

2011-12 CLUB REWIND ENROLLMENT FORM & TUITION STATEMENT



Program: (circle) BEFORE ONLY AFTER ONLY COMBINATION BEFORE/AFTER

Student's Name:	M/F	Birthdate:
Address:	City:	
Zip:	Home Phone:	
School for 2011-2012:	Grade for 2011-2012:	

PARENT/GUARDIAN INFORMATION

Father's Name:	Mother's Name:
Authorized to pick up? (list DL#)	Authorized to pick up? (list DL#)
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone: Pager:	Cell Phone: Pager:
e-mail:	e-mail:

Child lives with: father mother both parents other: (step/relative/etc.) _____

*If a parent is not authorized to pick up the child, Club Rewind main office staff must review court documentation to support that decision.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility staff or person in charge to take my child to:

Name of Physician:	Complete Address:
Phone #:	
Name of Hospital:	Complete Address:
Phone #:	

Student's Allergy information:

I give consent for this facility to secure any/ all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian: _____

PLEASE READ AND INITIAL EACH OF THE FOLLOWING:

I recognize that tuition is due on the 1st, and if not made by the 16th, my child will be removed from the program. Initial

I recognize that in the event my child's behavior becomes severely disruptive, unsafe to him/herself or others or my child does not respond to intervention, I will be called to pick him/her up immediately. If severe behavior continues, my child may be removed from the program. Initial

I recognize that Club Rewind staff members are not held responsible for my child's personal belongings. Initial

I acknowledge the district's Acceptable Use Policy for computer use and recognize that the same policy applies in Club Rewind. Initial

I give permission for my child to be included in program photographs or videos for training and/or marketing purposes. Yes No

I recognize that Club Rewind staff members are employees of CFISD and, as such, are school officials who have access to my child's CFISD records. Club Rewind is not a part of the CFISD academic program and, as such, student records reviewed by Club Rewind staff will be utilized for reference only. Club Rewind administration will engage in an individual and thorough review and assessment of any student's special needs or requests for accommodation. Initial

PERMISSION TO RELEASE (not applicable to Morning Care Only)

The primary person picking up my child (include DL #): _____

Relation to the child: _____

Please list all persons who are authorized to pick up your child. Your child will only be allowed to leave with the persons named. They will be required to show proof of identification. In the event of an emergency, the following persons may also be contacted.

YOU MUST LIST AT LEAST 2 OTHER PEOPLE TO CONTACT AND THEIR PHONE NUMBERS

Name/ Relationship	DL#	Phone Number(s)

To add or drop persons from the list, written notice must be given to program staff in advance.

CFISD EMPLOYEES

Employee Name: _____
Job Title: _____ Campus/Building: _____

DISCOUNTS

Please complete this section if you are applying for a discounted rate. You are eligible to apply if your child qualifies for either the reduced or free lunch program.

My child qualifies for reduced lunch: _____ **Initial.** My child qualifies for free lunch: _____ **Initial.**

I have turned in my application for either reduced or free lunch program and am waiting a response. _____ **Initial.**

SPECIAL NEEDS

My child has the following special needs (regarding health, academic, social, emotional, etc.):

Please note: Club Rewind staff members are CFISD employees and, as such, may obtain information from your child's school records in order to determine eligibility for enrollment.

TUITION STATEMENT

I recognize the following: registration/supply fee is non-refundable/non-transferable. My tuition is due on the 1st of each month, regardless of the day of the week that the first day falls. I will be charged late fees on the 6th and 11th of each month, if tuition is late. My child will be removed from the program if the balance of ANY fees are outstanding on the 16th. If my child is removed from the program, I must pay the registration/ supply fee again to re-enroll and clear any outstanding balance first. I must give IN WRITING a two week notice to withdraw my child. I will be responsible for the fees calculated at the time of the withdrawal. My notice will state my child's last day in the program. If I give notice after my child is no longer in the program, I will be responsible for any tuition through the two week notice. I will not be reimbursed in the event my child is suspended or removed from the program for any reason.

Parent Signature _____ Date _____

I HAVE READ THE REGISTRATION PACKET. I AGREE TO ABIDE BY THE CLUB REWIND POLICIES AND WILL NOTIFY STAFF MEMBERS IN WRITING OF ANY CHANGES MADE TO THE INFORMATION ON THIS FORM. I RECOGNIZE IT IS MY RESPONSIBILITY TO MAINTAIN CURRENT INFORMATION WITH THE PROGRAM AT ALL TIMES.

PARENT SIGNATURE _____ DATE _____

Club Rewind does not discriminate against applicants on the basis of race, color, national origin, sex, age, religion, or disability status. Due to staffing and budgetary restrictions, and because Club Rewind is not a part of the CFISD academic program, certain restrictions apply for enrollment and each child's application will be reviewed individually for acceptance. If a child's needs are greater than can be met in a staff-to-child ratio of 1:16, Club Rewind is not a suitable option for before/after school care.

FOR OFFICE USE ONLY

DATE REC'D: _____ BY: _____ ACTUAL START DATE: _____

CHECK #: _____ AMOUNT: _____ PURPOSE: _____

Tuition Rate: _____ Explanation for Rate: _____

Siblings? Where and specify location of payment: _____