**CREC Magnet Schools—International Magnet School**

**2017-18 Before/After Care Program Application**

Please complete this application and remit payment and to IMS Main Office By August 25, 2017.

The initial payment for each student is due with submission of this form.

If you have an outstanding balance from the 16-17 school year, you will not be able to register your child for the Before and/or After Care program until payment has been addressed. Please see Ms. Tinh to make financial arrangements to reduce or clear the balance owed.

**Registration Information:**

|  |  |  |
| --- | --- | --- |
| **Check** | **Action** | **Date** |
|  | New Registration: Student(s) will begin participation on |  |
|  | Student(s) will no longer participate in Before/After Care program as of |  |

**Student Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name(s)** | **Date of Birth** | **Grade** | **Teacher** | **M/F** | **Allergies** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Parent/Guardian Information:**

|  |  |
| --- | --- |
| **Parent/Guardian Name:** | **Relationship:** |
| **Address:** | **Student lives with (YES or NO)** |
| **Home phone:** | **Cell phone:** | **Work phone:** |
| **Email address:** |

|  |  |
| --- | --- |
| **Parent/Guardian Name:** | **Relationship:** |
| **Address:** | **Student lives with (YES or NO)** |
| **Home phone:** | **Cell phone:** | **Work phone:** |
| **Email address:** |

**Student(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contacts/Authorized to Pick Up:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Cell Phone** | **Work/Home Phone** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Select**  | **Option** | **Description** | **Days** | **Hours** | **Cost/month** | **Initial Payment with Application** |
|  | **I** | **Before Care** 1.5 hr per day @$6.00 an hr. | M-F | 7:00-8:30 am | $162.00 | $45.00 |
|  | **II** | **After Care** 2.25 hr per day @ $6.00 an hr.  | M-F | 3:15-5:30 pm | $243.00 | $67.00 |
|  | **III** | **Before and After Care**3.75 hr per day @$6.00 an hr. | M-F | 7:00-8:30 am & 3:15-5:30 pm | $365.00 10% discount applied. | $100.00 |
|  | **IV** | **Early Dismissal Aftercare** | 14 Days | 12 or 1:00-5:30 early release Days  | $252.00 2 Installments of $126.00. | $126.00 |

**Parent/Guardian Acknowledgement:**

I/we have read, understand and agree to adhere to all of the policies, procedures and expectations outlined in the International Magnet School Before/After Care Family Handbook.

I/we agree to pay all fees owed on a MONTHLY basis regardless if bill is received or viewed.

In the event of an emergency, I/we authorize my/our child(ren) to be treated at \_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital.

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian Name (please print)** | **Parent/Guardian Signature** | **Date** |
|  |  |  |
|  |  |  |