

# Carlton Together Cares Inc. ~ Participant Registration

## 2011-2012 Cougar Club ~ After School Program

Carlton Together Cares, in partnership with Yamhill-Carlton School District is offering **Cougar Club After-School Program** for all Yamhill - Carlton Elementary School Students in Preschool through 6<sup>th</sup> Grade.

**Participant's Legal Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Nick Name:** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Male/Female** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Participant's Primary Language:** \_\_\_\_\_

**Ethnicity (OPTIONAL, circle on):**

African American	Asian American	Caucasian American
Hispanic American	Native American	Other: _____

**EMERGENCY CONTACTS: (authorized to pick up your child from activity)**

1. \_\_\_\_\_ **Relation to participant:** \_\_\_\_\_

**HM Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

2. \_\_\_\_\_ **Relation to participant:** \_\_\_\_\_

**HM Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**PROGRAM RELEASE INFORMATION:**

After the program/activity my child will  be picked up by \_\_\_\_\_

For your child's safety, he/she will be released **only** to yourself, your spouse, or an authorized person. Early release from a program or activity, or release to a person not named on this form, must be made in writing.

**HEALTH INFORMATION: Please circle and describe any health conditions the participant may be subject to:**

Asthma    Fainting    Diabetes    Heart Trouble    Behavioral Problems    Seizures    Other? \_\_\_\_\_

\_\_\_\_\_

Is the participant taking any medications? (Please list): \_\_\_\_\_

\_\_\_\_\_

Does the participant have any allergies? (Please list and describe typical reactions): \_\_\_\_\_

\_\_\_\_\_

**Please read and initial the following statements**

1. {        } I understand that Carlton Together Cares (CTC), its employees and volunteers are not financially responsible for accidents, injuries or loss of personal property during the participants involvement in any CTC program or activity.
2. {        } I hereby authorize CTC employees and volunteers to seek and obtain qualified emergency medical treatment and/or transportation to receive such treatment for the participant if deemed necessary with the understanding that I will be financially responsible for charges resulting from such medical treatment and/or transportation to receive such treatment.
3. {        } I understand that CTC employees and volunteers are not trained to address specific behavioral and/or medical conditions. I verify that the participant is able to function safely in an activity/program setting with a high ratio of participants per adult. If the participant is deemed unable to function safely, they may be sent home and/or excluded from future activities.
4. {        } I understand that I am financially responsible for program fees incurred while my child is participating in CTC activities.
5. {        } My child is covered by the following insurance \_\_\_\_\_

**Parent or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*All youth participants will be expected to follow Yamhill-Carlton Elementary School behavior guidelines.  
Disruptive or disrespectful behavior is a reason for dismissal.  
School disciplinary handbooks are available at Yamhill- Carlton Elementary School.*

## 2011-2012 Cougar Club Hours:

- 10:45am to 5:30pm Regular School Days (Monday – Friday)
- 7:30am to 5:30pm Full Day In-service

<b>Step 1:</b>	<b>Complete a CTC - Cougar Club Registration Form Annual per student Registration Fee</b>	<b>\$10.00</b>
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### Step 2: Choose the Enrollment Option that best fits your child's needs

Option 1: FULL TIME ENROLLMENT - PAID MONTHLY	<b>\$150.00</b>	
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- \* Due on the 1st of each month
- Mon, Tues, Thurs, Fri 2:45p – 5:30p (**1<sup>st</sup>-6<sup>th</sup> grades only**)
  - Wednesday's @ 1:20pm-5:30pm
- \* Fee **Includes** ALL In-Service Days - half-day and full-day
- \* **There will be additional fees for field trips**

**or**

Option 2: PRE-PAID 10 HOURS	<b>\$25.00</b>	
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- \* "Punch Card System" - you pre-pay for 10 program hours
- \* Good for all program days, *including* In-Service Days
- \* **Available for Preschool thru 6<sup>th</sup> grade**

**\* You will be charged \$ 5.00 extra for going over !!!**

### Step 3: IN-SERVICE DAYS (included with Full Time Cougar Club Enrollment or use your Pre-Paid Punch Card) – Days may be added or subtracted by the school.

<b>Half Days: 10:45am-5:30pm</b>	June 13
<b>Full Days: 7:30am-5:30pm</b>	Oct.14, Nov. 21, 22 & 23, Jan. 27, May 18 & 25, June 14

<b>Step 4:</b>	<b>Return this form with payment to Yamhill-Carlton Elementary School or Carlton Together Cares - Make check payable to: CTC</b>	<b>\$ _____</b>
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**\*\*RETURNED CHECKS ARE SUBJECT TO A MINIMUM FEE OF \$20**

- **STUDENT PICK UP:** Students should be picked up promptly at the end of the program day. Students must be signed out by a parent or designated person. The parent or emergency contact person will be called if the student has not been picked up by the end of the program day. Parents will be charged \$5 for every 10 minutes a child remains after 5:30pm. Habitual late pick-up of a student may result in a student being dropped from the program.
- **SCHOOL CANCELLATION:** If school is CANCELLED for any reason, Cougar Club activities will be cancelled for that day as well.
- **PARENTAL SUPPORT:** You are an important partner in our program's success and we encourage your involvement. Contact CTC if you'd like to become a **Cougar Club Volunteer**, or would like to make a donation of supplies or financial support. Discounted student tuition is available for volunteers.

*Carlton Together Cares ♦ PO Box 821 ♦ 226 E Main St, Carlton ♦ 503-852-4405 ♦*  
[carltontogethercares@embarqmail.com](mailto:carltontogethercares@embarqmail.com)

For Office Use Only:      Date Paid \_\_\_\_\_      Amount Received \_\_\_\_\_

Check # \_\_\_\_\_       Cash      Received by CTC Staff \_\_\_\_\_