

CRECMagnetSchools

2026-2027 Before / After Care Enrollment Application

Please complete this form and return it to your schools Main Office or email to your schools program coordinator

REGISTRATION INFORMATION:

Please contact the program coordinator for any concerns regarding your child(ren). Registration is considered on a first come – first served bases.

SCHOOL PROGRAM (Select one):

☐ Academy of International Studies	☐ Discovery Academy	☐ Museum Academy
☐ Academy of Aerospace & Engineering	☐ GEHMS Magnet School	☐ Reggio Magnet School
☐ Ana Grace Academy of the ARTS	☐ Montessori Magnet School	☐ University of Hartford Magnet
☐ PRE-K @ PROGRESS DRIVE		

Check	Date
☐ New Registration: Student(s) will begin on:	
☐ Student(s) will no longer participate in Before / After Care program as of:	

STUDENT INFORMATION:

Student Name(s)	Date of Birth	Grade	Teacher	Gender	Allergies

PARENT / GUARDIAN INFORMATION:

Parent/Guardian Name:		Relationship:
Address:		Student lives with Y/N? SELECT
Home Phone:	Cell Phone:	Work Phone:
Employer and address:		
Email address:		

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EMERGENCY CONTACTS / AUTHORIZED TO PICK UP:

(Please note that for the safety of your child(ren), we will not release your child to any person not on this list.)

Name	Relationship	Cell Phone	Work/Home Phone

Student Name (s): _____

COSTS: Indicate your selection below. All fees are per child.

Description	Annually	Y/N
Before Care Only	\$1734.00(1st) child. Additional children \$1387.00 each	☐ Y ☐ N
After Care Only	\$3058.00 (1st) child. Additional children \$2447.00 each	☐ Y ☐ N
After Care – Half Days Only \$34.00 hr x 13 days	\$408.00 (1st) child. Additional children \$326.00 each	☐ Y ☐ N
Before and After Care	\$4792.00 (1st) child. Additional children \$ 3833.00 each	☐ Y ☐ N

Rates are subject to change based on the District Calendar. Three or more late pickups or failure to make timely payments may result in removal from the Before and After Care Program.

Multiple payment options (weekly, bi-weekly, monthly, full pay) will be billed at monthly rate (10 months)

PARENT / GUARDIAN ACKNOWLEDGEMENT:

☐ I understand that my child is expected to participate fully in the program and maintain expected school behaviors.

☐ I understand that I will be responsible to pick up my child from After Care in the case of illness.

✓ I / We have read, understand and agree to adhere to all of the policies, procedure and expectations outlined in the CREC Before / After Care Family Handbook specific to our school.

✓ I / We agree to pay all fees owed on a ☐ WEEKLY or ☐ Monthly basis. (Please check one)

✓ In the event of an emergency, I / We authorize my / our child(ren) to be treated at CCMC.

Parent / Guardian Name (print)	Parent / Guardian Signature	Date
		Click or tap to enter a date.
		Click or tap to enter a date.
Child's Primary Care Physician:		Phone number:

The following is for federal and state reporting purposes only:

Ethnicity (check one)	American Indian	Asian	Black, not of Hispanic origin	Hispanic	White, not of Hispanic origin
	☐	☐	☐	☐	☐
What language did the student(s) learn to speak first?					
What is the primary language spoken by parents / guardians or other persons living in the students' home?					
What is the primary language spoken by the student(s) at home?					

No Aftercare Days:

August 26, 2026

September 16, 2026

November 25, 2026

December 23, 2026

April 28, 2027

June 9, 2027 (Last day
of school) (Tentative)