

C.H.A.M.P.S.



After School Academic Enrichment Program Registration Application

Child's Name

D.O.B.

Sex

Grade

Teacher

Physician Name

Physician Phone

Primary Language

Health Insurance Company

Home Address

Mother/Guardian Name

Daytime Phone

Cell Phone

Other

Email Address

Father/Guardian Name

Daytime Phone

Cell Phone

Other

Email Address

Designated Pickup Person (No child will be released to anyone not listed on this enrollment form)

Designated Pickup Person

Emergency Contact

Phone Number

Emergency Contact

Phone Number

C.H.A.M.P.S. Enrollment Policy: First priority will be given to students in grades K-2 who have been recommended by their teachers. If there are more registration requests than openings, open enrollment spots will be filled with a lottery process. Funding for the C.H.A.M.P.S. program is provided by a grant through the State Department of Education. In accordance with Federal Law, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. Not all bases apply to all programs.

Parent Signature:

Date:

C.H.A.M.P.S.

Parent Permission Forms and Child Information

I give permission for my child _____ to be transported from Hinsdale School to Batcheller School to participate in the C.H.A.M.P.S. After School program.

Parent Signature _____

Date: _____

I give permission for my child _____ to participate in health and wellness activities at the Winsted YMCA, including swim lessons, and be transported on a bus provided by the Winchester School District. Certified lifeguards will be on site during all swimming activities

Parent Signature _____

Date: _____

I give permission for my child _____ to receive First Aid and/or CPR by certified C.H.A.M.P.S. staff if necessary. In the event of an emergency, I give permission for my child to be transported to, and treated by, the Emergency Department at the Winsted Health Center.

Parent Signature: _____

Date: _____

I give permission for my child _____ to be photographed and/or videotaped by local media. (newspapers, local news, etc.)

Parent Signature: _____

Date: _____

I give permission for my child _____ to participate in field trips planned by the CHAMPS program for the 2011-2012 school year.

Parent Signature: _____

Date: _____

Does your child have any allergies? (Food, medication, bees, seasonal, etc).

Does your child have any chronic or recurring illnesses or disorders?

Does your child take any medications? If yes, please state name and dosage.

Please give any further information in which you believe will be helpful to staff in understanding and caring for your child.

What do you wish your child to gain from this program?

C.H.A.M.P.S

C.H.A.M.P.S is an open enrollment 25 week program, beginning November 28th and ending the last full day of the 2011-12 school year. Students are expected to participate 5 days a week through the end of the school year.

* Please note that C.H.A.M.P.S will not be in session on early release, half or vacation days.

I have previously received the Mary P. Hinsdale School, Batcheller Early Education Center Parent/Student Handbook 2011 to 2012 and I agree to abide by all of the policies and procedures outlined in that manual throughout C.H.A.M.P.S. enrollment.

Parent Signature: _____

Date: _____

Participants currently enrolled at the Winsted YMCA or the Winsted Area Child Care program may enroll in C.H.A.M.P.S at no additional fee. If your child is **NOT** currently enrolled in the Winsted Area Child Care program or the Winsted YMCA please indicate your method of payment below:

_____ Weekly Tuition Fee: \$40.00 Weekly tuition payments are due on the Friday before the week of participation.

_____ Monthly Tuition Fee: \$160.00 Monthly tuition payments are due on the first program day of each month.

_____ Full Tuition Payment: A **10% Discount** will apply to anyone wishing to pay for the entire 25 week program by December 1, 2011. (\$1,000 minus 10% discount = \$900.00)

Please note:

*Checks should be made payable to: **Town of Winchester - CHAMPS**

*There may be a \$25.00 charge for any check not honored by your bank.

Tuition Assistance Application

Tuition assistance is available to those who qualify. Funding sources include the CT Care4Kids program. Please return your two most recent paystubs with this form.

Name of Applicant:

Number of Family Members

Are all adults in the home employed? Y N

Annual Household Income

Do you currently receive childcare tuition assistance. If yes, please indicate amount and source.

Name & Address of Employer

Contact Person & Phone Number:

For Office Use Only

Student Accepted:	Y	N	Group Assignment:	A	B	C	D	<input type="checkbox"/> Recommended	
								<input type="checkbox"/> Lottery	
Deposit Received:	Y	N	Deposit Amount:						Received By:
Tuition Assistance:	Y	N	TA Source:						Parent Fee:
SAS ID #:			District ID #:			Grade:	Teacher:		
Notes:									

Director/Authorized Signature:	Date:
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