

CASE Registration 2018-19

Age 3 through Grade 8

Child's Name: _____ Gender: M / F

D.O.B.: _____ Age: _____ Grade: _____ Teacher: _____

Home Address: _____

#1 First Parent Contact Information	#2 Second Parent Contact Information
Name: _____	Name: _____
Home Phone: () _____	Home Phone: () _____
Cell Phone () _____	Cell Phone () _____
E-mail: _____	E-mail: _____

Please list any additional people who are authorized to pick up your child:

Name: _____ Home Phone: _____ Cell Phone: _____
Name: _____ Home Phone: _____ Cell Phone: _____

PLEASE CHOOSE YOUR BILLING OPTIONS FOR EACH QUARTER:

Quarter 1 (August 21-October 22)

- 2 days / week (\$415.00 per quarter)
- 3 days / week (\$600.00 per quarter)
- 4 days / week (\$770.00 per quarter)
- 5 days / week (\$870.00 per quarter)

OR

- Drop In (\$23.25 per day)

Quarter 2 (October 24-January 12)

- 2 days / week (\$415.00 per quarter)
- 3 days / week (\$600.00 per quarter)
- 4 days / week (\$770.00 per quarter)
- 5 days / week (\$870.00 per quarter)

OR

- Drop In (\$23.25 per day)

Quarter 3 (January 16-March 16)

- 2 days / week (\$415.00 per quarter)
- 3 days / week (\$600.00 per quarter)
- 4 days / week (\$770.00 per quarter)
- 5 days / week (\$870.00 per quarter)

OR

- Drop In (\$23.25 per day)

Quarter 4 (April 3-June 1)

- 2 days / week (\$415.00 per quarter)
- 3 days / week (\$600.00 per quarter)
- 4 days / week (\$770.00 per quarter)
- 5 days / week (\$870.00 per quarter)

OR

- Drop In (\$23.25 per day)

**If you elect drop in, please be sure to send an email or note to your child's teacher on the days your child will be attending CASE.*

Special considerations and/or conditions that may require attention: _____

Please return this registration form to the CA Special Programs Office or via email to
programs@columbusacademy.org before:

August 17, 2018