

**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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name	Address/City/State	Phone.:	Relationship
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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: \_\_\_\_\_

## **Application/Consent Form**

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:**

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**Physical handicaps:**

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**Allergies:**

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**Regularly medications:**

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**Food Likes:**

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**Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Enrollment Agreement**

*(Financial terms and conditions)*

***I agree to enroll my child (ren), \_\_\_\_\_ in Chance After Chance Ministries.***

***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 15<sup>th</sup> and the 30<sup>th</sup> of each month. I understand I am only responsible to pay Chance After Chance Ministries for the days my child is in 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: \_\_\_\_\_**

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, 4<sup>th</sup> 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.

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

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#### **FEE SCHEDULE**

1. AFC Fee \$ Assigned Co-Payment per Action for Children
2. OPP Tuition \$ 600.00/per month
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 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**

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Director Signature

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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: \_\_\_\_\_

## **General Walking Trip Permission Slip**

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR SCHOOL YEAR: \_\_\_\_\_ TO \_\_\_\_\_

Dear Parent,

An important part of our program includes walking trips around the neighborhood. Walks expand the children's knowledge of the world around them. Children are well supervised on walks. A staff member will not be left alone and out of sight or hearing distance of another staff member when with a child at any time. Please sign and return the walking permission slip for our records.

Sincerely,

Teacher or Center Manager

Each field trip that requires transportation will have a separate permission slip.

X \_\_\_\_\_ Has my permission to go on neighborhood walks.  
(Child's Name)

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_





## **Permission to Photograph**

Dear Parents/Guardians,

During the course of the school year, your child(ren) may be photographed and/or video recorded during the day or a childcare event. If you would like your child's photo to appear on the childcare or class website, classroom board, etc., please sign and return this form.

- Yes, I give permission for my child's image to be used by Chance After Chance College Prep
- No, my child's photo may not be used by Chance After Chance College Prep.

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(Student's First and Last name)

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**

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(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: \_\_\_\_\_