



**City of Life Corporation
Out-of-School-Time Program
ENROLLMENT FORM
Summer Enrichment Program**

Full Name of Child _____

Birth Date _____

Mother/Guardian's Name _____

Address _____

Home Phone _____ Work/Cell Phone _____

Father/Guardian's Name _____

Home Phone _____ Work/Cell Phone _____

Enrollment is on first come – first serve basis. Enrollment fee of \$30.00 is non-refundable and holds space for one week.

**Summer Enrichment Program 2010
Theme: Changing Attitudes and Renewing Excellence (C.A.R.E.)**

Dates: June 7 – August 13, 2010 (Monday through Friday)

Hours: 7:30 - 5:30 PM

Fees: \$95 per child, per week
Sibling discount
\$75 for CARE Corps participants

Ages: 6 through 12

Curriculum/Activities: Academic and cultural enrichment; arts – music, mime, drama, dance; sports/recreation; educational and fun field trips; breakfast, lunch and snack and lots of fun!

My signature implies that I have received the program policies booklet and I understand, acknowledge and agree to abide by those policies.

Signature of Custodial Parent/Guardian Date

Printed Name of Custodial Parent/Guardian _____

For Office Use Only:	
Date Received: _____	Date Processed: _____
By Whom: _____	



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Student Information

First name: _____

Gender: Male Female

Last name: _____

Grade: 1 2 3 4 5 6

School: _____

Eligible for free/reduced meals? Yes No

Preferred name: _____

If yes, is free/reduced documentation
Attached? Yes No

Birth date: ____/____/____

Will be provided at later date? Yes No

Family and Emergency Information

Custodial Parent/Guardian:

**Alternate Contact for Emergencies and
Emergency Transportation:**

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Other Phone: _____

Other Phone: _____

Email: _____

Email: _____

Transportation/Release Information

Pick up /release information: **(Only those adults listed will be allowed to pick up children. Children are only released to adults.)**

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please circle Yes or No for EACH statement below:

- Yes No I or an authorized pick-up will arrive to pick up my child each program day.
- Yes No I will update my pick-up list timely, and in writing, should there be changes.



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Transportation Permission Slip

Child's Name _____

Parent/Guardian Name _____

Home Phone _____ Emergency Phone _____

School child is transported from _____ school name)

My child has permission to ride on the Cathedral of Praise van or bus from school to the Out-of-School-Time Program (OSTP). I understand that transportation services will not be provided on snow days or days when school is not in session. When school is in session, transportation will be provided on early release days (half days).

My child has permission to ride on the Cathedral of Praise van or bus, or transportation arranged by the OSTP, for field trips or other excursions. I understand that adequate transportation and supervision will be provided and agree not to hold the City of Life Corporation, Cathedral of Praise, their directors, employees, or volunteers responsible for any loses or damages whatsoever which I or my child may incur in connection with the program.

Signature Custodial Parent/Guardian

Date

Printed Name of Custodial Parent/Guardian

Medical Information

Primary Doctor: _____ Doctor's Phone: _____

Primary Dentist: _____ Dentist Phone: _____

Preferred Hospital: _____

- Does your child have allergies or any food restrictions? Yes No
- Does your child have any additional illnesses or conditions? Yes No
- Does your child take medicines? Yes No
- Does your child have any physical restrictions? Yes No

If you circled "Yes" on any of the above, please give us details so we can care for your child properly:



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Photo, Video, and/or Media Permission

I give permission to the City of Life Corporation for photographs, videos, creative work, quotes, or other media which may include my child, _____, to be used in media releases and products to benefit City of Life Corporation programs.

Signature of Custodial Parent/Guardian

Date

Printed Name of Custodial Parent/Guardian

General Permissions/Agreements

I give my permission to the City of Life Out-of-School-Time Program (OSTP) and its providers, unless otherwise noted in the space below:

1. To have my child participate in activities at the program location, 4300 Clarksville Pike, as well as other off-site locations, knowing that this might include special activities, such as swimming, skating, or other off-site events, field trips, picnics or celebrations.
2. With the medical information on the previous page in mind, to have my child engage in all activities, except as noted.
3. To secure proper medical treatment for my child in the event of an emergency. If I or my emergency contact cannot be reached, I give permission for a physician to order routine tests and treatment for the health of my child. I give permission to a physician to secure treatment and/or hospitalize my child; after all emergency contact attempts have been made.
4. To have the school release my child's record that may contain personal information (such as grades, attendance, behavior, IEPs, health records, etc.) and to share this information with the City of Life OSTP, as pertinent to help my child succeed in school.

I, the undersigned; understand, acknowledge, and agree:

- That I have read and understand the information above.
- That I will update the enrollment information provided in a timely fashion.
- That the City of Life OSTP program will always make itself available to children, parents, and day school staff regarding any concerns they might have.
- That I, or my child, may be asked to complete surveys for program evaluation purposes.
- That City of Life OSTP may request my child's records that may contain personal information (such as grades, attendance, behavior, IEPs, health records, etc.) for the sole purpose of helping my child succeed in school. I therefore waive, with respect to these disclosures, any duty of confidentiality arising from Federal or State requirements.
- That I will not seek to hold City of Life Corporation or Cathedral of Praise responsible for any losses or damages whatsoever which I or my child may incur in connection with the program.
- That fees are due at the beginning of the week (Monday); that returned checks will incur a service fee of \$30; and that only cash or a money order will be accepted if a check is returned.
- That program hours, starting times and ending times must be honored. Children cannot come to the program before the starting time or stay later than the closing time.
- That the City of Life OSTP will always protect the safety, interests, and rights of all individuals in the program. Therefore each program will provide a parent policy booklet or other program-specific information, including behavior policies and grievance procedures.

Signature of Custodial Parent/Guardian

Date

Printed Name of Custodial Parent/Guardian