



August 9, 2011

Fall 2011-2012 Registration Schedule

Dear Parent/Guardian,

Welcome back! Enclosed is the application for 2011-2012 school year. We need the following prior to school starting on August 30, 2011.

Applications and In-House Scholarship Form & Financials due by July 15, 2011

In-House Scholarship Award on August 17, 2011

Book & Registration Fee- \$100 per child due by August 15, 2011


Immunization Record and Medical Statement (for student attending the Before and After School Program only) due by August 19, 2011

First month tuition due by August 29, 2011

Back to School Night August 29, 2011, 6:30 p.m.

Please contact the school office as if you have any questions at 303-316-4533.

Thank you and God Bless


Benita Acker
Office Manager



EMERGENCY CARD

2011-2012

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____
_____ (include city, state & zip code)

Mother's Name: _____ Father's Name: _____

Employer: _____ Employer: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Email address: _____ Email address: _____

Person other than parent to be notified in an emergency situation when parents are not available:

Name: _____ Home phone: _____

Address: _____ Cell phone: _____

_____ Relationship to Child _____

(include city, state and zip code)

My child has permission to take field trips away from school grounds for which advance notice is given:

Parent/Guardian signature: _____

Child's Specific Medical Information:

Allergies: _____

Medications: _____ Frequency _____

Physician: _____ Phone: _____

Address: _____ Office hours: _____

Dentist: _____ Phone: _____

Address: _____ Office hours: _____

Hospital preferred for emergency treatment: _____

Is participant covered by medical insurance? Yes No

If yes, name of insurer: _____ Policy or Group #: _____

In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by an employee/volunteer of **Inner City School**? Yes No

I hereby give permission to Inner City School to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named school. All expenses of such care will be accepted by the parents.

Signature of parent or guardian

Date

(A copy of this form is to be carried with an Inner City School staff member on all field trips)



Pick-Up Authorization

ICS policy requires that persons authorized by parent to pick up student must provide a photo I.D. to ICS staff in order for child to be released. Please provide Colorado Drivers or Identification numbers along with the following information.

Child's Name	Grade
Child's Name	Grade
Child's Name	Grade

Persons authorized to pick up my child:

Name _____ Relationship to Child _____
 Address: _____ Phone: _____
 _____ License #: _____

Name _____ Relationship to Child _____
 Address: _____ Phone: _____
 _____ License #: _____

Name _____ Relationship to Child _____
 Address: _____ Phone: _____
 _____ License #: _____

Name _____ Relationship to Child _____
 Address: _____ Phone: _____
 _____ License #: _____

Name _____ Relationship to Child _____
 Address: _____ Phone: _____
 _____ License #: _____

Name _____ Relationship to Child _____
 Address: _____ Phone: _____
 _____ License #: _____

Special Instructions (please indicate any issues with custody or anyone that is strictly forbidden to pick up child):

(Please note in child custody issues a written court order must be provided if a parent is prohibited from picking up the child from school)

Today's Date: _____



Policy Agreement

Child's Name	Grade
Child's Name	Grade
Child's Name	Grade

This agreement is entered into by and between Inner City School (ICS) and the parents or guardians whose signatures appear below. The parties hereto accept the following terms and conditions governing the child's enrollment as indicated in the Parent Handbook.

I/We agree, understand and accept all the conditions, policies and procedures outline in the Parent Handbook specifically guidelines regarding:

- Financial Terms and Agreements
- Uniform/Dress Code Policy
- Arrival/Departure and Attendance Policy
- Television & Video Viewing Policy

I/We agree to pay tuition and fees associated with my child's enrollment at ICS. I/We agree to the terms set forth in the Financial Terms and Financial Agreement forms.

In consideration of the acceptance of my child as a student at ICS, and having satisfied myself that supervision and attention to safety are prudent and responsible, I/We agree to indemnify and hold harmless the school and staff against any claims and demands made by, or on behalf of my child, including by or through me, my spouse or legal guardian for the child.

. I/We understand that the school reserves the right to terminate enrollment of the student at any time and for any reason and neither the Parent Handbook nor this document limit that right.

Parent/Guardian Signature	Date



Permission Slip Release Form

Waiver and Indemnity Agreement Activity Participation Agreement

Child's Name	Grade
Child's Name	Grade
Child's Name	Grade

I/We do hereby grant permission to Inner-City School (ICS) and their agents to take my child on various field trips, functions, lunch, sporting, etc. including transportation to and from off-campus activities throughout the school year. I acknowledge that participation in on and off campus activities may involve risk to my child (the participant) and may result in various types of injury including but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage). I understand that advance notice will be given anytime my child is participating in any field trip away from school grounds, and that I may at any time refuse to have my child participate in any off-campus activity.

I/We grant permission for my child to attend Gym classes, special events and field day at the neighborhood park without advance notice.

In consideration of the opportunity to participate in various school functions on and off campus, I/We do hereby release ICS from any and all liability as a result of any injuries sustained by my/our child as a result of any accident caused by ICS and its agents. The participant (or parent/guardian if the participant is a minor) acknowledges and accepts the personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor").

Furthermore the participant (or parent/guardian) releases and promises to indemnify, defend and hold harmless Inner City School, staff, and volunteers for any injury arising directly or indirectly out of the activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

I/We have read and understand the agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Parent/Guardian Signature	Date