

21st Century ASES Grant Enrollment Policy

Families that have children enrolled in the Kids' Care 21st Century ASES grant program at Buena Vista or Jefferson Elementary Schools for the 2007-2008 School Year receive first priority for the program space only if the Family Income Requirements are met in the 2008-2009 School Year, under the following conditions:

- Completed forms must be received in the CEF offices no later than May 5, 2008.

Mail to: Carlsbad Educational Foundation
P.O. Box 205
Carlsbad, California 92018

OR

Drop off: CEF offices
5651 Palmer Way, Suite H
Carlsbad, California 92010

**A drop box is also available and located on the lower left hand side of our office doorway.

- There is no registration fee required for families enrolling **ONLY** in a 21st Century ASES Grant Program. **Fees and additional forms DO apply when fee based care is requested at these two sites (for example: AM Care and Kindergarten Care).**
- **All families MUST submit a Family Income Disclosure due with the 2008-2009 school year registration forms in order to apply for the non-fee based 21st Century ASES Grant.**
- Space is **NOT** guaranteed, even with pre-enrollment. After spots in the 21st Century ASES program are filled, additional paid spots will be filled on a first come, first served basis. Available space will be filled first come, first served, as forms are received in our offices. Telephone requests and paperwork turned in to site directors will not be considered.
- Families that also participate in fee based Kids' Care programs should ensure their account is clear and in good standing to be considered for next year's enrollment.
- Legacy families will be contacted no later than June 2, 2008 regarding their status as ENROLLED or WAITING LISTED.

**Carlsbad Educational Foundation
21st Century ASES Program
Enrollment Form for 2008-2009 School Year**

Kids' Care is subject to licensing ratios established by the State of California based on facility made available by each CUSD elementary school site. Every effort will be made to maximize each program to accommodate all parents with expressed need, within these parameters. We regret any inconvenience to families that are placed on the Waiting List.

The following must be completed and attached, or the application will not be processed:

- Enrollment Agreement (front & back, 2 pages)
- Kids Care Financial Disclosure (front & back, 2 pages)
- Identification and Emergency Information form (1 page) – attach all legal restraining/custody orders
- Preadmission Health History (1 page)
- Consent for Medical Treatment form (1 page)
- Notification of Parents Rights (half page)
- Personal Rights form (half page)

Child's name _____ **entering grade** _____

Site location (circle one ONLY)

Buena Vista

Jefferson

Guardian's Name:

(legally and financially responsible) _____

Driver's License (State and #) _____

License plate# _____

Home Address

Home phone (____) ____ - ____ **Cell phone** (____) ____ - ____

Place of employment _____

Business phone (____) ____ - ____

Anticipated Need (check each AND/OR any line as needed)

21st Century ASES Grant Program:

A.M. Only (7am-8am) **\$110 per month** _____

PM Only (5:30pm-6:30pm) **\$110 per month** _____

Kindergarten Program (1:45pm-2:30pm) **\$110 per month** _____

For CEF Office use only – received by _____ **Date** ___/___/___ **Time:** ___:___

CEF Kids' Care

Enrollment Agreement

(please initial each one to verify accordance)

1. I understand that I am committing myself to participate in the Carlsbad Educational Foundation Before and After School Child Care Program for the duration of the school year, unless unforeseen events make withdrawal necessary. If withdrawal is necessary, I will provide a 30 day written notice. _____
2. I understand that agreement to the time(s) childcare services will be provided requires the Carlsbad Educational Foundation to commit staff and resources for my child, and that I am committed to the payment for the time contracted whether my child attends or not. _____
3. I understand that I am responsible for fee payment prior to childcare services being provided. Monthly checks are due the 1st of each month. Checks are to be made payable to Carlsbad Educational Foundation.

4. I understand that payments are due on the 1st of each month. Any tuition payment after the 1st will be subject to a \$10 late fee. Payments received after the 5th will be subject to a \$20 fee. If the tuition payment is not received by the 15th of the month, I understand that care will be withheld until my account is in good standing. _____
5. I understand that payments are due prior to holidays and weekends. Payments may be given to the director/teacher on duty or may also be turned in directly to our CEF Kids' Care office located at 5651 Palmer Way, Suite H, Carlsbad, Ca 92010. _____
6. I understand that if I am late picking up my child, a late fee will be charged, with increased charges for each occurrence. A 5th occurrence will result in a dismissal from the program. _____
7. If my child remains in the Center after closing and the Center has not heard from me, the Center will first call you, then the emergency contacts you have listed on the Emergency Medical Form as authorized to take the child from the facility. Center staff will stay with my child as long as possible, but, if after one hour and the Center has been unable to reach me or an emergency contact, the Center will call the local child protective services agency. _____
8. I understand that there will be a \$31 charge for non sufficient funds. If there is a third NSF check against my account, further payments can only be made in by money order or cashier check. Cash will not be accepted.

9. I understand that my child will not be released to any person(s) not listed on the enrollment form and emergency card. All individuals must provide proper identification. _____
10. I, or the person designated on the enrollment form and/or emergency card, will sign (full signature) my child/children in and out daily. _____

11. If the childcare staff notifies me, or my designee(s), that my child is ill, I must pickup my child immediately. If my child is absent due to a reportable disease, my child may return only with a physician's note indicating that he or she is no longer contagious. (State legal requirements). _____
12. I understand that if my child is absent from regularly scheduled school due to an illness, my child may not attend Kids' Care that day to prevent any possible spreading of germs. _____
13. In case of emergency, CEF Childcare has my permission to administer first aid or to obtain emergency medical treatment in my child's best interest. _____
14. I understand that my child is not to take any medications at the center, except as allowed and in accordance with the medication's policy. (See handbook). _____
15. If my child is having problems in the program, a conference will be arranged between the parent, teacher and program director. _____
16. I understand that the Carlsbad Educational Foundation reserves the right to terminate childcare services if it is determined that placement is unsatisfactory. _____
17. I understand that if the school district cancels regular school before the start of the regular school day, childcare services will be closed. If conditions arise during the school day and schools are closed, my child/ children will be housed at his/her regular childcare site until I or my designee arrives to pick up my child. _____
18. I understand that unforeseen natural disasters may occur (i.e. fires, earthquakes), therefore forcing school closures. I understand that payment for those days closed are required in your regularly paid tuition. _____
19. The before and after school program operates according to the school system calendar. Before and after school programs during designated school holidays, vacations, and summer have separate fees. _____
20. I give permission for my child to participate in center field trips, whether by foot or vehicle. I understand that special field trips may require additional fees or expenses which I may be required to pay in order for my child to participate. _____
21. If I receive subsidized tuition based on a sliding fee scale or any subsidy, misrepresentation of gross household income or subsidy status may result in dismissal from the program and/or retroactive charges for underpaid tuition. _____

I have read and agree to all policies and fee procedures outlined within the application and in the Parent Handbook. I understand it is my responsibility to contact the Center director with any questions I have about the information contained in the Parent Handbook or any document relating to enrollment policies, procedures, fees or fee schedules.

Signature of Parent: _____ Date _____

Signature of Director: _____ Date _____

C.E.F. Kids' Care Financial Disclosure

P.O. Box 205 Carlsbad, California 92018
Phone (760) 929-8700 Fax (760) 929-8788

Child _____ School _____ Parent phone _____ - _____ Date ____/____/____

Please check the box that best matches your situation.

I am seeking placement in the 2008-2009 21st Century ASES grant program because:

___ My total family income is less than \$42,000.00. (For each parent, please attach copy of last pay stub.)

___ My personal salary is less than \$30,000.00 and I do not receive child support or child support payments on time. (Please attach copy of last pay stub and other sources of income and describe on reverse. If child support payments are not received on time, please explain circumstances.)

___ I have recently been laid off work. (Please attach copy of last pay stub and describe on reverse.)

___ I am a student. (Please attach proof of enrollment in current semester and copy of all sources of income.)

___ I have an unplanned family circumstance that makes childcare necessary, although I do not work outside the home. (Please describe on reverse and attach relevant documentation, such as a recently dated physician's note.)

___ Due to extreme unforeseen circumstances (such as natural disaster affecting property or prolonged deployment for National Guard), I find the Kids' Care tuition temporarily unaffordable. (Please describe on reverse.)

___ Other (Please explain. Describe on reverse if needed.)

OR:

___ I Do Not Qualify for placement in the 21st Century ASES Program, please enroll my child in the tuition based program.

4. Total Gross Monthly Income – (please remember to attach financial documentation)

Monthly wages from all contributing adults: \$ _____

(average of 4 weeks gross income = one week x 4.3)

+ Child support/alimony received: \$ _____

+ SSI/SSDA: \$ _____

+ Other (specify): \$ _____

- (minus) Child support/alimony paid: \$ _____

Total Gross Monthly Income: \$ _____

Family size _____

Please supply the following monthly figures for your family's personal expenses:

\$_____.	Kids' Care tuition	\$_____.	food
\$_____.	rent/mortgage	\$_____.	credit debt
\$_____.	gas and electric	\$_____.	clothing
\$_____.	telephone	\$_____.	entertainment
\$_____.	cable	\$_____.	car payment
\$_____.	child support owed	\$_____.	gas
\$_____.	college tuition	\$_____.	other (describe)

The above information is true and accurate as of the date of application. I also agree to notify Kids' Care of any change in income, expenses, or family conditions noted on this application. I understand that providing false information or a failure to notify Kids' Care of substantive changes in the information provided in this application may result in the cancellation of assistance and reimbursement to Kids' Care for all assistance provided. Applications will not be processed if financial documentation is not submitted with the Financial Disclosure. 21st Century ASES Grant recipients will be notified via phone or via their Site Director.

Signature of applicant: _____ Date: _____

Social Security Number (or copy of INS documentation): _____