

**CARE Academy Application
2010-2011 School Year**

One child per form

Application Fee: \$15 per child per year or \$20 per family
(CHECK MUST BE ENCLOSED TO RESERVE A SPACE IN THE PROGRAM)

Date _____ CARE School _____ Home School _____

Child's Name _____ Nickname: _____ Male ___ Female ___

Other siblings enrolled in CARE _____ Start Date: _____

Parents/Guardians child lives with _____ Relationship(s) to child _____

Home Street Address: _____ Zip Code: _____

Phone Number: _____ Email address: _____

Name of your child's teacher (if known) _____ Grade in 2010-11 _____

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1. I understand that I am enrolling my child on a nine (9) month basis. Payments will be the same, regardless of the number of regular school days in any individual month.
 2. I understand that separate registration and payment is required for PIR, Early Out, and other no-school day programs (since staff costs increase with extended hours.)
 3. I understand that I am responsible for a nonrefundable \$15 application fee at the time of enrollment and monthly payment of contracted fees due at the 1st of each month.
 4. I understand there is a fee charged for my child remaining past the 6:00p.m. dismissal time. This fee will amount to \$10 for every 10 minute increment. If my child is picked up late up to 3 times, I understand that in addition to late fees owed, my child may be subject to dismissal from the program.
 5. I understand that my child's continued enrollment is conditioned on CARE being provided with current, working, emergency contact phone numbers.
 6. I agree to indicate in writing if my child is to walk home from the program or if any other arrangements have been made, such as my child visiting a friend after school or being picked up by a different person than previously authorized.
 7. I understand that my child must be signed in by an authorized person (as indicated in the Emergency Contact Form) in the morning, as well as signed out in the afternoon.
 8. I agree that for internal and external use, CARE and/or its sponsors may utilize film, print, and digital images of a student or a family that may be taken during program activities. I consent to such use and hereby waive all rights to compensation. Any exceptions to this consent shall be provided to you in writing.
 9. I hereby give permission for mutual exchange of information between the CARE Academy, and the home school regarding health and safety issues, attendance, food program status, ethnicity, immunization records, special program enrollment and academic achievement.
 10. I hereby give permission for mutual exchange of ethnicity, age, and gender information between the CARE Academy, and non-profit service organizations that provide activities for my child. Any exceptions to this consent shall be provided to you in writing.
 11. In an emergency, I authorize CARE staff to seek medical care for my child.

Parent/Guardian **signature:** _____

Print _____

Person responsible for fees if different **signature:** _____

Print _____

Address/ if different _____

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C.A.R.E. ACADEMY

Enrollment Preference for 2010-11 School Year

<input type="checkbox"/>	<u>AFTER SCHOOL</u> Program Only 5 days per week	\$200.00 per month
<input type="checkbox"/>	<u>BEFORE SCHOOL</u> Program Only 5 days per week	\$ 60.00 per month
<input type="checkbox"/>	Combined <u>BEFORE & AFTER SCHOOL</u> Program 5 days per week (10% discount for each additional sibling)	\$240.00 per month

<input type="checkbox"/>	<u>AFTER SCHOOL</u> Program Only 3 days per week	\$130.00 per month
<input type="checkbox"/>	<u>BEFORE SCHOOL</u> Program Only 3 days per week	\$ 40.00 per month
<input type="checkbox"/>	Combined <u>BEFORE & AFTER SCHOOL</u> Program 3 days per week (10% discount for each additional sibling)	\$150.00 per month

If you are enrolling in the 3 days per week program please complete:

MY CHILD WILL ATTEND (please check):

Monday:	___ Before only	___ After only	___ Before & After
Tuesday:	___ Before only	___ After only	___ Before & After
Wednesday:	___ Before only	___ After only	___ Before & After
Thursday:	___ Before only	___ After only	___ Before & After
Friday:	___ Before only	___ After only	___ Before & After

C O M P L E T E

You will receive an enrollment confirmation by May 26, 2010 after your child's application(s) has been processed. In August before school and C.A.R.E. Academy starts you will receive a Parent Handbook, all required forms including payment process and program schedule.

Please return the completed forms and payment (payable to United Way):

**United Way of Yellowstone County
C.A.R.E. Academy
P.O. Box 669
Billings, MT 59103**