

2021 - 2022 CAPE CARE REGISTRATION

Child's Name _____ Gender _____

Age _____ Date of Birth ____ / ____ / ____ Grade Fall 2021 _____

Parent/Guardian 1/Mother _____

Home Phone _____ Cell Phone _____

Address _____

E-mail _____

Parent/Guardian 2/Father _____

Home Phone _____ Cell _____

Address _____

E-mail _____

Names of siblings currently enrolled _____

Allergies, conditions or concerns? _____

WAIVER OF LIABILITY I hereby give permission for my minor child, _____

to participate in Cape Care administered by Cape Elizabeth Community Services located at the Community Center during the 2021-2022 school year.

I understand that participation may include transportation by busses/vans owned and operated by the Cape Elizabeth School Department.

In consideration of my minor child being allowed to participate in Cape Care, I, for myself and my minor child, hereby agree to release, discharge, indemnify and hold the Town of Cape Elizabeth, Community Services, and their agents and employees harmless from any liability claims, demands, costs or damages arising out of program activities, and transportation, by negligence or otherwise, which I or my minor child might have.

I, the undersigned, further authorize anyone working for Community Services to call for such medical care for my child or to transport my child to the appropriate medical clinic or hospital, if in the opinion of anyone working at Community Services, medical attention is needed for my child. The undersigned agrees that upon transporting the child to any medical facility, clinic, or hospital, which is the responsibility of Community Services shall be totally fulfilled and Community Services shall not have any further responsibility for the child. We further authorize the attending physician to administer any necessary medical attention in the event we cannot be reached at the provided telephone numbers.

The release is binding, and I so understand, not only upon by heirs, administrators, executors, and assigns, and I herewith again reaffirm my free and willing intent to execute it, acknowledging a complete understanding of terms and conditions and the totality of its effect, and the totality of the waiver of rights that I would otherwise have had, had this agreement not been executed.

I certify that the above named minor child is in excellent health and that there are no limits to my child's participation except as stated in writing. I further certify that the Town of Cape Elizabeth / Community Services has on file all current immunization records.

Parent/Guardian Signature _____ **Date** _____

CAPE CARE OPTIONS

Before School Care **7:15 am to 8:30 am** **\$10.00 per day / \$50.00 per week**

Circle Days Needed M Tu W Th F

Half Day Preschool **8:30 am - 12:00 pm** **\$38.50 per day / \$163.65 per week**

Circle One Option 2 Day (Tu & Th) 3 Day (M&W&F) 5 Day (MTWTF)

Full Day Preschool **8:30 am - 2:30 pm** **\$51.00 per day / \$216.75 per week**

Circle One Option 2 Day (Tu & Th) 3 Day (M & W & F) 5 Day (M - F)

After School Care **2:30 pm - 5:30 pm** **\$20.00 per day / \$100.00 per week**

Circle Days Needed M Tu W Th F

Hybrid Learning Care **8:30 am - 3:00 pm** **\$52.00 per day**

Circle Days Needed M Tu W Th F

Please complete both sides of this form and return with \$40.00 the registration fee.

Name on Card _____

Credit Card _____ Expiration ____/____ CVC _____

Cape Elizabeth Community Services
343 Ocean House Road, Cape Elizabeth, ME 04107

Received _____ Start Date _____ Withdrawal Date _____

Deposit Paid _____ Cash Check No. _____ Receipt _____