2026-2027 After-School Program Enrollment Form

COMMUNITY SCHOOLS ⌖ CHAPEL HILL-CARRBORO CITY SCHOOLS
750 S. Merritt Mill Rd. Chapel Hill, NC 27516

To enter the Public Enrollment Lottery, submit this enrollment form (one per child) by May 1, 2026.

Forms submitted after May 1, 2026 will be placed on the waitlist.

Email This Form: COMMUNITYSCHOOLS@CHCCS.K12.NC.US
Mail: CHCCS ATTN - Community Schools, 750 S. Merritt Mill Rd. Chapel Hill, NC 27516
In-Person: 521 S. Greensboro St. Carrboro, NC 27510

(Please print legibly!)

Child's Name: _____ Date of Birth: _____/_____/_____
(Last) (First) (M.I.) (Nickname) (mo.) (day) (yr.)

School/After-School Site: _____ Grade 26-27 _____ Sex: ❒M ❒F Race: ❒ White
❒Hispanic ❒American Indian or Alaska Native ❒ Asian ❒Black or African American ❒Native Hawaiian or Pacific Islander

Child's Street Address: _____
(City) (State) (Zip)

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 employee selecting Part-Day A-S Program (4:30PM pick-up/5:30PM Wednesdays)*

Medical/Developmental History

	YES	NO		YES	NO
Allergies? (list & describe treatment below)	❒	❒	Motion sickness when traveling?	❒	❒
Previous diseases or illnesses?	❒	❒	Physical limitations?	❒	❒
Chronic illness?	❒	❒	Developmental delays?	❒	❒
History of seizures?	❒	❒	Behavioral/emotional special needs?	❒	❒
History of diabetes?	❒	❒	Does the child have any other special needs?	❒	❒
History of heart trouble?	❒	❒	Does the child receive special services during		
Hospitalizations/surgeries?	❒	❒	the school day?	❒	❒

Please explain *YES* answers here: _____

Emergency Information *(Please print legibly!)*

➲ **Hospital preference in the event of emergency:** _____

Child's Doctor: _____ Child's Dentist: _____
Phone: _____ Phone: _____

In the event of an emergency, if parents/guardians cannot be reached, the people listed below may be contacted. These people ***must also be listed under Release Information*** if they are authorized to pick up the child from After-School as well.

➲ **At least two people must be listed here:**

Name/Relationship: _____ /_____ Phone: _____ (h) _____ (w/c)
Name/Relationship: _____ /_____ Phone: _____ (h) _____ (w/c)

Release Information *(Please print legibly!)*

In addition to the parent/guardian, the following people are authorized to pick up the child from After-School:

Name/Relationship: _____ /_____ Phone: _____ (h) _____ (w/c)
Name/Relationship: _____ /_____ Phone: _____ (h) _____ (w/c)

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.

Continued on reverse

Miscellaneous Information

Please provide any additional information about the child that is important for staff members to know (specific likes, dislikes, fears, etc.):

_____

Parent/Guardian Information

Please describe any special skills, talents or knowledge you would like to share with your child's After-School program:

_____

Insurance Information

Please check one of the statements below.

❒ **Family/Private Insurance**
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.)

❒ **No Insurance**
My child is not covered by family/private insurance or school accident insurance, therefore, I will assume this financial responsibility.

Acknowledgments

Please read the following carefully and sign below.

Physical Exam/Immunizations: I certify that a record of a physical exam and a complete record of immunizations are on file in the CHCCS school office where my child is enrolled.

Medical Expenses: I fully understand that Chapel Hill-Carrboro City Schools is not responsible for medical expenses resulting from injuries which might occur while my child is attending the After-School program.

Field Trips: I give permission for my child to be transported by activity bus to a Chapel Hill community swimming pool or to another CHCCS school to attend a special event. I agree to sign a separate field trip permission form for each Teacher Workday program for which my child is enrolled and to check the After-School program site at least one week in advance for specific field trip information.

NC Child Care Law and Rules: I certify that the *NC Child Care Law and Rules* can be viewed on the District website.

Program Policies: I certify that the *After-School and Summer Camp Programs Operational Policies and Procedures* can be viewed on the District website. This document includes the discipline/behavior management policy. I certify that I will comply with all of the policies and procedures outlined in this document.

Fee Payment Policies: I certify that I have read and understand all fee payment policies as stated on the fee schedule and in the policies document. I understand that After-School payments are due in advance on the 1st of each month and that a late fee will be charged if payment is not made by the 10th of the month. I also understand that failure to pay tuition by the last business day of the month will result in my child's temporary dismissal from the program until tuition balance is paid.

Withdrawal Policy: I understand that if I choose to withdraw my child from the program, I must notify the Community Schools office by phone or in writing. I understand that the account will be billed for a two week period beginning the day the withdrawal request is received, whether or not my child attends during that time. The deposit will be applied to these fees.

Enrollment Form: I certify that all information I have provided on this enrollment form is true and accurate. I understand that providing false or incomplete information may be grounds for my child's dismissal from the program.

Permission for Photographs: (check one) ❒ ***I GIVE*** ❒ ***I DO NOT GIVE*** permission for my child to be photographed at the After-School site by staff for a scrapbook or display, by journalists reporting on child care, etc.

Parent/Guardian Signature: _____ **Date:** _____

Email this form to the following address to register your child for the 2026-2027 After School Program Lottery:
COMMUNITYSCHOOLS@CHCCS.K12.NC.US