



**Prep EX!**  
 DC Prep's Extended Learning Program  
**Enrollment Application Form**

2018-19 School Year

Internal Use Only:

- Health Form
- Dental Form
- Payment

Admitted: \_\_\_\_\_

Legal Guardian 1: First	Last	Best Contact #:	Second Phone #:
		Type: Home / Work / Cell	Type: Home / Work / Cell
Legal Guardian 2: First	Last	Best Contact #:	Second Phone #:
		Type: Home / Work / Cell	Type: Home / Work / Cell
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 I pay full price of \$225 a month (December & June \$110).
- \_\_\_\_\_ Subsidy I will submit a voucher 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.
- \_\_\_\_\_ Wednesday Only My child will attend Prep EX 2:00-4:00pm on Wednesdays for a fee of \$50 a month (December & June \$25).

*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



Learning has no limits.

**Prep EX!**

*DC Prep's Extended Learning Program*

**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.

<b>Student Name:</b> First	Last	<b>Grade (2018-19 SY):</b>	<b>Campus</b>
<b>Student Name:</b> First	Last	<b>Grade (2018-19 SY):</b>	<b>Campus:</b>
<b>Student Name:</b> First	Last	<b>Grade (2018-19 SY):</b>	<b>Campus:</b>
<b>Student Name:</b> First	Last	<b>Grade (2018-19 SY):</b>	<b>Campus:</b>

Signature: \_\_\_\_\_

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