



CASA ESPERANZA MONTESSORI INCORPORATED

a dual-language charter school and preschool community

Before School, and After School

Child Care Application

2010-2011 Academic Year

A separate form and \$50, non-refundable registration fee, is required for each child each year. Check is deposited upon acceptance into program(s) requested.

Please make checks payable to CEMCS.

Program(s) desired:

___ Before School (\$800 for school year, 7:30am-8:10am)

___ After School (\$2,100 for school year, from end of school day to 6pm)

Does NOT include early release days

General Information: (Please Print or Type)

Child's First Name _____ Last Name: _____

Gender: ___ Female ___ Male Age: _____

Date of Birth: _____

Grade Level: _____ Teacher: _____

Please list any **food allergies** your child might have (for afternoon snacks):

Family Information

Father's Name: _____ Occupation: _____

Email: _____

Daytime Number: _____ Cell: _____

Mother's Name: _____ Occupation: _____

Email: _____

Daytime Number: _____ Cell: _____

Parent/Guardian Consent Form (Please Print or Type)

Student Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Daytime Telephone: _____ Cell Phone: _____

I, the parent or guardian of the above-named child, hereby register him/her for participation in the Childcare Program and fully agree to the rules and regulations of the Casa Esperanza Montessori Charter School (CEMCS) parent handbook and do hereby release CEMCS and its directors, representatives, employees, and volunteers from any liability. I, the parent or guardians, release Casa Esperanza Montessori School from all responsibilities from injuries of any nature incurred while participating in the Childcare Program and acknowledge that medical insurance is my responsibility.

Emergency Medical Treatment

In the event _____ (student's name) becomes ill or sustains an injury while in the care of or under the supervision of the Casa Esperanza Childcare Program coordinators and volunteers they are given permission to administer first aid for his/her relief. In case of emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility.

Family Doctor: _____ Phone: _____

Address: _____ City: _____

Name(s) of any medication currently taken:

In case parent/guardian cannot be reached in an emergency, please contact:

Name: _____

Relationship: _____ Phone Number: _____

Authorization to Pick Up the Child

The following person(s) (and parents) are authorized to pick up my child:

1. _____ 2. _____

Phone: _____ Phone: _____

3. _____ 4. _____

Phone: _____ Phone: _____

I HAVE READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE.

Signature

Name of parent/guardian (Please print)

Date