



Enrollment Packet 2011-2012

Dear Families:

Welcome to The Court Time Foundation, Inc. All-Star Learning Program. We are excited and ready for a fun-filled year.

Our program will provide your child with the opportunity to participate in structural, recreational and enrichment activities, as well as learning skills vital to their appropriate age level.

We hope you enjoy our program and if at any time you have questions, please let us know.

Enclosed are the forms required to be completed prior to your child's first day. Please return them to our office as soon as possible.

We look forward to working with you.

Sincerely,

**The Court Time Foundation, Inc.
412-754-2005**

2011-2012 All-Star Programs

Check the boxes next to the program and payment option that best meets your family's needs.

Please return your registration packet and \$35 per child registration fee to:

The Court Time Foundation, Inc.
95 Enterprise Drive
Elizabeth, PA 15037

***The Parent or Legal Guardian listed below is responsible for the payment of fees. The Court Time Foundation, Inc. must approve any changes to this plan. *When registering more than one child, please specify which payment plan for each child. There is a 20% discount for a 2nd child or more when Full Time.**

3 & 4 yr old Pre-K/Daycare Program

- Full Time \$650/month
- Full Time \$165/week
- Part Time \$40/day

3 & 4 yr old Pre-K ONLY

- Full Time \$175/month
- Full Time \$50/week
- Part Time \$10/day

Before & After School K-6th Program

Full Time Monthly Rate (Payment due the 1st of each month)

- Before & After School \$300/month
- Before School only \$175/month
- After School only \$175/month

Full Time Weekly Rate (Payment due Monday of each week)

- Before & After School \$75/week
- Before School only \$50/week
- After School only \$50/week

Part Time Daily Rate (Payment due Monday of each week)

- Before & After School \$20/day
- Before School only \$10/day
- After School only \$10/day

I certify that I am the parent/legal guardian of this child and that I have legal authority to make the representations and grant the authorizations contained herein. If I fail to make payment on the fees listed above, I understand that my credit card will be charged for these fees. I have also received a copy of Court Time's Handbook and understand and agree to abide by the policies therein.

Signature of Parent or Legal Guardian

Printed Name

Date

Card Type

Card Account #

Expiration Date

Student Registration Form

Please Print Legibly and Include Your
Registration Fee for Each Child.

PROGRAM START DATE: _____

Daily Arrival Time: _____

Daily Departure Time: _____

1st Child's Name:

First _____ Middle _____ Last _____ Birthdate ____/____/____ Gender M__ F__
Age _____ School Attending _____ Grade in Fall _____
All-Star Program Attending _____

2nd Child's Name:

First _____ Middle _____ Last _____ Birthdate ____/____/____ Gender M__ F__
Age _____ School Attending _____ Grade in Fall _____
All-Star Program Attending _____

Parent(s) / Guardian(s) Information

Parent/Guardian #1 _____ Relationship to Child _____ Birthdate ____/____/____
Mailing Address _____ City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Cell Phone _____
E-Mail _____

Parent/Guardian #2 _____ Relationship to Child _____ Birthdate ____/____/____
Mailing Address _____ City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Cell Phone _____
E-Mail _____

Parent/Guardian Signature

Date

****Periodic Review:** _____
(to be reviewed
& signed 6 months
from original signature date)

Signature

Date

Insurance Information



Insurance Co. _____ **Policy Number** _____

Physician Name: _____ **Phone** _____

Address: _____

Does your child have any physical conditions (including allergies), special needs (including dietary) or require any special attention that we should know about?

1st Child's Name: _____ **Conditions/Needs** _____ **Medications/Allergies** _____

2nd Child's Name: _____ **Conditions/Needs** _____ **Medications/Allergies** _____

Emergency Contact Information

Please list additional names and phone numbers of people to contact in an emergency and/or names of persons authorized to pick up your child/children. Anyone picking up your child must be 18 years of age or older and a photo identification is required. Changes to this list must be done in writing and may only be done by the parent/guardian whose signature appears on this registration form. Not necessary to include parent/guardian information already listed above.

Name _____ **Address** _____ **Phone ()** _____

Name _____ **Address** _____ **Phone()** _____

Name _____ **Address** _____ **Phone ()** _____

Name _____ **Address** _____ **Phone ()** _____

Agreement/Parent Consent Form

(Please initial before each statement-Giving parental consent for the following)

- + _____ I give my child(ren) permission to participate in all Before & After School Activities.
- + _____ I give permission to transport my child(ren) to and from the bus stop.
- + _____ I give permission to call an ambulance, at my expense, in case of emergency.
- + _____ I understand that I am responsible for health and accident coverage for my child(ren).
- + _____ I promise to pay all monies owed as a result of being a participant.
- + _____ I understand that there are no refunds for scheduled time not used.
- + _____ I grant permission to all medical personnel in the event of an emergency to hospitalize and secure proper treatment for my child(ren) in the event that the undersigned cannot be reached.
- + _____ I certify that my child(ren) are physically sound, having medical approval to participate in the Before & After School activities, except those noted _____.
- + _____ I grant permission for administration of minor first-aid procedures by facility staff.

RELEASE OF LIABILITY

IN CONSIDERATION of being given the opportunity to participate in any basketball, volleyball, soccer or other physical sports activities, including scheduled, supervised team and/or instructional activities and the Before & After School Enrichment Program for as long as I participate in such activities, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. **ACKNOWLEDGE**, agree and represent that I understand the nature of basketball, volleyball, soccer and other physical sports activities, (the "Activities"), and that my child(ren) are qualified, in good health, and in proper physical condition to participate in such Activities.
2. **FULLY UNDERSTAND** that:
 - (a) **BASKETBALL, VOLLEYBALL, SOCCER AND OTHER PHYSICAL SPORTS ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS", ALL OF WHICH RISKS ARE INCREASED BY CONDUCTING THEM INDOORS.**
 - (b) these Risks and dangers may be caused by my child(ren)s own actions, or inactions, the actions or inactions of others participating in the Activities, the condition in which the Activities takes place, or the negligence of the Releasee named below; (c.) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I INCUR AS A RESULT OF MY CHILD(RENS) PARTICIPATION IN THE ACTIVITIES.**
3. **AGREE AND WARRANT** that I will examine and inspect these Activities in which my child(ren) take part as a participant of The Court Time Foundation, Inc. and the Court Time Sports Center, and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activities and will refuse to take part in the Activities until the condition has been corrected to my satisfaction.
4. **HEREBY RELEASE**, discharge, and covenant not to sue The Court Time Foundation, Inc., Court Time Sports Center, LLC, its instructors, members, directors, agents, officers, volunteers and employees, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activities takes place, (each considered one of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I **WILL INDEMNIFY, SAVE AND HOLD HARMLESS** each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name of Parent or Guardian: _____ Parent or Guardian Signature: _____

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:	COUNTRY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child. PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

YES NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)
 HEARING (subjective until age 4)
 LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD						
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DT/PTD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER: SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT						
ADDRESS:		PHONE:		TITLE:		DATE FORM SIGNED:

Parents may provide immunization dates; health professional should verify and complete all data.