



Name of Student (last, first) _____ Date of Birth _____ Gender: M F

School _____ Grade (17/18) _____ Child resides with (check one) Parent 1/Guardian Parent 2/Guardian Both

Has this child (or a sibling) EVER been enrolled in CARES prior to the 17/18 school year? YES NO

Parent 1/Guardian* _____
 Address _____
 City _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ DL# _____
 Parent 1/Guardian Email _____

Parent 2/Guardian _____
 Address _____
 City _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ DL# _____
 Parent 2/Guardian Email _____

NOTE: Parent 1/Guardian is the Primary Financial and Legal Sponsor. Drivers Licenses are used for identification purposes only.

Monthly Fee Schedule

	Fee <input checked="" type="checkbox"/>
Non-Refundable Reg. Fee (max. \$200 per family)	\$ 100 <input type="checkbox"/>
AM Only (BEFORE SCHOOL ONLY – <i>Not available @ Taft</i>)	\$ 90 <input type="checkbox"/>
Modified Wednesdays (AFTER SCHOOL FOR MODIFIED SITES ONLY)	\$ 100 <input type="checkbox"/>
TK/Kinder through Sixth (AFTER SCHOOL ONLY – Includes Mod. Wednesdays)	\$ 345 <input type="checkbox"/>
TK/Kinder through Sixth (BEFORE & AFTER – Includes Mod. Wednesdays)	\$ 435 <input type="checkbox"/>
ALL FEES ARE <u>NON</u>-REFUNDABLE	

A 10% discount is available for any siblings enrolled in CARES. Electronic Funds Transfers (EFT) will take place on the 10th of each month. If the 10th falls on a weekend/holiday, EFT will take place on the last business day prior.

Parents needing before school care only will be enrolled on a space available basis. Full time students have a priority over A.M. only care. During breaks, a full day camp program is offered at designated locations for a weekly fee. Space is limited for camp programs.

If you feel you qualify for a state-subsidized program (free or reduced rate), please call Children’s Home Society at 714-543-2273 or apply online at <https://cel.chs-ca.org>. Note: The Board of Education reserves the right to modify this fee schedule, as well as any rules or requirements pertaining to student attendance upon the provision of one week’s written notice to parents of the fee or rule modification.

A two week notice is required for cancellation.

***Parent 1/Guardian:**

I authorize that I am a custodial parent/guardian of this child. **I am financially responsible for the payment of all child care services.** All information provided on this form is correct & true.

Print & Sign – Parent 1/Guardian: _____ Signature: _____ Date: _____

FOR STAFF USE ONLY						
Today’s Date _____	Starting Date _____	Check # _____	Amt. \$ _____	Staff Initial _____	<input type="checkbox"/> CHS	<input type="checkbox"/> OCDE <input type="checkbox"/> CalWORKS

REMEMBER – PLEASE MAKE 2 COPIES OF THIS FORM – ONE TO SIGN AND SUBMIT, THE OTHER FOR YOUR RECORDS. THANK YOU!