



**21st CENTURY EDU-CARE CENTER - "WHERE IT'S EDU-CARE, NOT DAYCARE!"**

**School-Age Program**

**Registration fees of \$25 per family are due on the day of enrollment**

**Does your child have an IEP? \_\_\_ Yes \_\_\_ No**

**Does your child have a medical condition requiring medication? \_\_\_ Yes \_\_\_ No**

(Our staff does not administer medications. However, if the meds are self-administered, a physical care plan and medication form must be provided for the center's files.) a physical care plan and medication form must be provided for the center's files.)

**For enrollment, please check preferences.**

- School-Age Morning Only (5:30 AM - 8:30 AM)** Weekly- \$60
- School-Age Afternoon Only (3:15 PM - 6:00 PM)** Weekly -\$60
- School-Age Morning & Afternoon Program (5:30 AM - 6:00 PM)** Weekly -\$110
- Full Day Enrichment/Summer Program (5:30 AM - 6:00 PM)** Weekly -\$160
- School-Age Evening Care (3:15 PM - 12:00 AM)** Weekly -\$160
- Drop-in Care** Hourly - \$12

**Payment Type:** Private Pay (Must include social security number) \_\_\_\_\_

Title XX (Must include case number) \_\_\_\_\_

**First Day of Attendance** \_\_\_\_\_ **Grade this school year:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Bus #** \_\_\_\_\_ **Route #** \_\_\_\_\_ **Drop-off Time:** \_\_\_\_\_ **Pick-up Time:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**First Middle Last**

**Ethnicity:** African American \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Other Specify \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Cell Number** \_\_\_\_\_

**Home Number** \_\_\_\_\_ **City:** \_\_\_\_\_ **County:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Nickname student may prefer: \_\_\_\_\_ Student likes and dislikes:  
\_\_\_\_\_ Siblings in Program: Yes \_\_\_ No \_\_\_ If yes, print name(s)  
\_\_\_\_\_

Drop-off Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_ (Late fees are assessed @ \$1 per minute per child)

Who does the child live with? Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_\_\_

If child lives with 1 parent, does the absent parent have shared or joint custody? Yes \_\_\_ No \_\_\_

Does this parent have permission to remove the child from the center? Yes \_\_\_ No \_\_\_ (If it is your desire that the absent parent not remove the child from the program, you must provide the center with the legal documentation that states they are not authorized to remove the child from the center.)

**Parent Information:** If you're a Title XX client, you're required by the county to submit weekly schedules if your hours vary. The center will need a copy of that schedule to be on file weekly.

Mother / Guardian \_\_\_\_\_ Work \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Extension \_\_\_\_\_  
Employer \_\_\_\_\_ Department \_\_\_\_\_

**Employment Hours: Must Provide Copy of Weekly Schedule if Varies.**

Monday: \_\_\_ Tuesday: \_\_\_ Wednesday: \_\_\_ Thursday: \_\_\_ Friday: \_\_\_  
Saturday: \_\_\_

School Schedule: Monday: \_\_\_ Tuesday: \_\_\_ Wednesday: \_\_\_ Thursday: \_\_\_  
Friday: \_\_\_ Saturday: \_\_\_

Father / Guardian \_\_\_\_\_ Work \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Extension \_\_\_\_\_  
Employer \_\_\_\_\_ Department \_\_\_\_\_

**Employment Hours: Must Provide Copy of Weekly Schedule if Varies**

Monday: \_\_\_ Tuesday: \_\_\_ Wednesday: \_\_\_ Thursday: \_\_\_ Friday: \_\_\_  
Saturday: \_\_\_

School Schedule: Monday: \_\_\_ Tuesday: \_\_\_ Wednesday: \_\_\_ Thursday: \_\_\_  
Friday: \_\_\_ Saturday: \_\_\_

**Child's Release and Emergency Contact (PLEASE PROVIDE A MINIMUM OF TWO CONTACTS OTHER THAN THE PARENTS)** (You're granting permission for your child to be picked up by these people without notification or contact in case of emergency). All persons must show picture identification at the time of pick up. Local emergency contact are adults and persons aged 16 and older.

Name \_\_\_\_\_ Emergency contact only \_\_\_ Both release & Emergency  
Contact \_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Emergency contact only \_\_\_ Both release & Emergency  
Contact \_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Emergency contact only \_\_\_ Both release & Emergency  
Contact \_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Emergency contact only \_\_\_ Both release & Emergency  
Contact \_\_\_ Phone# \_\_\_\_\_

**Acknowledgement / Permission and Releases**

**PHOTOS**

I, undersigned give permission to the 21st Century Edu-Care Center to use photos of my child in print and electronic media, including newspaper, Facebook, and the center's website. Your signature below indicates that you understand and agree with this policy.

\_\_\_\_\_

**Signature of Parent / Guardian**

**Routine School Transportation Permission** (only for children transported to and from school or Bus Stop by Columbus City Schools). \_\_\_ I give permission for my child \_\_\_ I do not give permission for my child \_\_\_ to be transported to and from 1673 Karl Court to their home school (name) \_\_\_\_\_, the address \_\_\_\_\_ and the phone number is \_\_\_\_\_ by school bus and provider transportation. This permission is granted on (date) \_\_\_\_\_ and is valid for one year. During this time, my student will not have access to water two feet or more in depth. \_\_\_ My student is over 4 years and 40 pounds. \_\_\_ My student is not over 4 years and 40 pounds. I agree to follow all guidelines outlined by the 21st Century Edu-Care Center. I understand I must notify the center 2 hours before any change in transportation needs. If I fail to notify the center about my student's needs and a trip is made to pick them up and they are not at school, a \$10 service fee will be assessed and must be paid before transportation services are restored.

Your signature below indicates that you understand and agree with the policy.

\_\_\_\_\_

**Signature of Parent / Guardian**

**Bus Drop-Off Permission** (Students being transported by Columbus City Schools)

I \_\_\_\_\_ confirm and give my permission for Columbus City Schools to allow my student (name) \_\_\_\_\_ to exit the bus and walk to the 21st Century Edu-Care Center. I can be reached at \_\_\_\_\_, if my child does not arrive at the center within 10 minutes of their designated drop off time of \_\_\_\_\_. CPS will be called at 614-365-5074. Bus stop Address: \_\_\_\_\_ Bus Compound Address: \_\_\_\_\_

**Sharon Woods Park** (Routine Permission)

I give my permission \_\_\_\_\_ I do not give my permission \_\_\_\_\_ for my child \_\_\_\_\_ to be transported to and from 1673 Karl Court (21st Center) to Sharon Woods Park 6911 Cleveland Ave. Columbus, OH 43081. This permission is granted on (date) \_\_\_\_\_ during their hours of enrollment at the 21st Century Edu-Care Center. During this time, the student will not have access to water two feet or more in depth. \_\_\_\_\_ My student is not 4 years and 40 pounds. \_\_\_\_\_ My student is over 4 years and 40 pounds. My child will accompany his/her class on all routine field trips away from the center as long as he/she is enrolled in the 21st Century Edu-Care Center. I understand I will be notified in advance about planned field trips, however, routine field trips will not require an additional written permission form.

Your signature below indicates that you understand and agree with this policy.

\_\_\_\_\_  
**Signature of Parent / Guardian**