CYPRESS COVE ELEMENTARY
"EARLY BIRDS"
2026-2027 BEFORE SCHOOL CARE
ENROLLMENT FORM

CHILD'S NAME: _____ GRADE: _____

TEACHER: _____ ENROLLMENT WILL BEGIN ON: _____

Monday Tuesday Wednesday Thursday Friday OR Varies

Parent'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)
_____
2. Does your child take a prescription medicine? Yes/No (circle one)
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 Contacts:
#1: Name_____Relationship_____Phone #_____
#2: Name_____Relationship_____Phone #_____
#3: Name_____Relationship_____Phone #_____

Yes, I would like to enroll my child in the before 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 _____

NOTE: THE PROGRAM WILL NOT BEGIN ON THE FIRST DAY OF SCHOOL
WE WILL START ON MONDAY AUGUST 10, 2026