

Application/Consent Form

Date of Enrollment _____ Date of Discharge _____
Child's Name: _____ Date of Birth: _____

Scheduled Day/Hours of care: (Circle each day) M T W TH F Hours: _____

Mother:

Parent/Guardian: _____ Employer: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Phone No.: _____ Phone No.: _____
E-mail address: _____

Father:

Parent/Guardian: _____ Employer: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Phone No.: _____ Phone No.: _____
E-mail address: _____

Child's Physician: _____ **Phone No.:** _____
Address: _____ **City/State/Zip:** _____

Persons Authorized by parents who may pick up child (indicate relationship)

Name	Address/City/State	Phone No.:	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Persons to contact in case of emergency if parent(s) cannot be located:

Name	Address/City/State	Phone.:	Relationship
_____	_____	_____	_____

I authorized Chance After Chance College Prep. (CACCP) to provide first aid treatment to my child in case of an accident. I additionally authorize CACCP, in my absence, to call emergency services (911), and to have my child transported to the most appropriate medical facility, as well as consent for medical treatment of my child at said facility. I will be responsible for the emergency medical charges upon receipt of the statement. A staff member of CACCP will accompany my child should she/he be transported to a medical facility. Parents will be notified immediately. I will notify CACCP in writing of any changes in my address and phone number as well as any changes with my employer's name, address, and phone number.

Parent/Guardian: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

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I authorize **CACCP** to administer prescribed medicine to my child as specified in the prescription's directions for administration. I additionally authorize **CACCP** to administer patent medicine to my child specified in written instructions.

I have received a copy of CACCP's parent handbook and guidance & discipline policy. I give consent for my child to go on walking trips through the neighborhood with **CACCP**. I give consent for **CACCP** to photograph, videotape or film my child for promotional or security purposes. I give consent for my child to participate in a prayer before meals.

If the child has any of the following, please explain:

Medical Problem:

Physical handicaps:

Allergies:

Regularly medications:

Food Likes:

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____



Chance After Chance College Prep Before/After Care Enrollment Packet
217 N. Cicero Ave Chicago, IL. 60644 773-287- 2916. CACCPFA@gmail.com

Enrollment Agreement
(Financial terms and conditions)

I agree to enroll my child (ren), _____ in Chance After Chance College Prep.

I have received and read the attached Child Care Rules and agree to comply with all rules and responsibilities set forth.

- 1. Hours of Operation are 6:00 a.m. to 6:00 p.m. Monday through Friday.*
- 2. I agree to pay my AFC Co-Payment each month, as stated. I understand there is no deduction for absences, holidays, Teacher In-service days and inclement weather days. If tuition is not paid prior to the close of business day on the last day of the month, a late fee, as stated, will be added to my child's tuition.*
- 3. I agree to pay the full AFC Co-Payment even if my child is absent for one or more days due to illness or family vacation during the calendar week; however, if my child is absent, due to serious illness the monthly AFC Co-payment Tuition Fee may be discounted as stated in the tuition fee schedule, only if a doctor's statement is received and verified by CHANCE AFTER CHANCE MINISTRIES staff.*
- 4. **Cash Pay Parents only**-I agree to pay my Out-of-pocket tuition fee on the 15th and the 30th of each month. I understand I am responsible to pay Chance After Chance Ministries for the days my child is enrolled even if missed attendance.*
- 5. I agree that my child will participate in the education program for which my child is eligible. Education fees, as stated, for the program for which my child is eligible, are due upon enrollment and again during registration for the new school year.*
- 6. I agree to pay a per child LATE Pick-up fee, as stated, by Chance After Chance Ministries if my child is not picked up from the center at the closing time.*
- 7. I agree to pay a Return Check fee, as stated. If I have a returned check, Chance After Chance Ministries will have the option to refuse any future check.*
- 8. I agree to give CHANCE AFTER CHANCE MINISTRIES prior notification, if my child will be absent for any reason. I understand failure to give Notification after one week, could result in my child's slot being filled.*
- 9. A two-week notice must be given to begin the withdrawal process. See Parent/Student Handbook for the complete withdrawal procedures.*
- 10. Chance After Chance Ministries RESERVES THE RIGHT TO TERMINATE THIS AGREEMENT at any time. A child may be discharged by the Center without prior notice if, in the sole opinion of the Center, it is in the best interests of the child or the Center to discharge the child.*
- 11. I agree to participate in at least three required Parent Meeting during the calendar year.*
- 12. Legal Authorities may be contacted for children left at the Center More Than one hour after closing.*
- 13. The terms of this Agreement are subject to change in whole or in part by Chance After Chance Ministries with two-week notice.*

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____



Chance After Chance College Prep Before/After Care Enrollment Packet

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14. I understand my AFC Co-payment rates are subject to change at my redetermination.
15. Tuition fees include sick days of the child and the following closed holidays: New Year's Eve, New Year's Day, M L King B-day, Memorial Day, Juneteenth, 4th of July, Labor Day, Thanksgiving Day and the Friday after, Christmas Eve and Christmas day. **(Holidays falling on Saturday are observed on Friday-Holidays falling on a Sunday are observed on Monday).**
16. Also included in tuition fees are Teacher In-service days. These are training days for the entire staff.
17. Also included in tuition fees are Emergency days. These are days that due to unforeseen circumstances beyond our control, Chance After Chance Ministries must close.
18. Chance After Chance Ministries is open whenever possible, but should it be necessary to close because of severe weather conditions, the closing will be communicated via Bright wheel and/or posted on Chance After Chance Ministries Website. There is no Tuition reduction for inclement weather days unless otherwise stated.
19. I agree that my child will arrive by 9:30 a.m. each day. However, if my child is not in attendance by 9:30 a.m., I will contact the school via Bright Wheel.
20. None of the fees stated above are refundable.

NOTE: Chance After Chance Ministries does not discriminate based on disability or race.

FEE SCHEDULE

1. AFC Fee \$ Assigned Co-Payment per Action for Children
2. OPP Tuition \$ 600.00/per month (Flat Rate)
3. Late Payment \$ 15.00 and \$5.00 each day thereafter. **(Late tuition Fee)**
4. Our hours are from 6:00 a.m. to 6:00 p.m.
5. Emergency Closings: For information regarding inclement weather closings, please refer postings at Bright Wheel, (or) www.emergency closing.com, (or) Chance After Chance Ministries
6. Late Pickup fee **\$3.00** per minute.
7. Returned Check – maximum allowed by State Law \$35.00 in cash along with tuition.
8. Payments can also be made electronically via BrightWheel, Cashapp (\$CACCPFA) or Zelle (773-386-7778) if Zelle or Cashapp please include name in MEMO section.

Certification: I certify that I have received, read and understand the information contained in this Enrollment Agreement, and agree to the terms and conditions set forth therein, including the Financial Terms and Conditions and Fee Schedule set forth above.

The period beginning _____ and ending **CONSENT IS VALID THROUGHOUT ENROLLMENT**

Director Signature

Parent/Guardian Signature

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

EMERGENCY MEDICAL CONSENT FORM

Chance After Chance College Prep has my permission to obtain emergency medical treatment for my child, _____ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother/Guardian's Name: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

Father/Guardian's Name: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

My insurance provider is: _____
My child's Primary Care Provider is: _____
Preferred hospital/treatment center: _____
List of current medications: _____
List of allergies: _____

I (we) consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of Illinois when the need for such treatment is immediate and when any/all efforts to contact me (us) directly have been exhausted.

- I understand and assume all medical financial responsibility for any/all treatment provided to my child.

Consent is valid throughout Child's enrollment

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

CONSENT & RELEASE AGREEMENT:

I (Print your Name) _____, provide consent for my child

(Print Child's Name) _____, to participate in CACCP After School Program. In providing this consent, I understand that the program will require my child to participate in various activities including gross motor activities, recreation, arts & crafts, games, walking, field trips and other physical activities.

I further understand that there is potential for injury to my child during these activities. By signing this consent and release form, I acknowledge and agree to discharge CACCP, their volunteers, agents, employees, and directors from all causes of action claims and demands, damages directly or indirectly sustained by my child or myself as a result of his/her participation in this program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PHOTO CONSENT (Optional)

I give permission for my child's photograph/video to be taken and used by CACCP. All photographs and/or videos may be used for school or agency related publicity and in any/all marketing materials including for public relations or education purposes.

Having full knowledges of the purposes and/or uses of photograph(s)/video(s), I expect no compensation or remuneration. No Inducement or promises have been made to me to secure my signature to this release outside of the above stated intentions. This consent as the any use of said photographs/videos/slides shall act to expressly release from liability the agencies, their Board of Directors, and all their personnel.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Permission to Attend Field Trips

Dear Parents/Guardians,

During the course of the school year, your child(ren) will be attending various Chance After Chance College Prep field trips. We will send out information about each upcoming trip as it becomes available, and as the planned trip gets closer to the date a reminder will be sent via Brightwheel as well. Please check one of the boxes below, sign and return this form.

- Yes, I give permission for my child(ren) to attend Chance After Chance College Prep planned Field Trips and I acknowledge a trip notification & reminder will be sent home beforehand.
- No, I do not give permission for my child(ren) to attend any Chance After Chance Field Trips.

(Student's First and Last name)

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

AUTHORIZATION FOR PICK UP & DROP OFF

(Child's Name)

I _____ authorize CACCP to release my child to the following persons:
(Parent/guardian name)

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone(_____) _____ Cell Phone(_____) _____

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone(_____) _____ Cell Phone(_____) _____

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone(_____) _____ Cell Phone(_____) _____

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone(_____) _____ Cell Phone(_____) _____

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone(_____) _____ Cell Phone(_____) _____

Please note, your child will not be released to any person(s) not listed on this form or BrightWheel. If you would like to have your child released to anyone other than the people listed on this form, please call informing the school's teacher or director and have the individual to bring a photo ID

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

Chance After Chance Late Fee Policy

The Hours of Operation for **Chance After Chance College Prep** are 6:00 am until 6pm Monday through Friday.

CACCP has two schedules for drop off and pick up.

Parents who **qualify for extended hours** may drop children off as early as 6:00am and pick up at 6pm.

A late fee of **\$15** will be charged for children picked up after 6pm unless prior arrangements have been made.

Parents who **do not qualify for extended hours** may drop children off as early as 8am and pick up as early as 3:30pm

A late fee of **\$15** will be charged for children picked up after 3:30pm unless prior arrangements have been made.

Please contact us via Brightwheel if you realize that you are going to be late.

Also, please understand that the late fee will still apply.

LATE FEE IS TO BE PAID SAME DAY.

Child's Name

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____