C² Pilot Child Care Registration Form

Student Name	School Name
Emergency Contact Name	Emergency Contact Number

Program (Check One)	Duration (Check One)
□ Tuesday Only (\$5 per week)	□ First Semester
\Box Weekly (\$25 per week)	Second Semester
	□ Full Year

Please initial the following statements indicating you have read and agree with each statement regarding the C ² Child Care Program:		
Initial	Statement	
	I agree to pick my child up prior to 5:00 p.m. each day and I understand	
	I can be charged extra for failure to pick up by that time.	
	I understand that a minimum of 5 students must be enrolled at an	
	individual location in the weekly program for it to operate.	
	I understand I must commit to the program on a semester or yearly	
	basis.	
	I agree to pay my fees before service is rendered.	
	I understand regular school discipline rules must be followed and the	
	Greenwood School District 50 Student Rights and Responsibilities	
	Handbook will be in effect at all times during the C ² Child Care	
	Program.	
	I understand that my child is enrolled in this program at the discretion	
	of the building principal and may be discontinued from participation at	
	any time with just cause.	

Parent Signature	Date
Principal Signature	Date