

REGISTRATION FORM

Student's Name Grade Teacher

Home Phone Address Zip

Parent/Guardian Name Cell Phone

Parent/Guardian Name Cell Phone

Email Address

Emergency Contact Name Phone

Sign-Out Policy:

Children are to be picked up in the MPR and signed out by a parent following Community Schools classes. *Exceptions:* Children returning to C.A.R.E. A late pick-up fee of \$2.00 per minute will be assessed for any student who is not picked up promptly after class dismissal.

Your signature states you understand this policy.

★ Signature of Parent _____ Date _____

RELEASE FORM I recognize the risk of illness and injury inherent in any program and am participating in the express agreement and understanding that I am hereby waiving and releasing the instructors and Catalina Foothills Community Schools from and against all claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs arising out of participation in the program. I hereby agree to the aforementioned statement and release Community Schools and its associates of any financial and/or medical obligation which might be incurred. The following signature authorizes the Catalina Foothills Community Schools to pursue any emergency measures for my child and it is my agreement to pay all costs of collections. The following signature also indicates that all information provided, including name(s), address(es), phone number(s), grade level, and school in which student is currently enrolled are accurate, and acknowledge that false information provided will result in removal from enrolled class(es) without refund or credit. The following signature acknowledges that my student must adhere to all Catalina Foothills School District governing board policies, and that Community Schools and its employees reserve the right to remove my child(ren) from any class for disciplinary reasons on a temporary or permanent basis, without refund or credit. The following signature also allows pictures to be taken of my child(ren) for future publication. *This is not a licensed child care facility under section §36-882 of Arizona Revised Statutes.*

★ Signature of Parent _____ Date _____

CLASS TITLE	Class Fee:
Early Release Class Name: _____	\$ _____
After-School Class Name: _____	\$ _____
After-School Class Name: _____	\$ _____
After-School Class Name: _____	\$ _____
After-School Class Name: _____	\$ _____

Late fee if applicable (after October 11) \$15 _____

Total Due: \$ _____

Please complete if paying by credit card (Master Card, Visa, or Discover):

Print card holder's name: _____

Card Number: _____ Expiration Date: _____

Authorization Signature: _____ Date: _____

Program Coordinator: Jamie Rowan (520)209-7910 jrowan@cfsd16.org

Community Schools: (520)209-7551 cs@cfsd16.org communityschools.cfsd16.org

Registration Site: <https://cs.cfsd16.org/webreg2> Fax#: (520)209-7575