



# 2019-2020 DROP-IN CHILD CARE FORM

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

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

Please make checks payable to CEMCS

## Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

\_\_\_ Female \_\_\_ Male Age: \_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_ 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