

Before & After School Program @ EWEB Child Development Center



EWEB CDC invites families of Willagillespie and Buena Vista Elementary Schools to our [Before & After School Program](#)

- Kindergarteners – 5th graders
- Hours of operation: 7am-6pm
- Breakfast and afternoon snack provided at no additional cost
- No-school day care is available
- AM and PM transportation by 4J between EWEB CDC and school

ENROLLMENT IS OPEN. LIMITED SPACE.

www.ewebcdc.com

541-345-8887

888 Goodpasture Island Rd, Eugene



EWEB CDC BEFORE AND AFTER SCHOOL PROGRAM ENROLLMENT FORM (Fall 2018 – Winter Break of 2018-2019)

| | | | |
|--|--|-------------------|----------------------------|
| 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 (Fall 2018 school days: 9/5/2018 – 12/21/2018) | | | |
| Before/After School enrollment is for the entire semester. Invoice is issued monthly and prorated for partial month. | | | |
| BEFORE SCHOOL 7am-8:30am | <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri Monthly Rates: 5 days \$80 4 days \$72 3 days \$60 2 days \$44 1 day \$24 | | |
| AFTER SCHOOL Mon–Thur: 3pm-6pm Fri: 1:45pm-6pm | <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri Weekly Rates: 5 days \$275 4 days \$240 3 days \$195 2 days \$150 1 day \$100 | | |
| NO SCHOOL DAY & SCHOOL BREAKS (7am-6pm unless noted) | <input type="checkbox"/> 10/11/2018 <input type="checkbox"/> 10/12/2018 <input type="checkbox"/> 11/8/2018 <input type="checkbox"/> 11/9/2018 <input type="checkbox"/> 11/12/2018 <input type="checkbox"/> 12/24/2018 7am-12:30pm <input type="checkbox"/> 12/26/2018 <input type="checkbox"/> 12/27/2018 <input type="checkbox"/> 12/28/2018 <input type="checkbox"/> 12/31/2018 7am-12:30pm <input type="checkbox"/> 1/2/2019 <input type="checkbox"/> 1/3/2019 <input type="checkbox"/> 1/4/2019 <input type="checkbox"/> 1/7/2019 Daily Rates: \$80 full day \$45 half day | | |

--- FORM CONTINUES ON THE BACK ---

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 None if there is none.

Any learning or behavior needs? Enter None 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 on site 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, EWB 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 EWEB 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 _____

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