

CREC Magnet Schools—Academy of International Studies 2023-2024 Before/After Care Enrollment Application

Please complete this form and return to AISE Main Office or email to aiseofficestaff@crec.org

Registration Information:

Please contact the program coordinator for any concerns regarding your child (ren). We do not have access to school files. Registration is considered on a first come-first serve basis.

Check	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:
Employer and address:		
Email address:		

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

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

Student Name(s): _____

Hours and Costs: Indicate your selection below. All fees are per child.

Description	Annually	Y / N
Before Care Only	\$1310.00	
After Care Only	\$2390.00	
After Care-Half Days Only \$33 a day/14 days	\$460.00	
Before And After Care	\$3700.00	
Sibling Discount	25%	

Rates subject to change per District Calendar

Multiple payment options (weekly, bi-weekly, monthly, full pay) will be billed at monthly rate (10 months)

Parent/Guardian Acknowledgement:

- I understand that my child is expected to participate fully in the program and maintain expected school behaviors.
- I understand that I will be responsible to pick up my child from After Care in the case of illness.

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

I/we agree to pay all fees owed on a WEEKLY or MONTHLY (circle one) basis.

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

Child's Primary Care Physician: _____ Phone number: _____

Parent/Guardian Name (please print)	Parent/Guardian Signature	Date

The following is for federal and state reporting purposes only:

Ethnicity (circle one)	American Indian	Asian	Black, not of Hispanic origin	Hispanic	White, not of Hispanic origin
What language did the student(s) learn to speak first?					
What is the primary language spoken by parents/guardians or other persons living in the student's home?					
What is the primary language spoken by the student(s) at home?					