

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



Branching Out, Putting Down Roots, Growing Together

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 <u>None</u> if there is none.
Any learning or behavior needs? Enter <u>None</u> if there is none.
Medical Treatment. I authorize any necessary medical treatment to my child while being under care with EWEB CDC. I will be responsibility for the costs of any medical evaluation or treatment incurred. Print Name of Parent/Guardian: _____ 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.