

**ACADEMY OF AEROSPACE & ENGINEERING ELEMENTARY SCHOOL  
BEFORE & AFTER CARE APPLICATION**

**2018-2019**

*Please complete the form below and return to: Denise Fischer, 525 Brook St. Rocky Hill, CT 06067*

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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**PARENT INFORMATION:**

1.) Parent /Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2.) Parent /Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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**HOURS AND COST: Please check the option that meets your needs:**

_____ Option One: Before Care	M-F	7:30-8:30am	\$108.00 Month
_____ Option Two: After Care	M-F	3:00-5:30pm	\$270.00 Month
_____ Option Three: Before & After Care	M-F	7:30-8:30am & 3:00-5:30pm	\$340.00 Month
_____ Option Four: Half Days only		12:00pm – 5:30pm	\$33.00 per day

**\*PLEASE NOTE: IF CHILD/CHILDREN ARE PICKED UP AFTER 5:30 YOU WILL BE CHARGED A LATE FEE OF \$25.00 PER CHILD.\***

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**EMERGENCY CONTACT/AUTHORIZED TO PICK-UP:**

Name of Child/Children's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**AUTHORIZED TO PICK-UP:**

1.) Name: \_\_\_\_\_ Phone One: \_\_\_\_\_ Phone Two: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone One: \_\_\_\_\_ Phone Two: \_\_\_\_\_

***I have read and understand the AAEE Handbook and agree to abide by its guidelines.***

Hospital Preference: \_\_\_\_\_

**Emergency Medical /Transportation**  
**Consent Form**

In the event of a medical emergency, I \_\_\_\_\_ give  
(Parent Name)

permission to the Principal/Director of my child's magnet school to make decisions  
for and/or provide care for my child, \_\_\_\_\_.  
(Name of Child)

I understand that during a medical emergency there may not be time to contact a parent prior to action being taken and that this is in the best interest of my child. I understand that I will be notified of any emergency as soon as possible.

These decisions may include:

- Emergency transportation (i.e. ambulance)
- Permission for emergency personnel to provide treatment (i.e. EMT/Emergency Room Staff)
- Permission for staff trained I First Aid to provide treatment until other personnel arrive.
- Directing emergency transportation to the closest hospital (the parents' choice of hospital will always tried to be honored unless the situation dictates otherwise. ( i.e. field trip out of area.)

If your child attends a CREC Before and /or Aftercare Program, I give consent to Health Services and the school nurse to share health related information with the Before and After care coordinator.

I agree to the above: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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**I have read and reviewed the Care Plans in this binder with the school nurse.**

\_\_\_\_\_  
After Care Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
AAEE School Principal

\_\_\_\_\_  
Date