



Project Read and Reach

A School Age Community Engaged in Literacy, Character, and Service

St. Charles City School District



2012-2013 Application and Enrollment Form

(READ THIS FORM CAREFULLY AND FILL IT OUT IN IT'S ENTIRETY – ONE FORM PER STUDENT)

Student Information

Participant Name: _____ Gender: M _____ F _____
(Last Name) (First Name) (M.I.)

Age: _____ Date of Birth: ____/____/____ Grade: _____ Student's primary language spoken: _____

Ethnicity (please circle): Caucasian Asian Native American
African American Hispanic Other _____

Address: _____ City: _____ State: ____ Zip: _____
(Number and Street) (Apt. #)

Parent/Guardian Name: _____ Relationship: _____

Address: _____
(Number and Street) (Apt. #)

City: _____ State: _____ Zip: _____ Home # _____ Cell # _____

Employer or School Attended: _____ Work # _____

Work/School Schedule: _____ Email: _____

Secondary Parent/Guardian Name: _____ Relationship: _____

Address: _____
(Number and Street) (Apt. #)

City: _____ State: _____ Zip: _____ Home # _____ Cell # _____

Employer or School Attended: _____ Work # _____

Work/School Schedule: _____ Email: _____

(Please note: We **MUST** have **WORKING** telephone numbers where someone can be reached during the time that your child is participating in Project Read and Reach.)

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO PICK UP CHILD (One emergency contact other than parent is required.)

1. Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____
(Number and Street) (Apt. #)

Home # _____ Cell # _____ Work# _____

2. Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____
(Number and Street) (Apt. #)

Home # _____ Cell # _____ Work# _____

Authorization for Emergency Medical Care:

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize the school staff of Project Read and Reach to contact the following:

Physician or Clinic: _____ **Phone:** _____

Preferred Hospital: _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____

Physical limitations/medical needs/special needs of participant: _____

Building Student Attends: ___ Lincoln Elementary ___ Blackhurst Elementary

Regular Day Teacher Name(s): _____ Eligible for Free/Reduced Status: ___ Yes ___ No

Days Attending: ___ M ___ T ___ W ___ Th ___ F Session: ___ AM ___ PM ___ AM & PM

For Office Use: Date Application Rec'd: _____ *Enrollment Fee Rec'd/Amt:* _____



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2012-2013 PRR Program Update and Fee Schedule

- **Enrollment** is open to all students attending Blackhurst and Lincoln Elementary Schools.
- **Registration Fee** of \$35 per family is due and payable at the time of registration and is non-refundable. This holds your child's space in the program.
- **PRR is open** on the first day of school, August 15.
- **New opening time** of 6:30 am for morning attendees.
- **More Fee Options** including am and pm attendance fees and 1-3 day fees.

2012 – 2013 Program Fees

	4-5 Days	1-3 Days	Add'l Fee for Early Release Days
Weekly Fee: AM & PM	\$60	\$37	\$6
AM Only	\$40	\$27	\$6
PM Only	\$40	\$27	\$6
Free/Reduced Weekly Fee	\$25	\$20	\$6

*Note: Days and sessions must be consistent and cannot rotate.
No additional discount for am or pm or 1-3 day options
on Free/Reduced status rates.*