



SUMMER PROGRAM

JUNE 1ST – AUGUST 6TH

JEFFERSON COUNTY SCHOOLS COMMUNITY EDUCATION

PLEASE PRINT

CEZ SITE: _____

Student Name: _____ Age: _____ Grade: _____
Last First Middle

Name student is called _____ Birth date _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Mother/Guardian's Name

Father/Guardian's Name

Mother/Guardian's Employer

Father/Guardian's Employer

Mother/Guardian's Work Number

Father/Guardian's Work Number

Mother/Guardian's Cell Phone Number

Father/Guardian's Cell Phone Number

Mother's DL #

Father's DL #

Mother/Guardian's email

Father/Guardian's email

Student Lives with: (name) _____ Phone # _____
(Address) _____

List IN ORDER those persons and phone numbers that should be called in case student is sick or there is an emergency.

1. _____ # _____ 3. _____ # _____
2. _____ # _____ 4. _____ # _____

List each person including parent (s) guardian (s) who has permission to pick up student.



Community Education Summer Payment Agreement

- **Registration Fee:** \$50.00 per child (non-refundable) due upon registration each summer. Registration fee is required for all programs.
- **Weekly Fee:** \$100.00 a week for first child; \$95.00 - 2nd + child in the same, immediate family (siblings) and in the same program. If the weekly fee is prorated for closure, there will be no discount on siblings. Each child will be charged the prorated weekly fee.
- **Payment Policy:** Payment is due in advance weekly. If payment is not received by Tuesday of each week, a \$10.00 late fee will be added to the account. Payment must be made by **check or money order only**. The parent is responsible for placing the payment in the CEZ payment drop box for correct processing. Please print clearly and include the **child's name, your driver's license number and phone number, including area code on all payments**.
- **Place Fee:** 1/2 rate (\$50.00) if a child has zero attendance for the current week. If a child attends any day that week, it is full price. There is no daily rate.
- **Medication:** See the handbook for more information.

ABSOLUTELY NO CASH ACCEPTED AT ANY SITES AND NO PAYMENTS WILL BE ACCEPTED ON THE LAST DAY OF THE WEEK

My child _____, will attend _____
Childcare. I, _____ agree to pay \$100.00 per child and \$95
each additional child in the same, immediate family (siblings) by Tuesday of each week. My
child(ren) will start on (date) _____.

I have received, read and agree with the terms and conditions in the handbook and the payment agreement form.

Mother/Guardian Signature

Drivers License #

Father/Guardian Signature

Drivers License #

There will be a charge of \$2.00 per minute per child late fee for any child picked up after time of closure. Chronic lateness in picking up your child could result in our having to release your child from our program.

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[@jefcoedcommunityeducation](https://www.facebook.com/jefcoedcommunityeducation)

MEDICAL INFORMATION

Child's Physician's Name _____ Phone # _____

MEDICAL INFORMATION: List any medical conditions we need to be aware of.

List all medication (s) your child is currently taking (include dosage and possible side effects)

MEDICAL RELEASE: (to be completed by parent/guardian) I _____ being the

Parent/guardian of _____ give permission for school personnel to administer medication (as directed above) at school or on field trips, and to contact a physician if additional information is needed. If I cannot be reached in case of medical emergency, I authorize school officials to proceed as follows: () call family physician, () take child to any licensed physician, hospital or clinic, () other desired procedures _____.

Signature of Parent/Guradian _____ **Date** _____

INSURANCE INFORMATION

As the parent or guardian, I understand that _____ Community School site, as part of the Jefferson County School System, does not provide insurance coverage on my child and cannot therefore be held responsible for medical cost resulting from injuries incurred on this site or off-campus activities. **YOU MUSH HAVE YOUR OWN MEDICAL/HEALTH INSURANCE TO PARTICIPATE IN OUR CHILD CARE PROGRAM.** Please sign one of the below:

() I have school insurance _____.

() My child is currently covered under a medical/health insurance policy.

Name of carrier: _____ **Policy number:** _____

PARENT PERMISSION FOR STUDENT TRAVEL

I hereby certify that I am the parent/guardian of _____. The school and the Jefferson County Board of Education have my full permission and consent to transport and otherwise provide transportation for my child by school bus in connection with extracurricular activities.

Signature of Parent/Guardian _____ **Date** _____

PHOTOGRAPHIC RELEASE:

I hereby give the Jefferson County Board of Education and person(s) acting on its behalf permission to record, reproduce, and distribute or make my child's photographic or video graphics image available to newspapers, television stations and to other print or electronic media organizations.

Parent's initials _____



JEFFERSON COUNTY SCHOOLS
**COMMUNITY
EDUCATION**

Hueytown/Pleasant Grove
Community Education Zone
Phone: 205.379.5670
Layla Waters-Program Assistant

Gardendale/Pinson/Minor
Community Education Zone
Phone: 205.379.5650
Crystal Bunt-Program Assistant

Shades Valley/Irondale
Community Education Zone
Phone: 205.379.5373
Jackie Grill-Program Assistant

Dr. Pam Rush
Community Education
Coordinator

Office Coordinator:
Carrie Jones

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Parents/Guardians,

Please check that you have read the handbook and that your child will be able to participate successfully in our program.

- Participant is at least 5 years old.
- Participant can participate successfully in a 1:18 teacher/student ratio.
- Participant can use the restroom independently.
- I understand all fees are due by Tuesday or there will be a \$10.00 late fee added to my balance.
- I understand there is a \$2.00 per minute charge for any participant not picked up by closing time.
- I understand the fee structure. Weekly fee, half rate charges, and dismissal for nonpayment after one week.
- I understand my participant must follow the Community Education program's discipline policy. See a site manager or call for more information.
- I understand I must follow all other information outlined in the handbook.

Parent/Guardian Name
Please Print Clearly

Parent/Guardian Signature



I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee Of the child care facility assumes full responsibility for such activities.

Signature of parent/guardian

Date

I give permission for my child to participate in:

Activities away from facility:	YES	NO	Signature of parent/guardian	Date
Transportation provided by the facility	YES	NO	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility	YES	NO	Signature of parent/guardian	Date

FORM NOT VALID WITHOUT SIGNATURE OF CHILD'S PARENT/GUARDIAN IN EACH SPACE INDICATED ABOVE

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CEZ CAMP SITE LOCATIONS

FULTONDALE ELEMENTARY 205-379-5650

CLAY ELEMENTARY 205-379-5373

BAGLEY SCHOOL 205-379-5650

IRONDALE COMMUNITY 205-379-5373

JCIB–MYP (Formerly Pleasant Grove Middle) **205-379-5670**

McADORY ELEMENTARY 205-379-5670