



NORTHWOOD ACADEMY
AT CENTER FOR CREATIVE EDUCATION

Student Registration

OFFICE USE ONLY

Registration Date	Registration Payment Date	Class Name	Staff Initials
-------------------	---------------------------	------------	----------------

Complete **ALL AREAS** on this form. **Do not leave any area unanswered.** A registration must be completed for each student

Student First Name	MI	Last Name	School Attending
---------------------------	----	------------------	------------------

Last Year's Grade (2019-2020)	Current Grade (2020-2021)	School District of Palm Beach County Student ID Number
-------------------------------	---------------------------	--

Educational Plan - Provide a copy. <input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504	Was your child recommended for: <input type="checkbox"/> Promotion <input type="checkbox"/> Retention	I understand and agree that student data is to be shared between the School District of Palm Beach County and the Center for Creative Education. Parent/Guardian Initials: _____
--	---	--

Student Address	City	State	Zip Code
-----------------	------	-------	----------

Student Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth
--------------------	---	----------------

PROGRAMS (Check All That Apply)

ARTS FOR LITERACY (Out-of-School) <input type="checkbox"/> GRADES 1-5 Mondays through Fridays. TUITION - Registration Fee \$50 \$1600/yr.	DIGITAL LITERACY (Afterschool) <input type="checkbox"/> GRADES 6-12 Mondays through Fridays. TUITION - Registration Fee \$50 \$1600/yr.	SUMMER CAMP <input type="checkbox"/> GRADES Mondays through Fridays.
---	---	--

I am applying for **Tuition Reduction**. If 'yes' then you must submit your most recent 1040 tax form listing each child to be enrolled as a dependent as well as the Adjusted Gross Income with this registration.
 Yes No

E.L.C. FINANCIAL ASSISTANCE
 I receive financial assistance from the **Early Learning Coalition** that will be applied to my child/children's tuition.

All information collected will be kept confidential and will only be used to determine your financial need and adjusted tuition for this program. Your financial need is determined on a yearly basis. Each year, you will need to submit your most recent 1040 tax return form showing the child you are registering as a dependent (social security numbers may be removed). Families requesting adjusted tuition will be notified of the results of their request.

Student lives with:
 Parent Guardian Other Foster Parent Group Home

Indicate where the student lives (check only if applies)
 House/Apartment Hotel/Motel Shelter Shared Housing Hardship Other:

Student Race (must check at least one, and check all that apply)
 American Indian or Alaskan Native Asian Black or African American
 White Hispanic Native Hawaiian or Other Pacific Islander

Is a language other than English used in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', what language?	What is the Student's primary language?	What is the Parent's primary language?
---	---	--

QUESTIONS A-D BELOW MUST BE ANSWERED

A. Is there a court order barring either parent from removing the student from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Do parents have shared (or joint) parental rights and responsibility ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Does one parent have final decision-making authority regarding educational decisions for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other court order that restricts or impacts access to the student by anyone, including the other parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide CCE with a copy of any applicable court orders.

The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge. Yes No
 No
 If 'Yes', what? _____ If 'Yes', is the student allowed to be in contact with other students? _____

The student has been expelled or suspended from school. Yes No

CONTACT PICKUP INFORMATION

Students can only be signed out by a parent, guardian, or other adult specified on this form.

Parent or Guardian	E-mail address (REQUIRED)
--------------------	------------------------------------

Address if not the same as student (house #, street name, apartment no., city, state, zip code)

Home Telephone & Cell Telephone

Parent or Guardian	E-mail address
--------------------	----------------

Address if not the same as student (house #, street name, apartment no., city, state, zip code)

Home Telephone & Cell Telephone

Provide a password that may be used when picking up the student.

Provide additional persons allowed to pick up (first, middle initial, last)	Relationship to student	Daytime Telephone
---	-------------------------	-------------------

HEALTH INFORMATION

Student health insurance (check all that apply):

- Medicaid Healthy Kids/Kid Care Private None

Student has life threatening allergies?

- Yes No **If Yes, What is it?:**

Physician Name

Telephone

List all Medical, Allergy, Behavior, and/or Cognitive conditions:

Student takes medication?

- Yes No

List all medications:

Has the student ever been referred for mental health services? Yes No **If yes, please describe the reason:**

CCE DOES NOT ADMINISTER MEDICATION.

If medication needs to be administered to a student attending CCE programming, a parent/guardian must make arrangements to do so in-person.

Parent/Guardian Initials: _____

EMERGENCY MEDICAL AUTHORIZATION.

I give permission to CCE staff to seek medical care if medical care is required.

Parent/Guardian Initials: _____

Parent Agreements

The purpose of this agreement is to ensure the student success in the Northwood Academy program. Please initial each section below to show that you agree to the following:

POLICIES & LITERATURE

I understand and agree to abide by the rules and policies of CCE as stated in the program policies. CCE has the right to release my child from participation in the program if the rules and policies are not followed.

A copy of CCE's policies can be found online at www.cceflorida.org or may be provided by emailing info@cceflorida.org

CCE has provided copies of the 'Influenza Virus' and the 'Know Your Child Care Facility' brochures.

Parent/Guardian Initials _____

COVID-19

Due to COVID-19, I understand all visitors (parents, siblings, etc.) are NOT permitted in the building. Those that are will adhere to CCE's safety policies and procedures that follow federal, state, and local guidelines. Only screened staff members and maintenance providers are allowed in the building under these measures.

Parent/Guardian Initials _____

ILLNESS

I agree to keep my student(s) home with any type of illness prior to sending them to CCE. I also acknowledge that CCE staff will administer temperature checks of each student, each day while at CCE.

Parent/Guardian Initials _____

ATTENDANCE

I understand Northwood Academy at CCE is an annual program consisting of weekly sessions Monday through Friday. I agree to get my child to classes on time every day to avoid disruption and CCE may elect not to permit my child to class or remove them from the program due to excessive absences or tardiness. I will avoid late pick-ups beyond the established program hours.

Parent/Guardian Initials _____

FOOD SERVICE

I understand that CCE provides breakfast, lunch, and snacks that meets my child's nutritional needs.

Parent/Guardian Initials _____

MEDIA WAIVER

I understand that CCE and its partners may use photos, audio, quotes and videos of or including my child during this program for class documentation and research, media coverage, social media marketing, and print materials. I also agree to participate in any survey opportunity CCE offers me.

Parent/Guardian Initials _____

STUDENT EXCURSIONS (Digital Literacy Students ONLY!)

Digital Literacy at CCE may use part of class time to use camera / video equipment to record or capture images for class projects on walking excursions outside of the facility, around Northwood Village. These out-of-facility excursions are chaperoned by Digital Literacy Instructors. These are walking excursions only. While the chaperones put our student's well-being first at all times, Center for Creative Education may not be held liable for injury that may occur during any of these excursions.

Parent/Guardian Initials _____

STUDENT TRANSPORTATION / WALKING PERMISSION

CCE has my permission to walk students from Pleasant City Elementary to CCE's facility located within the Northwood Village business district at 425 24th Street, West Palm Beach, FL 33407.

Parent/Guardian Initials _____

By signing below, I understand and agree it is my responsibility to contact CCE immediately to inform them of any changes to my contact information including name, address, home or cell phone numbers or e-mail address. If I opted out of informational messages, I will continue to receive emergency phone messages from or on behalf of the CCE at the telephone number(s) provided on page 2, including a wireless number if applicable. If you received non-emergency messages without consenting and/or would like to opt out of future communication, contact (561) 805-9927.

Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec. 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.

Parent/Guardian Signature (unless student is emancipated)



Date

Credit Card Authorization Form

Please fill out the information below authorizing The Center for Creative Education to process tuition payments.

Childs Name: _____

Program Name: _____

Recurring Billing: Your credit card will be charged on the same date each month.

Total amount due: \$ _____

Amount per transaction: \$ _____

Start Date / Payment #1:

End Date / Final Payment: No Later than April 1

Name as appears on Credit Card: _____

Type of card: Visa Mastercard Discover American Express

Credit Card Number: _____ Exp. Date: _____

Address of Card Holder:

By signing below, you authorize the above transactions.

Name: _____ Signature: _____ Date: _____

Center for Creative Education

COVID-19 WAIVER

I acknowledge and agree that by enrolling my student(s) into the Northwood Academy at the Center for Creative Education (CCE) I am voluntarily assuming any and all risks that notwithstanding CCE's best efforts to implement and require compliance with prevention and mitigation measures as recommended by the CDC and local health agencies, my student(s) may be exposed to the coronavirus and may become ill with COVID-19. I understand that such exposure and illness may result in personal injury, illness, temporary or permanent disability, or even death.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

(Either parent's signature is binding)

COVID-19 CARE PROGRAM PARENT AGREEMENT

Child's Full Name: _____ Child's Grade: _____

Child's Full Name: _____ Child's Grade: _____

Child's Full Name: _____ Child's Grade: _____

The following conditions apply and are agreed to with respect to the Center for Creative Education's COVID-19 Care Program. This agreement is in addition to any parent agreement already in place. As a parent/guardian of a child or children that is/are enrolled at Center for Creative Education (CCE), I accept and agree to the following:

1. I am knowingly and willingly enrolling my child in care during the COVID-19 period.
2. That I agree to follow the stated Rules.
3. That I updated all health and emergency records for my child/ren in the Student Registration form.
4. That, in order to safeguard the health of all children, any member of CCE's Leadership team has the right to exclude a child from CCE without having to account for the reason(s) thereof.
6. That I will adhere to a Daily Health Check and notify CCE staff if one's child or anyone in the family presents with Fever? New/Worsened Cough or Difficulty Breathing? Sore Throat? Colored Discharge from Nose? If, YES to any of the above, I will be required to care for my child at home for at least the following ten days at the discretion of the CCE administration.
7. That CCE, the CCE Leadership team or any employee shall not be liable for any illness that may occur in any child/ren while in the care of CCE.

8. That I agree to conform to the hours of operation of Northwood Academy and follow the drop-off and pick up times and locations assigned to me. I acknowledge and agree that failure to do so may result in the immediate dismissal of child/ren from the Program.

9. That I complete, and keep updated, the following:

(i) Student and Parent information in the Student Registration

(ii) Immunization information (if/when requested)

(iii) Medical information (including doctor and information in the Student Registration)

(iv) Child Information sections in the Student Registration

10. That CCE reserves the right to cancel this Agreement at any time when it is determined by the Program Director and/or any member of the Leadership Team to be in the best interests of the child/ren or of CCE.

11. That CCE reserves the right to cancel this Agreement if required to close the facility, during the current health crisis, in accordance with any requirements from local, state, or federal guidelines.

12. CCE reserves the right to reduce the days of attendance or terminate this contract owing to any recurring physical, emotional, or verbal act which may result in placing your child, other children and their families, or staff within our school in an emotional, physical, harmful, hurtful or unsafe situation.

13. That this agreement will hold for the duration of CCE's Northwood Academy.

I hereby acknowledge that I have read, understand and will abide by this agreement and CCE policies.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

(Either parent's signature is binding)