CYPRESS COVE ELEMENTARY
"KITTY CATS"
2026-2027 AFTER SCHOOL CARE
ENROLLMENT FORM

CHILD'S NAME: _____ GRADE: _____

TEACHER: _____ DATE YOUR CHILD WILL START: _____

Mother's/Guardian's Name_____

Father's/Guardian's Name_____

Home Address_____

Home Phone_____ E-mail Address_____

Mother's Work #_____Mother's Cell # _____

Father's Work #_____Father's Cell #_____

*If applicable, a copy of custody papers with a judge's signature are required. Yes / No

1. Does your child have any medical problems or allergies? Yes/No (circle one)
   If Yes – please describe _____
2. Does your child take a prescription medicine? Yes/No(circle one)
   If Yes – please indicate drug _____
3. **Does your child have a current IEP? Yes/No(circle one)**
   If yes, do we have permission to access the IEP? (Please initial) _____

Emergency Contact People/Authorized to Pick-Up Student <u>other than parent(s)</u>:

#1: Name_____Relationship_____Phone #_____

#2: Name_____Relationship_____Phone #_____

#3: Name_____Relationship_____Phone #_____

#4: Name_____Relationship_____Phone #_____

Yes, I would like to enroll my child in the After Care Program at Cypress Cove Elementary. I have read the rules of the program and understand that if my child or I do not follow them, my child will be dropped from the program. Furthermore, I agree to pay for any damages caused by my child during the course of this program.

_____
Parent's Signature

<u>NOTE: The program will not begin on the first day of school. We will start on Monday August 10, 2026</u>