

FOR CAMPUS OFFICE USE ONLY	
Date received:	____/____/____
Time received:	_____
Received by (print):	_____
Application completed (all fields):	<input type="checkbox"/> Yes <input type="checkbox"/> No

Extended Day Program for Students in Grades PK3-8 Student Registration Form – School Year 2016 – 2017

Student Information

Student First Name:	Student Middle Initial:	Student Last Name:
CCPCS Campus:	Grade in 2016:	Language Spoken at Home:

Family Information

Parent / Guardian 1 First Name	Parent / Guardian 2 First Name
Parent / Guardian 1 Last Name	Parent / Guardian 2 Last Name
Phone (xxx)xxx-xxxx	Phone (xxx)xxx-xxxx
Email Address Print Legibly	Email Address Print Legibly

(All families who choose to self-pay MUST have an email address on file. Self pay family forms without an email address will not be accepted. Ask your campus Operations Manager for assistance creating an email address if needed.)

Program Usage

Dates:	<i>Monday, August 22nd – Friday, June 16, 2017 (excluding school holidays and closures)</i>		
Time:	<i>Morning Academy:</i>	Monday – Friday	7:00AM to 8:30AM <i>(Students will not be admitted after 7:30am)</i>
	<i>Extended Day:</i>	Monday, Tuesday, Thursday, and Friday	4:00PM-6:00PM
		Wednesday	2:30PM-6:00PM

Place a check next to the program usage that you are registering the student listed for below.

<input type="checkbox"/> Morning Academy	<input type="checkbox"/> Morning Academy AND Extended Day	<input type="checkbox"/> Extended Day M-F	<input type="checkbox"/> Extended Day WEDNESDAY ONLY
\$60/Month for 1 st child + \$44/month for each additional child	\$155/month for 1 st child + \$100/month for each additional child	\$115/month for 1 st child + \$92/month for each additional child	\$45/month <i>(no sibling discount for Wednesday only participants)</i>

Accepted Forms of Payment

Center City *only* accepts payments made online with a debit or credit. In order to make online payments, *ALL* Extended Day families must register for our online payment system, Tuition Express. **A Tuition Express form must be submitted in order for your registration to be complete. Initial next to the method of payment that you would like to use to pay your monthly Extended Day fee.**

_____ **Auto Deduction from DEBIT/CREDIT CARD:** If you would like for Center City to automatically deduct your monthly Extended Day fee from your debit or credit card, please initial here and indicate your auto deduction preference on the Tuition Express Electronic Funds Transfer Authorization for Debit/Credit Card Account Form.

_____ **Self Pay with DEBIT/CREDIT CARD:** If you would like to log into Tuition Express yourself to pay your monthly Extended Day fee using your debit or credit card, please initial here and be sure to list your email address on the first page of this registration form.

*****We do not accept cash or personal checks or money orders.*****

Persons Authorized to Pick Up Child after Extended Learning

(Please note that children may only be released to someone who is authorized and at least 16 years of age)

Contact #1 Authorized to Pickup - Check box if designated emergency contact

First & Last Name: _____ Relationship to Student _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Contact #2 Authorized to Pickup - Check box if designated emergency contact

First & Last Name: _____ Relationship to Student _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Contact #3 Authorized to Pickup - Check box if designated emergency contact

First & Last Name: _____ Relationship to Student _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Dismissal from Extended Learning - Please check ALL forms of approved dismissal

Walk (at 6PM dismissal)

Public Transportation (at 6PM dismissal)

Picked up (by authorized contacts listed above)

Extended Day Program Registration Agreement

By signing below, I agree to the following:

- I certify that all answers given in this application are true, accurate, and complete.
- I understand that I am billed a month in advance and my payment is due on the 16th of each month for the following month for services. If my payment is not received by the 16th of the month, my child may be removed from the program and placed at the bottom of the wait list.
- I understand that in order to terminate this enrollment agreement, I must submit a Cancellation Form by the 1st of the month prior to the month that I would like to terminate program usage for my child. Failure to submit a Cancellation Form on the 1st of the month will result in continued billing for the program regardless of student attendance. So, if you want to cancel your child's enrollment for the program starting in October, you will need to submit a Cancellation Form by September 1st.
- I understand that parents or guardians are required to escort students into Morning Academy and sign them in by 7:30 AM.
- I understand that the Extended Day program does not assume responsibility for children enrolled in Extended Day until they are released directly to one of our Extended Day Staff.
- I understand that the pickup time for Extended Learning is no later than 6:00 pm, and if my child is picked up after 6:00 pm, I will be charged \$2/per minute for every minute after 6:00 pm that my child remains in Extended Learning. Failure to pay all late pickup fees during the billing cycle in which they were incurred will result in my child's dismissal from the program until payment is made.
- I understand that after incurring a 3rd late pick up fee, my child is in danger of being removed from the program until the subsequent school year.
- Unless I have given consent for my child to walk home via the Extended Day Registration Form, I agree to sign my child out from Extended Learning everyday using the program's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to pick up my child and that I must escort my child from the designated classroom and staff member each day.
- I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification.
- Center City staff (or program partners, tutors or volunteers) will not be held responsible for child injury, death, or loss and/or property damage during any Extended Day programming on this form or arising from actions associated with the events, including transportation, and the provision of meals *except* in cases of criminal negligence and/or gross misconduct.
- The Extended day staff may have access to my child's academic records, including report cards, attendance information, teacher notes, IEP's, and standardized test scores.
- I authorize any necessary emergency and medical treatment and assume liability for all medical expenses involved. Should a medical emergency arise, I consent to:
 - the administration of medical treatment, including surgical procedures deemed necessary by a medical doctor or facility selected by Center City Extended Day personnel, and
 - the immediate administration of medication, including aspirin, and other measures deemed necessary by medical or Center City Extended Day personnel under emergency circumstances. All efforts will be made by Center City to contact the parent or child guardian.
- I authorize the Morning Academy and Extended Learning Staff to have access to my child's health, emergency and academic information.

Parent/Guardian Signature: _____ Date: _____

Center City PCS does not discriminate on the basis of race, age, color, national origin, immigration status, sex, or disability in its program or activities.