

# CONTE WEST HILLS MAGNET SCHOOL

A SCHOOL OF EXPLORATION AND INNOVATION  
BEFORE SCHOOL ACADEMY REGISTRATION FORM AND CONTRACT

We are pleased to announce a great opportunity for Conte's students and families! The program will offer academic, enrichment and recreational opportunities. Program activities will run five days a week, Monday through Friday, from 8:00 a.m. to 9:05 a.m. If you'd like to participate, please fill out the following registration form and corresponding contract agreement items. Please note that an application fee of \$20.00 must be attached in order for a child to be enrolled in the program. The Before School Academy is set to begin Monday, September 20, 2021. Please return application and fee in a seal envelope to the main office attention Maris Medeiros. First Payment will be due on 9/20/2021.

**STUDENT INFO**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ ID# \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (ZIP)

SPECIAL EDUCATION?  YES  NO PRIMARY LANGUAGE: \_\_\_\_\_

**PARENT/GUARDIAN INFO:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 CONTACT PHONE# \_\_\_\_\_ SECOND CONTACT PHONE# \_\_\_\_\_

**Person responsible for payment:**

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_ Application Fee Enclosed \_\_\_\_\_

**CHECK YOUR SELECTIONS:**

BEFORE SCHOOL 7:30am-9:05am \$40 weekly Application fee: \$20

**\*\*\*Payment must be made at the school every other Monday at 8:00 a.m., to cover the cost of the program. A parent may choose to pay for more than one week in advance. If payment is not made on a Monday morning, the student will not be permitted to participate in the program PAYMENT IS CASH ONLY. Schedule of payment days will be forthcoming.\*\*\***

LIST ANY MEDICATIONS AND INSTRUCTIONS FOR ADMINISTERING INCLUDING TIME OF DAY, DOSEAGE, AND SYMPTOMS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ANY OTHER MEDICAL CONCERNS, ALLERGIES, OR SPECIAL NEEDS WITH INSTRUCTIONS: \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY CONTACT INFO:**

Relation to child	First name	Last Name	Cell Phone

STUDENT'S PRIMARY CARE PHYSICIAN NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Parent agrees to have his/her child treated by a physician in the event the parent is not able to get to the hospital in time?  YES  NO

Preferred hospital : \_\_\_\_\_

\*NOTE: In the event of a medical emergency, the nearest hospital will be the default. In case of serious illness your child will be taken to Yale-New Haven Hospital. The parent will be responsible for all medical bills incurred.

**AUTHORIZED ADULTS FOR PICK UP:**

Relation to child	First name	Last Name	Cell Phone

# Parent Contract Agreement

We respectfully commit to providing quality Before school activities that support learning and growth in a safe and secure learning environment. We ask that parents also commit to support this effort by agreeing to the following items listed below.

Please read and initial each statement:

\_\_\_\_\_ I agree to sign my child in and out in accordance with program policy and procedure.

\_\_\_\_\_ I understand that failure to pay or repeated delays in payment may result in loss of student's spot in program.

\_\_\_\_\_ I give permission for my child's school health records to be copied and given to the building leader for the Conte-West Hills before-school program.

\_\_\_\_\_ I give permission for my child to participate in all program activities on and off campus, use indoor and outdoor program equipment, access internet and computer applications, and travel to/from field trip under supervision and provision of program staff.

\_\_\_\_\_ I agree to pay the appropriate weekly amount for selected program via the required payment methods. ***If for any reason, except illness, the amount has not been paid by the end of the program on Wednesday of a payment week, a late fee of \$10.00 will be assessed. If the amount has not been paid by Friday, your child will not be permitted to return to the program until the past due account is brought current.***

\_\_\_\_\_ I agree to notify the program coordinator, in writing, **one week** in advance of the removal of my child from the program. I understand that I will be responsible for the week's program fee if advanced notice is not provided.

\_\_\_\_\_ I have provided the most current and accurate information for my child in this registration and commit to updating if anything changes.

## **Procedures in Case of Inclement Weather or a Child's Illness**

**No refunds will be offered in case of snow days or cancellation of school for other reasons. No refunds will be offered should a student stay home due to illness or other reasons. The program will not be offered during school vacations or when school is closed for a professional development. In the event of a delayed opening the morning program will not be offered,**

Parent/Guardian Print Name: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Sign Name: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Signature of Program Administrator: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_