

Prep EX!

DC Prep's Extended Learning Program

Enrollment Application Form

2018-19 School Year

Internal Use Only:
<input type="radio"/> Health Form
<input type="radio"/> Dental Form
<input type="radio"/> Payment
Admitted: _____

Legal Guardian 1: First Last	Best Contact #:	Second Phone #:
Legal Guardian 2: First Last	Best Contact #:	Second Phone #:
Relationship to Student:	Email Address:	

Please list information below for all students who will attend Prep EX!

Student Name: First Last	Grade (2018-19 SY):	Campus
Student Name: First Last	Grade (2018-19 SY):	Campus:
Student Name: First Last	Grade (2018-19 SY):	Campus:
Student Name: First Last	Grade (2018-19 SY):	Campus:

Applications will be accepted on a space-available basis.
Completed applications include health forms and payment
Please allow 1 day timeframe for processing

PAYMENT INFORMATION (Choose one)

- _____ **Full Price:** \$225 a month with December and June at \$110. I will submit payment **after August 1st**
- _____ **Subsidy** I will submit a voucher **after August 15th** to subsidize some or all of the *Prep EX!* fees. I agree to pay any co-pays assigned to me by the Child Care Subsidy Program.

Students with outstanding Prep EX! balances from last school year must settle their account before enrolling.
Payments can be submitted online via our website's link to Paypal or at the Front Desk via cash, check or money order.
Please retain a receipt for your records.

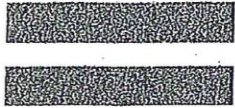
SY 2018-19 Prep EX! Pick up

In an effort to ensure your child's safety, please support us in ensuring we have the most accurate pick up lists for your child. Include everyone allowed to pick up your child from aftercare. One must be completed for all children enrolled in aftercare. If pick up is the same for all children, please indicate that.

Date Updated : _____

Child Name			
Grade:			
Parent 1:		Parent 2:	
Pick up Name	Pick Up Relationship	Phone 1	Phone 2
1.			
2.			
3.			
4.			
5.			
6.			

Child Name			
Grade:			
Parent 1:		Parent 2:	
Pick up Name	Pick Up Relationship	Phone 1	Phone 2
1.			
2.			
3.			
4.			
5.			
6.			



Office of the
State Superintendent of Education

PLEASE TYPE OR PRINT

AUTHORIZATION FOR CHILD'S EMERGENCY MEDICAL TREATMENT

If my child _____, born on _____, becomes ill or involved in an accident and I cannot be contacted, I authorize the following hospital or physician to give the emergency medical treatment required:

Hospital: _____

Address: _____

or:

Physician: _____ M.D. Telephone No: _____
(Area Code)

Address: _____

I give permission to _____, located at
Name of Facility or Caretaker

_____, to take my child for treatment.

I accept responsibility for any necessary expense incurred in the medical treatment of my child, which is not covered by the following:

Health Insurance Company: _____

Name of Policy Holder: _____ Relationship to Child: _____

Policy Number: _____ Coverage: _____

Medicaid Number: _____ State: DC MD VA

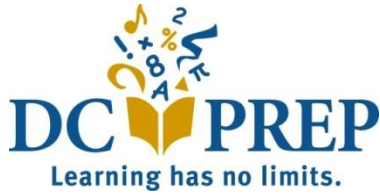
Child's Known Allergies or Physical Conditions: _____

Signature: _____ Relationship to Child: _____

Address: _____

Telephone No: _____
Home Business Pager/Cell Phone

Date: _____ Date Updated: _____
Month/Day/Year Month/Day/Year



DC PREP
Learning has no limits.
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2018-19 SCHOOL YEAR HANDBOOK CONFIRMATION FORM

Please **clearly** print your name and sign the following form, prior to turning it in with your child's campus front desk Operations Assistants,

I, _____, have reviewed the 2018-2019 *Prep EX!* and agree to the rules and procedures it contains.

Student Name: First Last	Grade (2018-19 SY):	Campus
Student Name: First Last	Grade (2018-19 SY):	Campus:
Student Name: First Last	Grade (2018-19 SY):	Campus:
Student Name: First Last	Grade (2018-19 SY):	Campus:

Signature: _____

Date: _____