



# TEACHER WORKDAY

Childcare Provided at Casa Esperanza

- 8:00 AM – 3:00 PM **\$40**
- 8:00 AM – 6:00 PM **\$50**
- STAFF ONLY** (8-4PM) **\$20**

1. **Students Name/Nombre del estudiante:** \_\_\_\_\_  
**Classroom/Salón de Clase:** \_\_\_\_\_  
**Allergies/Alergias:** \_\_\_\_\_
2. **Students Name/Nombre del estudiante:** \_\_\_\_\_  
**Classroom/Salón de Clase:** \_\_\_\_\_  
**Allergies/Alergias:** \_\_\_\_\_
3. **Students Name/Nombre del estudiante:** \_\_\_\_\_  
**Classroom/Salón de Clase:** \_\_\_\_\_  
**Allergies/Alergias:** \_\_\_\_\_

**Please have a packed lunch for your child and an afternoon snack**

**Pick Up and Sign Out will be in the front office.  
The program ends promptly at 6pm.  
There will be a \$1 per minute charge after 6pm.**

- Please make checks payable to CEMCS. Por favor haga su cheque a CEMCS
- Spaces are available on a first come first-served basis- Space is limited. Espacio es limitado.
- If you have any questions, contact/ Si tiene alguna pregunta por favor contacte :  
**Cynthia De Amat at [cdeamat@cemcs.org](mailto:cdeamat@cemcs.org)**

**PARENT /GUARDIAN INFORMATION - INFORMACION SOBRE EL PADRE/ GUARDIAN**

**PRIMARY CONTACT/CONTACTO PRIMARIO:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone number: Home/Casa \_\_\_\_\_ Work/Trabajo \_\_\_\_\_ Cell/Celular: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**SECONDARY CONTACT/ CONTACTO SECUNDARIO:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone number: Home/Casa \_\_\_\_\_ Work/Trabajo \_\_\_\_\_ Cell/Celular: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**ALTERNATE CONTACT/ CONTACTO ALTERNATIVO:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**MEDICAL INFORMATION**

**HEALTH CONCERNS, ALLERGIES, MEDICAL NEEDS**

\_\_\_\_\_  
\_\_\_\_\_

**Doctor's Name/Médico:** \_\_\_\_\_ **Phone/Teléfono:** \_\_\_\_\_

Casa Esperanza is not authorized to administer medication of any type without written authorization from your child's physician. If your child may need medication during the school day, please request a "Parent Request and Physician's Order Form" which must be filled out by a physician and returned to the front office.

Casa Esperanza no está autorizada para administrar ningún tipo de medicina sin prescripción médica. Si su niño/a necesita algún medicamento durante el transcurso del día escolar, por favor solicite un "Formulario de Prescripción Médica" el cual tiene que ser escrito por un doctor y luego devuélvalo a la oficina de la escuela.

**AUTHORIZATION TO PICK UP THE CHILD/ AUTORIZACION PARA RECOGER A SU NIÑO/A**

The following person or persons (and parents) are authorized to pick up my child (please include phone number)  
La(s) siguiente(s) persona(s) (y padres) están autorizado(s) para recoger a mi niño/a (por favor incluya el número de teléfono de cada persona):

**NAMES/NOMBRE**

**PHONE NUMBERS/NUMEROS DE TELEFONO**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_