District website. This document includes the discipline/behavior management policy. I certify that I will ly with all of the policies and procedures outlined in this document.					
and in that a tuition	Payment Policies: I certify that I have read and understand all fee payment policies as stated on the fee schedule in the policies document. I understand that After-School payments are due in advance on the 1 <sup>st</sup> of each month and a late fee will be charged if payment is not made by the 10 <sup>th</sup> of the month. I also understand that failure to pay in by the last business day of the month will result in my child's temporary dismissal from the program until tuition ce is paid.					
Schoo	drawal Policy: I understand that if I choose to withdraw my child from the program, I must notify the Community ols office by phone or in writing. I understand that the account will be billed for a two week period beginning the ne withdrawal request is received, whether or not my child attends during that time. The deposit will be applied to fees.					
	Iment Form: I certify that all information I have provided on this enrollment form is true and accurate. I stand that providing false or incomplete information may be grounds for my child's dismissal from the program.					
	ission for Photographs: (check one)					
Daro	nt/Guardian Signature:					

\_\_ Name on license\_

Driver's License #\_