

Initial	Date
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Cherry Creek Schools – *Extended Child Services* 2011-2012 ENROLLMENT FORM

(PLEASE PRINT)

Enrollment Date _____ Teacher _____
 Student Name _____ Grade/Track _____ Date of birth _____
 Student address _____ City _____ State _____ Zip _____

Enrolling Parent/Guardian Name _____ Relationship to Child _____
 Address _____ City _____ State _____ Zip _____
 Email Address _____ Home Phone _____ Cell _____
 Employer Name _____ Work Phone _____
 Work Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Relationship to Child _____
 Address _____ City _____ State _____ Zip _____
 Email Address _____ Home Phone _____ Cell _____
 Employer Name _____ Work Phone _____
 Work Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Phone: work _____ home _____ cell _____
 Emergency Contact Address _____ Relationship to Child _____

Parents Marital Status: Married Divorced Single Primary Residence: Both Mother Father Guardian _____

The child will be released only to the people on this form and the following person(s):

Name _____ Address _____ Phone: home _____ cell _____
 Name _____ Address _____ Phone: home _____ cell _____
 Name _____ Address _____ Phone: home _____ cell _____

Person(s) Not Authorized to Pick Up Child*

Name _____ Address _____ phone: home _____ cell _____

*ECS Program must be provided with court issued custody documentation papers that clearly describe any custody arrangements.

Medical Information

Physician (required) _____ address _____ phone _____
 Dentist (required) _____ address _____ phone _____
 Hospital of choice _____ address _____ phone _____

Does your child have a current immunization record on file at the school? _____

Does your child have an identified disability that may require accommodations to access the ECS Programs? _____

Explain: _____

List any allergies _____

List your child's medications** _____

**If your child requires administration of medication during program hours, please consult with the director or coordinator prior to attendance.

Optional Information

Are there things we need to know to help your child be successful? _____

Does your child participate in any of the following Special Services***? _____

LD _____ Speech/Language _____ ESL _____ BD _____ OT/PT _____ ILC _____ Other _____ Outside support services _____

***It may be necessary to hold a meeting with appropriate staff, parents, and administrators to help determine how and or if the program is able to meet special needs.

Please complete the other side --->

Cherry Creek Schools – Extended Child Services
2011-2012 ENROLLMENT FORM *continued*...

This ECS Program is a voluntary participation, fee-based program, offered by the Cherry Creek School District. Parents/guardians must carefully read the following information and initial where indicated. A signature at the bottom of the page is also required.

1. Emergency Procedure: In case of emergency, I authorize the program staff to directly contact the persons named on this enrollment form. I authorize the following physician:
_____ (phone #) _____ to provide necessary medical treatment in case of emergency. If the parent/guardian or authorized person cannot be contacted, the program's employees are authorized to take necessary action for the health and welfare of my child.
(1) Initials _____

2. Parent Handbook: I understand and agree that when I register my child in the ECS program that I must abide by the policies and procedures stated in the ECS Parent Handbook. I have received and read the program's Parent Handbook and agree to be responsible for, comply with and abide by the procedures as stated herein. I understand that the ECS policies and procedures are subject to change and that I will be notified of any changes. I further understand and agree that, upon repeat notice for failure to comply with the ECS policies and procedures, I will be required to find alternative childcare services and my child will be withdrawn from the ECS program.
(2) Initials _____

3. Financial Responsibility: The enrolling parent, as indicated on the other side of this enrollment form is financially responsible for the child's account. All child care fees will be paid before the child attends any ECS program.
(3) Initials _____

4. Sign In/Sign Out Procedure and Responsibility: I agree to abide by the Sign In/Sign Out procedures as stated in the Parent Handbook. I understand the ECS program is not responsible for my child en route to the program before he/she is correctly signed in. I also understand that the program is not responsible for my child en route to his or her home or authorized destination after he/she is correctly signed out. I will review the sign in/sign out procedure with my child.
(4) Initials _____

5. Student Records Updates: I agree to keep my child's records up to date, including but not limited to, current home and work phone numbers and numbers of those authorized to pick up my child.
(5) Initials _____

6. Activities: I do not wish my child to participate in the following activities. If any, please list and initial.
If none, please initial.
(6) Initials _____

7. Movies: I give permission for my child to watch G-rated movies.
(7) Initials _____

8. Photo Consent: I give my permission for the program staff to photograph or video tape my child.
(8) Initials _____

9. Internet: I give my permission for my child to use the internet following district guidelines.
(9) Initials _____

Note: Student records maintained by ECS programs are subject to the terms and conditions of the Family Educational Rights and Privacy Act, 20 U.S.C. 1232(g) and District Policy JRC, *Student Records/Release of Information on Students*, which explains the rights and responsibilities pursuant to the release of student records. Copies of this policy are available at the individual schools or at the Cherry Creek School District Educational Services Center, 4700 S. Yosemite St., Greenwood Village, CO 80111.

Enrolling Parent Signature

Date