

# CASA ENROLLMENT FORM



Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of birth \_\_\_\_\_

Mothers Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Fathers Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Dad Cell Phone # \_\_\_\_\_ Mom Cell Phone # \_\_\_\_\_

E-mail Address which is checked most often \_\_\_\_\_



My child will attend CASA the following hours and days. Please check the desired time and circle the corresponding days.

**K3 through T1**

\_\_\_\_ 12:15 – 3:30 p.m.            Mon.            Tues.            Wed.            Thurs.            Fri.

\_\_\_\_ 12:15 – 5:30 p.m.            Mon.            Tues.            Wed.            Thurs.            Fri.

**Grades 1 through 8**

\_\_\_\_ 3:00 – 5:30 p.m.            Mon.            Tues.            Wed.            Thurs.            Fri.

Your child must be picked up at or before the time chosen on this contract or a late pick-up fee of \$1.00/minute will be assessed.

If your child is absent from the program for any reason, your fee is still to be paid.

**Others authorized to pick up your child:**

Name/Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

**Persons NOT ALLOWED to pick up your child.** Please attach a separate sheet of paper to this form with information as to why this person is not allowed to pick up your child.

Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies, medical needs, and/or restrictions \_\_\_\_\_

My child may be given  Tylenol  Benadryl  Advil (check all that apply) Signature \_\_\_\_\_

**Please read over carefully and sign.**

I have read over this contract and agree to its terms. I understand that the CASA program is not a drop-in program. My child will come on the days specified. I also understand that fees are due even if my child is absent from the program. I understand that my child must be picked up at the designated time and that **the late fees listed above will be applied on your next monthly statement.** I understand that any changes must be approved by the CASA director and sent in writing.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_ Registration Fee Paid \_\_\_\_\_ Registration Date