



**To be completed by ACES Site Coordinator**

Enrollment Fee Payment (\$15):  Check # \_\_\_\_\_  Money Order  Cash

Date Received by ACES \_\_\_\_\_ GCS Receipt Number \_\_\_\_\_ Start Date \_\_\_\_\_

Date Notification of Withdrawal Received (*attach form*) \_\_\_\_\_ Last Date \_\_\_\_\_

Does student have a DSS Voucher?  Yes  No

## ACES ENROLLMENT APPLICATION 2009-10

**\$15 Annual Enrollment Fee**  
*Not required if child has a DSS child care voucher*

**STUDENT INFORMATION:** *Please complete a separate application for each student.*

NAME _____					SCHOOL STUDENT ATTENDS _____	
(Last)	(First)	(Middle)	(Nickname)	(School)	(2009-10 Teacher - Leave blank if unknown)	

BIRTHDAY _____ <small>M/D/Y</small>	GRADE K 1 2 3 4 5 <small>If enrolling for next school year, circle grade in which child will be enrolled in fall.</small>	AGE _____ <small>If enrolling for next school year, state age child will be on the first day of school.</small>	SEX M F <small>Circle one</small>
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RACE/ETHNICITY  African-American  Asian  Caucasian  Hispanic  Multi Racial  Native American  Other

**BROTHERS and SISTERS in ACES at THIS SCHOOL:** *If enrolling for next school year, list grade of student in fall.*

Last Name	First Name	Middle Name	Grade

**PARENTS/GUARDIANS:**

*Call this parent/guardian FIRST.*

(Last) _____ (First) _____ (Middle) _____			
Relationship to Student _____		NC Driver License Number _____	
Street Address _____	City _____	State _____	Zip Code _____
Employed By _____			
Email Address _____			
Work Phone _____ / _____	Home Phone _____ / _____	Cell Phone _____	

*Call if first parent/guardian can't be reached.*

(Last) _____ (First) _____ (Middle) _____			
Relationship to Student _____		NC Driver License Number _____	
Street Address _____	City _____	State _____	Zip Code _____
Employed By _____			
Email Address _____			
Work Phone _____ / _____	Home Phone _____ / _____	Cell Phone _____	

When school is canceled or closed early due to inclement weather, ACES does not operate. Please indicate to your child's classroom teacher whether you will pick up your child or whether your child will ride the bus home on days school is closed early due to inclement weather.

*For each question below, if more space is needed, please explain on a separate piece of paper and attach it to this application.*

Is there a separation, divorce or custody concern of which our staff should be aware?  NO  YES

Is any person prohibited from picking up the child by a court order? If yes, attach a copy of the court order and an explanation.

Prohibited Person's Name	Relationship to Child
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*Please complete back of form.*

STUDENT NAME:

(Last)

(First)

(Middle)

(Nickname)

**EMERGENCY CONTACT and PICK-UP AUTHORIZATION:** *Persons other than parents/guardians.*

List the person(s) you authorize to pick up your child or that you authorize ACES staff to contact to pick up your child if neither parent/guardian on Page 1 can be reached and: 1) you have neither picked up your child by ACES closing time nor telephoned the ACES site coordinator to confirm that an ACES staff member can stay at the school until you arrive; 2) your child is sick or injured but does not require immediate or major medical attention and you cannot be reached in a reasonable time (i.e. a low-grade fever, nausea or minor injury).

In the event of a medical emergency, 911 will be called to secure medical treatment for your child. If neither parent/guardian on Page 1 can be reached, the emergency contacts listed below will be called to help school staff locate a parent/guardian and/or to meet your child at the medical facility. *If none, write "NONE" in space below.*

Name	Relationship to Child	Work Phone	Home Phone	Cell Phone

CHILD'S DOCTOR: \_\_\_\_\_ PREFERRED HOSPITAL: \_\_\_\_\_  
*If none, write "NO PREFERENCE" in space above.*

**MEDICAL or OTHER HEALTH CONDITIONS:**

It is very important that we know if your child has a health condition (allergy to bee stings or food, asthma, diabetes, seizure disorder, etc.), fears, or is receiving special services for any condition. What conditions should we know about? \_\_\_\_\_

Will your child have a Diabetes, Health or School Emergency Care Plan developed by the school administration, school nurse and parent/guardian for a health condition?  NO  YES *(If YES, what care may be needed during ACES?)* \_\_\_\_\_

Will your child need medication during ACES on a regular basis?  NO  YES *(If YES, provide name of medication.)* \_\_\_\_\_  
The parent/guardian is responsible for submitting an Authorization of Medication for a Student at School form to the school office.

*For each question above, if more space is needed, please explain on a separate piece of paper and attach it to this application.*

**PARENTAL/GUARDIAN AGREEMENT:** *My signature below indicates . . .*

- I agree to submit ACES payments on Monday or the first ACES day of the week and I understand that for parents' convenience the annual ACES fee is divided into weekly payments.
- I received the Summary: North Carolina Child Care Law and Rules brochure.
- I understand I can receive the ACES Parent Handbook and other information from the ACES site coordinator or by visiting the Guilford County Schools (GCS) Web site, [www.gcsnc.com/programs/aces.htm](http://www.gcsnc.com/programs/aces.htm).
- I agree to abide by the guidelines set forth in the ACES Parent Handbook and other ACES communications.
- I understand the GCS Student Handbook contains the district's policies and procedures regarding student conduct and discipline. I understand that GCS standards of student behavior that apply to school sites, off-site school-sponsored activities and any form of transportation provided by the district, apply during the ACES program. Standards include, but are not limited to, the district's Student Handbook, policies and procedures, and school rules and procedures.
- I understand that in the event of a medical emergency, 911 will be called to secure medical treatment for my child. I agree that an ACES staff member, school principal or principal designee may authorize emergency personnel to provide care in the event that neither parent/guardian may be contacted immediately. I understand the parent/guardian is responsible for medical expenses associated with the emergency.
- I understand the parent/guardian is responsible for medical and other expenses associated with accidents at school and that student accident insurance is available through the school office.
- I will provide written notification to the ACES site coordinator if I withdraw my child. I will pay for the week in which notification is made and for the following (last) week.
- I give my permission for my child to participate fully in ACES activities.

X

Signature

Date

Relationship to Child

**A \$15 non-refundable enrollment fee is due when the student's initial 2009-10 ACES enrollment application is submitted to the ACES Site Coordinator.**  
*The enrollment fee is not required for students who have a DSS child care voucher.*