



EUGENE CDC

EUGENE CDC SCHOOL AGE PROGRAM ENROLLMENT FORM (Winter 2018 –End of School Year 2019)

| | | | | |
|--|--|--|-------------------------------------|-------------------------------------|
| CHILD INFORMATION | | First Name: _____ Last Name: _____ | | |
| Gender: ___ Date of Birth: _____ | | School _____ Grade as of Fall 2018 _____ | | |
| PARENT/GUARDIAN INFORMATION | | | | |
| 1. First Name: _____ | | Last Name: _____ | | |
| Address: _____ | | City: _____ State: ___ Zip: _____ | | |
| Home Phone: _____ | | Work Phone: _____ Cell: _____ | | |
| Email: _____ | | Relation: _____ | | |
| 2. First Name: _____ | | Last Name: _____ | | |
| Address: _____ | | City: _____ State: ___ Zip: _____ | | |
| Home Phone: _____ | | Work Phone: _____ Cell: _____ | | |
| Email: _____ | | Relation: _____ | | |
| REGISTRATION AND FEE | | | | |
| <ul style="list-style-type: none"> • Before/After School enrollment is for the entire semester. • Full payment is due at registration. • Payments are not refundable. | | | | |
| BEFORE SCHOOL 7am-8:30am | Monthly Rates: 5 days \$80 4 days \$72 3 days \$60 2 days \$44 1 day \$24 <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri | | | |
| | Total Amount Due: \$ _____ | | | |
| AFTER SCHOOL Mon–Thur: 3pm-6pm Fri: 1:45pm-6pm | Monthly Rates: 5 days \$275 4 days \$240 3 days \$195 2 days \$150 1 day \$100 <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri | | | |
| | Total Amount Due: \$ _____ | | | |
| NO SCHOOL DAY & SCHOOL BREAKS <ul style="list-style-type: none"> • Generally 7am-6pm • <u>If marked with “(h)”, 7am-12:30pm</u> | No School Day Daily Rates: \$40 full day \$25 half day for days marked with “(h)” | | | |
| | <input type="checkbox"/> 12/24/2018 (h) | <input type="checkbox"/> 12/26/2018 | <input type="checkbox"/> 12/27/2018 | <input type="checkbox"/> 12/28/2018 |
| | <input type="checkbox"/> 12/31/2018 (h) | <input type="checkbox"/> 1/2/2019 | <input type="checkbox"/> 1/3/2019 | <input type="checkbox"/> 1/4/2019 |
| | <input type="checkbox"/> 1/7/2019 | <input type="checkbox"/> 2/1/2019 | <input type="checkbox"/> 3/15/2019 | <input type="checkbox"/> 5/3/2019 |
| | School Breaks Rate: \$200/week <input type="checkbox"/> Spring Break 3/25/2019 – 3/29/2019 | | | |
| | Total Amount Due: \$ _____ | | | |

---- FORM CONTINUES ON THE BACK ----

Child Name _____

| MEDICAL INFORMATION | |
|---|----------------------------------|
| Physician: _____ | Phone: _____ |
| Physician Address: _____ | |
| Dentist: _____ | Phone: _____ |
| Dentist Address: _____ | |
| Any medical information or food allergies of the child that our staff should be aware of (allergies, medication, diet restriction)? Enter <u>None</u> if there is none. | |
| Any learning or behavior needs? Enter <u>None</u> if there is none. | |
| AUTHORIZATIONS (Please initial/sign the item(s) you authorize) | |
| ____ My child may be taken on neighborhood walks, field trips or excursions by bus or private motor vehicle. | |
| ____ My child may participate in swimming or other water activities under state-required supervision (CCD requires approved lifeguard being present). | |
| ____ My child may be photographed for publicity or news purposes <input type="checkbox"/> on site <input type="checkbox"/> off site. | |
| ____ My child may be given non-prescription medication and sunscreen as indicated on the container. | |
| Note: Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current, and a permission slip is required per each medication. | |
| In an emergency, Eugene CDC has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible. | |
| Signature of Parent/Guardian: _____ Date _____ | |
| EMERGENCY CONTACTS (other than parents/guardians listed above) | |
| 1. Name: _____ | Phone: _____ Relationship: _____ |
| 2. Name: _____ | Phone: _____ Relationship: _____ |
| ADULTS AUTHORIZED TO PICK UP CHILD | |
| 1. Name: _____ | Phone: _____ Relationship: _____ |
| 2. Name: _____ | Phone: _____ Relationship: _____ |
| RELEASE | |
| In consideration of the child's participation of the before/after school program or no-school day program, I, and on behalf of the child, hereby release and discharge Eugene CDC, its board, directors, staff, employees, agents from all liabilities, claims, demands, losses, or damages arising out of or related to the child's participation of the program. | |
| Print Name of Parent/Guardian: _____ | |
| Signature of Parent/Guardian: _____ Date _____ | |
| HOW DID YOU HEAR ABOUT US? | |

Please return the completed form to 888 Goodpasture Island Rd, Eugene, OR.