



Drop-In Child Care Form

2018-2019 Academic Year

7:30am-8:05am Before School \$10 per morning per child

3:20pm-6:00pm After School \$20 per day per child

Please make checks payable to CEMCS

Student Information:

Last Name: _____ **First Name:** _____

Gender: ___ Female ___ Male Age: _____ Date of Birth: _____

Grade Level: _____ Teacher: _____

Allergies (list all): _____

Parent/Guardian Consent Form

Parent Name: _____ **Email:** _____

Daytime Number: _____ Cell: _____

Parent Name: _____ **Email:** _____

Daytime Number: _____ Cell: _____



Authorization to Pick Up the Child

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

1. _____ Phone: _____

2. _____ 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.

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

Signature

Name of parent/guardian (Please print)

Date