

Application and Consent Form for the Summer Program

Child's Name: _____ Birthdate: _____

Please select a program below:

Full Day Program(6am – 6pm / \$150Activity Fee) Hours based on school/work schedule.

Midday Program(10am – 2pm / Free Program)

Mother: _____

Parent/Guardian: _____ Employer: _____

Address: _____ Address: _____

City/State/Zip Code: _____ City/State/Zip Code: _____

Telephone: _____ Telephone: _____

Email: _____

Father: _____

Parent/Guardian: _____ Employer: _____

Address: _____ Address: _____

City/State/Zip Code: _____ City/State/Zip Code: _____

Telephone: _____ Telephone: _____

Email: _____

Child's doctor: _____ Telephone: _____

Address: _____ CityState/Postal Code: _____

Persons authorized by the parents to pick up the child (indicate relationship):

Name	Address/City/State	Telephone:	Relationship
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People to contact in case of emergency if the parents cannot be located:

Name	Address/City/State	Telephone:	Relationship
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I authorize Chance After Chance College Prep. (CACCP) to provide first aid to my child in the event of an accident. I also 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 to consent to my child's medical treatment at that facility. I will be responsible for emergency medical charges upon receipt of the statement.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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A CACCP staff member will accompany my child if they are transported to a medical facility. Parents will be notified immediately. I will notify CACCP in writing of any changes to my address and telephone number, as well as any changes to my employer's name, address, and telephone number.

I authorize CACCP to administer the prescribed medications to my child as specified on the prescription. I also authorize CACCP to administer over-the-counter medications to my child as per written instructions.

I have received a copy of the CACCP Parent Handbook and the Guidance and Discipline Policy. I consent to my child participating in neighborhood walks with CACCP. I consent to CACCP photographing, videotaping, or filming my child for promotional or safety purposes. I consent to my child participating in a prayer before meals.

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

Medical problem:

Physical disabilities:

Allergies:

Medications you take regularly:

Foods he likes:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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I, (Write your name) _____, give my consent for my son/daughter (Write the child's name)

_____, participate in the CACCP Summer Program. By giving this consent, I understand that the program will require my child to participate in various activities, including gross motor activities, recreation, arts and crafts, games, hiking, excursions, and other physical activities.

I also understand that there is a possibility that my child may be injured during these activities. By signing this consent and release form, I acknowledge and agree to release CACCP, its volunteers, agents, employees, and directors from any and all liability for any cause of action, claim, or demand for damages suffered directly or indirectly by my child or myself as a result of their participation in this program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CONSENT FOR PHOTOGRAPHS (Optional):

I authorize the taking of photographs and/or videos of my child and their use by CACCP. All photographs and/or videos may be used for advertising related to the school or agency and in any marketing materials, including public relations or community educational purposes.

Having full knowledge of the purposes and uses of these photographs/videos, I do not expect to receive any compensation or remuneration. I have not been offered any promise or incentive to obtain my signature on this authorization beyond what is stated above. This consent, as well as any use of the aforementioned photographs/videos/slides/audio, expressly releases the agencies, their Board of Directors, and all their personnel from any liability.

Chance After Chance Late Fee Policy

Chance After Chance College Prep (CACCP) operates from Monday to Friday, from 6:00 a.m. to 6:00 p.m.

CACCP has three set times for the arrival and departure of children.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Parents who qualify for extended hours can drop off their children as early as 6:00 a.m. and pick them up as late as 6:00 p.m.

A late fee will be charged. **\$15** for children picked up after 6:00 p.m., unless prior arrangements have been made.

Parents who do not qualify for extended hours can drop off their children from 8:00 a.m. and pick them up from 3:30 p.m.

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

If your schedule is from 10:00 a.m. to 2:00 p.m., please respect those hours unless otherwise instructed. A fee will also apply. **\$15** due to delay.

Please contact us through **BrightWheel** If you realize you'll be late, keep in mind the late fee. **will still apply.**

THE LATE FEE MUST BE PAID ON THE SAME DAY.

Child's name:

The recorded departure time will be the one taken into account.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____