## CREC Magnet Schools 2023-2024 Before / After Care Enrollment Application

Please complete this form and return it to your schools Main Office or email to your schools program coordinator

REGISTR/	ATION INFORMATIO	N:							
Please co	ntact the program co	oordinator for any	concerns re	garding y	our child(re	n). We do	not ha	ve access to school	
files. Reg	gistration is consider	ed on a first come	– first serve	d bases.					
	PROGRAM (Select or								
Academy of International Studies							_ Museum Academy		
Academy of Aerospace & Engineering			GEHMS Magnet School			_	Reggio Magnet School		
	Grace Academy of th		Montes	sori Magn	et School	Univ	versity	of Hartford Magnet	
PRE-I	(@ PROGRESS DRIV	E							
Check							Ol: I	Date	
	New Registration:	n: Student(s) will begin on:						Click or tap to entera date.	
	Student(s) will no longer participate in Before / After Care program as of:						Click date.	or tap to entera	
			STUDENT IN	FORMAT	ION:				
Stu	dent Name(s)	Date of B	irth	Grade	Teacher	Gen	der	Allergies	
		Click or tap to er	nter a date.						
		Click or tap to er	ntera date.						
		Click or tap to er	ntera date.						
	GUARDIAN INFORM	MATION:							
	Guardian Name:		Re				elationship:		
Address						Student		th Y/N?	
Home P	hone:	Cell Pl	none:			Work Ph	one:		
Employe	er and address:								
Email ac	ldress:								
Parent/	Guardian Name:		Relation			nship:			
Address						nt lives with Y/N?			
Home Phone: Cell Ph							·		
	er and address:	l							
Email ad									
	NCY CONTACTS / AU				and the state of			and the last of	
(Please n	ote that for the safet			ot rejease		o any pers			
	Name	Relation	ship		Cell Phone		W	ork/Home Phone	
				I					

Before Care Only  After Care Only  Sydeson  Before and After Care  \$3730.00  Y	Descri	otion	tion below. All fees are per child.		V/NI
After Care Only \$2425.00			Annually		Y/N
After Care — Half Days Only (\$32 / Day x 15 days)  Before and After Care \$3730.00	Before Ca	re Only	\$1305.00		Y
Before and After Care \$3730.00	After Ca	e Only	\$2425.00		□ Y □ N
Sibling Discount  25% (not applicable at all locations)  Rates subject to change per District Calendar  Siltiple payment options (weekly, bi-weekly, monthly, full pay) will be billed at monthly rate (10 months)  RENT / 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, procedure and expectations outling the CREC Before / After Care Family Handbook specific to our school.  ✓ I / We agree to pay all fees owed on a   WEEKLY or   Monthly basis. (Please check one)  ✓ In the event of an emergency, I / We authorize my / our child(ren) to be treated at CCMC.  Parent / Guardian Name (print)   Parent / Guardian Signature   Date   Click or tap to end a date.   Click o			\$495.00		□ Y □ N
Rates subject to change per District Calendar	Before and a	After Care	\$3730.00		□ Y □ N
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✓ In the event of an emergency, I / We authorize my / our child(ren) to be treated at CCMC.  Parent / Guardian Name (print) Parent / Guardian Signature Date  Click or tap to en a date.  Child's Primary Care Physician: Phone number:  Ethnicity American Indian Asian Black, not of Hispanic Hispanic origin Hispanic origin  What language did the student(s) learn to speak first?  What is the primary language spoken by parents / guardians or other persons			· <u> </u>		
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Click or tap to enadate.  Child's Primary Care Physician:  Phone number:  Phone number:  Phone number:  Phone number:  Ethnicity (check one)  What language did the student(s) learn to speak first?  Click or tap to enada date.  Phone number:  White, not of Hispanic origin Hispanic origin White, not of Hispanic origin Hispanic origin What is the primary language spoken by parents / guardians or other persons	Parent / Guard	manivame (print)	Parellit / Guardians	ignature	Date
Child's Primary Care Physician:  Phone number:  In following is for federal and state reporting purposes only:  Ethnicity (check one)  What language did the student(s) learn to speak first?  That is the primary language spoken by parents / guardians or other persons	Parent / Guard	granivanie (print)	Palenty Guardians	ignature	<b>Date</b> Click or tap to ent
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Ethnicity American Indian Check one)  What language did the student(s) learn to speak first?  Afollowing is for federal and state reporting purposes only:  Black, not of Hispanic Origin Check origin Check one)  What language did the student(s) learn to speak first?  Chat is the primary language spoken by parents / guardians or other persons	Parent / Guard	gran vame (print)	Palenty Guardian's	ignature	Date Click or tap to ent a date. Click or tap to ent
Ethnicity (check one)  American Indian   Asian   Black, not of   Hispanic   White, not of   Hispanic origin   Check one   Chec					Date  Click or tap to ent a date.  Click or tap to ent a date.
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(check one)    Hispanic origin					Date  Click or tap to ent a date.  Click or tap to ent a date.
(check one) Hispanic origin   What language did the student(s) learn to speak first? That is the primary language spoken by parents/guardians or other persons	Child'	s Primary Care Physic	ian:		Date  Click or tap to ent a date.  Click or tap to ent a date.
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hat is the primary language spoken by parents / guardians or other persons	Child' Following is for Ethnicity	s Primary Care Physici	orting purposes only:  Asian Black, not o	Phone of Hispani	Date Click or tap to ent a date. Click or tap to ent a date. number:  White, not of
	Child' Following is for Ethnicity	s Primary Care Physici	orting purposes only:  Asian Black, not o	Phone of Hispani	Date Click or tap to ent a date. Click or tap to ent a date. number:  White, not of
	Child' e following is for Ethnicity (check one)	s Primary Care Physic federal and state repo	orting purposes only:  Asian Black, not only:  Hispanic orig	Phone of Hispani	Date Click or tap to ent a date. Click or tap to ent a date. number:
What is the primary language spoken by the student(s) at home?	Child' e following is for Ethnicity (check one) What	s Primary Care Physicing federal and state reportant and state reportant and an language did the study language spoken by	orting purposes only:  Asian Black, not of Hispanic original contents of the speak first?  y parents / guardians or other pers	Phone  of Hispani gin	Date Click or tap to end a date. Click or tap to end a date. number:  White, not o