

**EXTENDED LEARNING PROGRAMS
ENROLLMENT AND EMERGENCY AGREEMENT FORM**

SCHOOL: _____

Year: 2016-2017

A Child Information	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Last Name _____</div> <div style="width: 30%;">First Name _____</div> <div style="width: 30%;">Middle Initial _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Grade in September _____</div> <div style="width: 30%;">Date of Birth _____</div> <div style="width: 30%;">Race / Ethnicity _____</div> </div>								
B Family Information	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 30%;">Parent/Guardian's First Name _____</div> <div style="width: 30%;">Last Name _____</div> <div style="width: 30%;">Employer _____</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 40%;">Home Address _____</div> <div style="width: 15%;">City _____</div> <div style="width: 15%;">State _____</div> <div style="width: 30%;">Zip Code _____</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 30%;">Home Phone Number _____</div> <div style="width: 30%;">Work Number _____</div> <div style="width: 30%;">Cell Number _____</div> </div> <div style="margin-bottom: 5px;">Parent/Guardian's Email Address: _____</div> <hr/> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 30%;">Parent/Guardian's First Name _____</div> <div style="width: 30%;">Last Name _____</div> <div style="width: 30%;">Employer _____</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 40%;">Home Address _____</div> <div style="width: 15%;">City _____</div> <div style="width: 15%;">State _____</div> <div style="width: 30%;">Zip Code _____</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 30%;">Home Phone Number _____</div> <div style="width: 30%;">Work Number _____</div> <div style="width: 30%;">Cell Number _____</div> </div> <div style="margin-bottom: 5px;">Parent/Guardian's Email Address: _____</div> <p>CHILD LIVES WITH: ____ Mom and Dad; ____ Mom only; ____ Dad only; _____ Other Person(s) having custody of child/ren _____, Custody Restraints? <input type="checkbox"/> Yes <input type="checkbox"/> No Paperwork Given? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
C Contacts Family Or Friends Medical And Emergency Information	<p>EMERGENCY CONTACT – (other than parent or doctor) – The child will be released only to the person(s) listed below.</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">First Name _____ Last Name _____</td> <td style="width:50%;">First Name _____ Last Name _____</td> </tr> <tr> <td>Address _____</td> <td>Address _____</td> </tr> <tr> <td>Relationship _____ Phone # _____</td> <td>Relationship _____ Phone # _____</td> </tr> <tr> <td>Physician's Name _____ Phone # _____</td> <td>Dentist's Name _____ Phone # _____</td> </tr> </table> <p>Health History – Please describe any and all health issues. Indicate whether your child takes any daily medications. Does your child have any special learning needs? _____</p> <p>Does your child take medication for the above? <input type="checkbox"/> Yes <input type="checkbox"/> No Form Given to Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>FORM AND MEDICATION MUST BE SUPPLIED TO ELP PRIOR TO THE START OF ELP.</p>	First Name _____ Last Name _____	First Name _____ Last Name _____	Address _____	Address _____	Relationship _____ Phone # _____	Relationship _____ Phone # _____	Physician's Name _____ Phone # _____	Dentist's Name _____ Phone # _____
First Name _____ Last Name _____	First Name _____ Last Name _____								
Address _____	Address _____								
Relationship _____ Phone # _____	Relationship _____ Phone # _____								
Physician's Name _____ Phone # _____	Dentist's Name _____ Phone # _____								
D General Permission	<p>I hereby give permission for my child to be rendered first aid by the ELP staff and to be transported by ambulance to Danbury Hospital (or the nearest hospital/field trip) and treated in the case of an emergency. I will incur all costs of treatment and transportation.</p> <p style="text-align:right;">Date: _____</p> <p>Signature _____ Printed Name _____</p>								
E Enrollment Information & Cost	<p>Check off enrolled days:</p> <p>\$8.00 per morning. Opens at 7:00 a.m. except for delayed openings, which is 9:00 a.m. Check the days enrolling. Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____</p> <p>\$15.00 per afternoon. 2:30-6:00 p.m. Monday – Friday; includes 1 hour early release Check the days enrolling. Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____</p> <p align="center">Weekly Tuition: \$ _____</p>								
F Parent Signature	<p>Parent Certification: I certify that I have read and understand this Registration Form and the Parent/Guardian Contract printed on the reverse side of this form. I agree to the financial terms and conditions as stated.</p> <p style="text-align:right;">Date: _____</p>								
G Office Use Only	<p>Program Fee Information</p> <p>START DATE: _____</p> <p>Employee Taking in Registration _____ Date: _____</p> <p>CARE 4 KIDS SUBMITTED: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____</p> <p>School ID #: _____ SASID #: _____</p>								

Please read the Parent/Guardian Contract on the reverse side before signing above.

Rev. 6-2016

Parents/Guardians: Please read these program policies and sign on the other side:

1. Full weekly tuition is due. Weekly payments are expected even if the child is absent from the program. Payments are accepted in the forms of check, credit/debit cards, or money order. Cash is not accepted.
2. All past due balances must be paid in full prior to registering for a new session, summer program or any other Danbury Public Schools' programs.
3. I understand that if I have applied for Care 4 Kids payments to supplement my child's tuition, full weekly payments are expected until I am approved. Once determination is made a co-payment will be determined and I will sign a new agreement.
4. Anyone picking up a child must be at least 18 years of age, must show a photo ID and must be on the emergency contact list.
5. I understand that I have enrolled my child into a certain schedule of days. A Program Schedule Change Form must be submitted one week before I need any changes to be effective. I understand I will be responsible for the tuition of the current week. I understand that I can only make a change to my child's schedule three times per school year. Any changes in excess of three (3) will incur a fee of \$15.00 per change. Changes must be minimally for four weeks or longer.
6. Early Dismissals cost \$20.00 for the entire afternoon. Please check the ELP calendar for the specific early dismissal days the program will be open. Sign-up on-site will be taken at least 3 weeks in advance. Once enrollment is closed, I understand my child cannot attend.
7. Late Pick-Up: For every minute late, I will be charged \$1.00, which will be included in the following week's tuition. If I am more than 30 minutes late (past 6:00 p.m.), the Danbury Police Department will be called and my child will be turned over to them. Chronically late pick-ups will result in termination from the program.
8. The Extended Learning Programs may take pictures, video or audio of my child in order to promote the program. These may be shown on public access channels. No names will be used along with the image of any children. The ELP Program follows the Social Media Policy of the Danbury Public Schools. If you do not want pictures, etc. taken of your child, I will notify the program in writing within one week of enrolling my child.
9. I acknowledge the possibility that my child may be injured as a result of his/her participation in program activities. I will not hold the Extended Learning Programs, its instructors, administrators, personnel, the Danbury Public Schools, or their subcontractors responsible for any injury. I hereby waive any and all claims against them.
10. I give permission to the Extended Learning Programs: to ask my child to complete surveys evaluating various aspects of the program and to record my child's height and weight. I understand that all data collected regarding my child will be kept confidential and will be used for group reporting only.
11. Part of the ELP experience is field trips. I will be notified in advance of any field trips and will be provided with a permission form to sign.
12. I understand that my child's information must be kept current. I will immediately advise the Site Facilitator in writing of any changes in my contact information. I will also notify the school secretary in writing.
13. I have indicated on the other side of this form if my child has any medical or special needs. If my child's situation changes during the course of his/her enrollment I will notify the program in writing immediately. I understand that if I fail to disclose any medical or special needs at the time of enrollment or at any time during my child's enrollment, that it is grounds for termination from the program. This clause is necessary to protect the health and well-being of your child as well as having the ELP be able to provide the correct services for your child.
14. If my child becomes ill, either an authorized person or I will be called to pick up the child within one hour.
15. In order to maintain a safe and fun program, I will work with program staff to ensure proper behavior. Children who exhibit behavior negative to the program may require a parent meeting and the development of a Behavior Plan. Any persistent or severe behavior problems by my child may result in suspension or termination from the program. In good faith, the ELP program makes every effort to the continued enrollment of all children.
16. Parents and Guardians are expected to show respectful behavior at all times while in the ELP program, on field trips or at special events. Any disrespectful behavior including foul language, yelling, intimidation of children or staff, or other threatening type behavior may result in termination of my family from the program.
17. The Extended Learning Programs follow all of the Danbury Public Schools Board of Education policies as described at <http://www.danbury.k12.ct.us/bbadmin/bdpolicy>.
18. Thank you for enrolling in the Extended Learning Programs. We want your child(ren)s and family's experience to be positive!! If at any time I have a concern, I will bring it to the site facilitator's attention, program manager or administrator of the ELP Programs.
19. I understand that the programs that myself, my family and my child(ren) are enrolled in require documentation and reporting for funding purposes. Therefore, I give my permission for my child's scores to be used for reporting purposes. Student scores on tests administered by the district will be used for this purpose. The data will be given by the Administrator Data Management, Analysis & Reporting and will be aggregated (in groups) with no identifying characteristics to my child or family. I understand that my family's attendance will be added into the COMET Community dashboard, a tool the community uses for reporting purposes.