**CREC Magnet Schools- University of Hartford Magnet School**

**2022-2023 Before/After Care Program Registration**

Please complete this form and return to Rashida Davidson, Program Coordinator

**My School Bucks** Account MUST be set up to process payments

**Registration Information:**

|  |  |  |
| --- | --- | --- |
| **Check** | **Action** | **Date** |
|  | New Registration |  |
|  | Change of schedule |  |
|  | Withdrawal of Program |  |

**Student Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student name | Date of Birth | Grade | Teacher | Am(M-F) | Pm(M-F) | Allergies |
|  |  |  |  |  |  |  |

**Parent/Guardian Information:**

|  |  |
| --- | --- |
| Parent/Guardian Name: | Relationship: |
| Address: | Resides with:(yes/no) |
| Home phone: | Cell phone: | Work phone: |
| Work Address: |
| Email Address: |

|  |  |
| --- | --- |
| Parent/Guardian Name: | Relationship: |
| Address: | Resides with:(yes/no) |
| Home phone: | Cell phone: | Work phone: |
| Work Address: |
| Email Address: |

**Emergency Contacts/Authorized Pick Up:**

**(Children will NOT be released to anyone not listed as an authorized pick up)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Cell Phone | Work/Home Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please note:**

**Contact the Program Coordinator for any concerns regarding your child, as we do not have access to school files.**

**--Continued on next page--**

**Student Name:**

**Hours and Cost: Please indicate your selection below:**

|  |  |  |
| --- | --- | --- |
| **Early Release Days only** | **Daily $39.55** | **Yearly $495.52**  |

**Students in grades Pre- K through grade 5 please choose a plan below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Option** | **Description** | **Days** | **Hours** | **Cost/Month** |
|  | **A** | **Before Care** | **M-F** | **7:30-8:40 am** | **130.50** |
|  | **B** | **After Care** | **M-F** | **3:35-5:30 pm** | **242.50** |
|  | **C** | **Before and After Care** | **M-F** | **7:30-8:40 am****&****3:35-5:30 pm** | **373.00** |
| **Please check your option** | **D** | **Early Release Days only** | **Daily****$39.55** |  | **Yearly****$495.00** |  |

**Parent/Guardian Acknowledgement:**

I have read, understand and agree to adhere to all of the policies, procedures and expectations outlined in the University of Hartford Magnet School Before/After Care Family Handbook. Initial\_\_\_\_\_

I agree to pay all fees owed before the start of each month while using the program. I understand that if monthly fees are not paid by the end of each month, my child will not be able to attend the following month. Initial\_\_\_\_\_

In the event of an emergency, I authorize my child to be treated at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hospital.

I give my permission to UHMS Before and After Care program to photograph my child. I agree that UHMS may use such photographs of my child for lawful purpose. Including such purposes as publicly, illustration and advertising and website content. Initial\_\_\_\_\_\_

**Primary Doctor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian Name (print)** | **Parent/Guardian Signature** | **Date** |
|  |  |  |
|  |  |  |

**The following is for federal and state reporting only:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnicity****(Circle one)** | **American****Indian** | **Asian** | **Black, not of Hispanic origin** | **Hispanic** | **White, not of Hispanic origin** |
| **What is the primary language spoken by parents/guardians in the home?** | **What is the primary language spoken by the student at home?** |