

# Children's Education Center 2020 Extended Schooler Care Registration Form

## **EXTENDED CARE SESSIONS:**

- Please indicate which extended care sessions you are registering for.

- Session 1 August 10-14
- Session 2 August 17-21
- Session 3 August 24-28
- Session 4 August 31- September 4

## **PAYMENT:**

### **Extended Schooler Care Fees:**

Extended care is conducted at the weekly rates listed below. \* All children must be enrolled in extended care to qualify for sibling discounts.

<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>
<input type="checkbox"/> \$180 Full Time	<input type="checkbox"/> \$155 Full Time	<input type="checkbox"/> \$130 Full Time
<input type="checkbox"/> \$150 M/W/F	<input type="checkbox"/> \$150 M/W/F	<input type="checkbox"/> \$150 M/W/F
<input type="checkbox"/> \$125 T/TH	<input type="checkbox"/> \$125 T/TH	<input type="checkbox"/> \$125 T/TH
Name: _____	Name: _____	Name: _____
DOB: _____	DOB: _____	DOB: _____

- All CEC tuition fees are due on the 1<sup>st</sup> of each month and will be considered late after the 5<sup>th</sup>. Late payments will result in a \$50.00 late fee.
- Children must be a of school age (entering Kindergarten – entering 6<sup>th</sup> grade).
- Extended schooler care hours of operation are 6:30 am to 6:15 pm Monday through Friday.
- Extended schooler care tuition does not qualify for refunds.
- AM snack, PM snack and lunch will be served daily.
- TCT does not assume responsibility for the children's academic progress.
- Electronic devices must be provided.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Children's Education Center 2020 Extended Schooler Care Emergency Form**

Child's Full Name \_\_\_\_\_

Name child is called: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

In the event I cannot be reached for a medical emergency, I hereby authorize Christ Church to transport and to obtain treatment from:

Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Memorial Hermann Hospital-The Woodlands (281-364-2300) unless medical personnel specify another hospital, or \_\_\_\_\_

Name of Insurance

Company: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

When arriving at school/camp, a child must be left in the care of a staff member. A child will be released only to parents or to an adult designated in writing by the parent. A staff member must be aware of a child's departure. Please list persons who have your permission to pick up your child, and who could be contacted in case of an emergency if parents cannot be reached.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Children's Education Center 2020 Extended Schooler Care Permission and Release Form

**Please read and initial the following:**

\_\_\_\_\_ Our Parent Handbook may be accessed via website at [www.cc-christianeducation.org](http://www.cc-christianeducation.org). If you prefer a hard copy, you may request one from the administrative office. I acknowledge that I have read and understand the handbook.

\_\_\_\_\_ I acknowledge that I have read and understand The Climbing Tree Good Health Policy.

\_\_\_\_\_ I hereby release Christ Church United Methodist, all officers, directors, and staff from any liability in the event of an accident or injury occurring on the premises.

\_\_\_\_\_ Information Release: I hereby authorize The Christian Education Center to release our address and phone number for classroom purposes only.

\_\_\_\_\_ Photographic Permission: I authorize The Christian Education Center to photograph or videotape my child in school activities for classroom viewing, parent education events, local publicity or school websites.

\_\_\_\_\_ Water Activities: I authorize my child to participate in water activities such as sprinkler play and inflatable water slides.

\_\_\_\_\_ Special Events: I authorize my child to participate in special events at The Climbing Tree which include but not limited to petting zoo, Kona Ice, age appropriate movies, magic shows, and educational visits from approved age appropriate vendors.

\_\_\_\_\_ Food Items: I authorize The Climbing Tree to provide special food treats to my child throughout the school year. These items would be handed out in the classroom for birthdays, holiday parties and special events. Examples are: cupcakes, cookies, fruit, candies, cheese, crackers, juices, pretzels and chips.

\_\_\_\_\_ I will provide and authorize the application of sunscreen for my child.

\_\_\_\_\_ I will provide and authorize the application of bug repellent for my child.

\_\_\_\_\_ I will provide and authorize the application of topical ointment/lotion if needed.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Children's Education Center  
Christ Church United Methodist

**Background Authorization Form**

Completion of this document authorizes The Children's Education Center of Christ Church United Methodist to process a State of Texas Background Check to provide access to the Watch Me Grow System/key fobs for your child's classroom. Please complete all fields. **Please print.**

Guardian 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Social Security: \_\_\_\_\_ DOB: \_\_\_\_\_

Race: W, B, A, I, O Ethnicity: \_\_\_\_\_ (Hispanic/Non-Hispanic)

Place of Birth (State or Other Country): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Guardian 2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Social Security: \_\_\_\_\_ DOB: \_\_\_\_\_

Race: W, B, A, I, O Ethnicity: \_\_\_\_\_ (Hispanic/Non-Hispanic)

Place of Birth (State or Other Country): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date