

**Do you need child care on Early Dismissal Days* or Teacher Workshop Days?
 If so, Project SCOPE may be the answer!**

Project SCOPE allows children that are not currently enrolled in the Project SCOPE program to sign up for early dismissal days and workshop days. This Special Enrollment is only available for the days listed below. If you need care on other dates, you will need to enroll your child in the regular SCOPE program and pay the weekly fee. *Wednesday early dismissal days are excluded from this enrollment.

2019-2020 Project SCOPE Special Enrollment Form for Balanced Calendar Schools

*You will need to complete this form and return it to the SCOPE office @ 2120 E. Reservoir Street with the appropriate payment at least **one week before** the date you need care.*

Families currently enrolled in Project SCOPE do not need to complete this form!!

Child's Full Name: _____ Grade: _____

School child attends: _____ Teacher: _____

Custodial Parent: _____

Street Address: _____ Zip: _____

Home # _____ Work # _____ Cell # _____

Please check the date(s) of care needed and enclose the payment. *If you mail your form, please call our office within a few days to make sure we have received the form.*

- | | | |
|-----------------------|---------------|---|
| _____ 9/27/19 | (\$15.00 fee) | Full Day of SCOPE due to Parent/Teacher Conferences, BRING A SACK LUNCH |
| _____ 10/21/19 | (\$15.00 fee) | Full Day of SCOPE due to Teacher Institute Day, BRING A SACK LUNCH |
| _____ 12/20/19 | (\$8.00 fee) | 60 Minute Early Dismissal |
| _____ 1/13/20 | (\$15.00 fee) | Full Day of SCOPE due to Teacher Institute Day, BRING A SACK LUNCH |
| _____ 3/27/20 | (\$8.00 fee) | 60 Minute Early Dismissal |

Total amount enclosed \$ _____ (NON-REFUNDABLE)

Make checks payable to: Project SCOPE

**THERE ARE NO SPECIAL ENROLLMENT SIGN UP DATES FOR THE WEDNESDAY EARLY DISMISSAL DAYS,
 WINTER BREAK DAYS, OR SPRING BREAK DAYS.**

(please fill out the back)

I understand that if discipline problems exist with my child, I will pick up my child and he/she will lose the privilege of further participation in this program. I further understand that all children must be picked up by their custodial parent or authorized adult by 6:00 PM. The Springfield Public School District and its employees assume no liability for injury to any child during his/her participation in the Project SCOPE school-aged child care program. Per district procedures, the custodial parent will be responsible for paying all costs and fees resulting from any emergency medical care and/or treatment of the child.

Custodial Parent's Signature: _____ **Date:** _____

VERY IMPORTANT!

Please do not ask the SCOPE staff at your school to accept your registration and/or payment. **They are not allowed to accept these forms.**

THE SCOPE OFFICE MUST RECEIVE THIS FORM AT LEAST ONE WEEK IN ADVANCE OF THE DATE OF SERVICE NEEDED!

**You may mail or hand-deliver your form (with payment) to:
Project SCOPE, 2120 E. Reservoir Street, Springfield, IL 62702**

Please list individuals who can pick up your child from SCOPE. These are also the people that will be notified in case of an emergency if we cannot reach the parent or guardian.

Name	Relationship to Child	Home Phone	Work/Cell Phone

Does your child have any special needs or medical issues? If yes, please indicate below:

My child may be photographed or videotaped for television or newspaper stories related to Project SCOPE:

_____ Yes _____ No

***** FOR OFFICE USE ONLY *****

Date Received _____ Receipt # _____ Check # _____ Amt Paid _____