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

**2020-2021 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 $395.52**  |

**Students in grades Kindergarten 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** | **$126.18** |
|  | **B** | **After Care** | **M-F** | **3:35-5:30 pm** | **$229.07** |
|  | **C** | **Before and After Care** | **M-F** | **7:30-8:40 am****&****3:35-5:30 pm** | **$355.25** |

**Students in Pre-K please choose a plan below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Option** | **Description** | **Days** | **Hours** | **Cost/Month** |
|  | **Pre-K A** | **Before Care** | **M-F** | **7:30-8:40 am** | **$126.18** |
|  | **Pre-K B** | **After Care** | **M-F** | **2:35-3:35 pm** | **$98.88** |
|  | **Pre-K C** | **After Care** | **M-F** | **2:35-5:30 am** | **$288.40** |
|  | **Pre-K D** | **Before and After Care** | **M-F** | **7:30-8:40 am****&****2:35-3:35 pm** | **$225.06** |
|  | **Pre-K E** | **Before and After Care** | **M-F** | **7:30-8:40 am****&****2:35-5:30 pm** | **$414.58** |

**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. Initial\_\_\_\_\_

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

**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?** |