

# 2020 DPS Learning Centers Application



## REGISTRATION:

Durham Public Schools is offering full day Learning Centers for Pre-K through 12th grade families while schools are closed. There are a limited number of students accepted for each location. One registration fee is charged per child. If you withdraw please provide us with a written notice one week in advance to avoid being charged additional fees.

Our office is located at 2107 Hillandale Rd. at the Staff Development Center. We will accept registrations by utilizing the drop box window located at the front entrance to the classroom building. **Do not leave cash.**

Checks are gladly accepted. When you provide a check as payment, you authorize us to use information on the check to make a one-time Electronic Fund Transfer (EFT) from your account, or to process the payment as a check transaction. You authorize us to collect a fee through EFT or bank draft from your account if your payment is returned unpaid. Community Education reserves the right to require cash or credit card payments once a check has been returned for insufficient funds.

## FEES:

Fees are due upon registration. Community Education K – 5th grade programs are licensed by the North Carolina Division of Child Development and Early Education and are eligible for day care vouchers from the Department of Social Services. The fees for school age programs are subsidized for all families.

## QUESTIONS:

Call the Accounting office 919-560-9488.

Please be sure to fill out both pages completely and review all information before submitting both pages to us. Make note of your dates and location information.

[www.dpsnc.net/afterschool](http://www.dpsnc.net/afterschool)

To register, families must pay the registration fee and the one week camp fee. Future weekly payments are due one week before the week of camp.

Programs will operate from 7 a.m. – 6 p.m.

### Select a learning center location:

- Eno Valley                       WG Pearson  
 Carrington MS                 Shepard MS

Select Full day or half day.

- Full day     ½ day AM     ½ day PM

\*Learning Center operations are subject to change based on district and health decisions.

Additional weeks may be added depending on district's guidance.\*

\*Camp will not operate on Monday, September 7

## Weekly fees:

\$140 per week for the first child

\$130 per week for additional children in the same family

**DURHAM**  
PUBLIC SCHOOLS



# 2020 DPS Learning Centers Registration

**For Office USE Only:**  
 Date: \_\_\_\_\_  EV  WGP   
 Amt. \_\_\_\_\_ Ck#: \_\_\_\_\_  CMS  SMS

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

2nd Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**(Person Responsible for billing) PLEASE PRINT!**

Parent/Guardian's Name #1: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment/Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian's Name #2: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment/Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**AUTHORIZED PICK-UP:** Child will be released only to the parents/guardians listed above. **The child can also be released to the following individuals as authorized by the person who signs this application.**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT: (Must be filled out):** In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

WorkPhone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

WorkPhone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Select Payment Option:

**One Time Payment:**

Check/ Money Order made out to "Community Education" is enclosed.  Please charge my:  MasterCard  Visa  Discover for \$ \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_ Account No. -----

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\* A 3% convenience fee is charged for all credit/debit card transactions unless enrolled in EZ payment (automatic draft).*

**(Optional) EZ Payment (EFT)- Automatic Draft**

I hereby authorize DPS-Community Education to debit the account listed below for weekly camp tuition due. The EZ Payment Option (EFT) is the preferred billing method for DPS Summer Camps. Simply provide a credit, debit card or checking account information and tuition will automatically draft on the Monday before the camp week begins. A 3% convenience fee will be waived for automatic drafts. I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue this service, I will notify DPS-Community Education. Change of payment method will not affect the terms of my contract.

MasterCard  Visa  Discover for \$ \_\_\_\_\_

Checking Account (attach voided check)

Account Holder's Name: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_

Account No. -----

Routing No. (First 9 Numbers): -----

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit Security Code: \_\_\_\_

Account No. (Second Set of Numbers): -----

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check No. (Third Set of Numbers): -----

Bank Name: \_\_\_\_\_

**HEALTH CARE NEEDS:** For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, **a medical action plan shall be attached to the application.** The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached?  Yes  No

List any allergies and the symptoms and type of response required for allergic reactions:  
\_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for these health care needs of concerns.  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Please explain any physical, emotional or learning needs.  
\_\_\_\_\_

Does your child(ren) have any fears or receives special services during the school day?  Yes  No

Please explain:  
\_\_\_\_\_

Does your child(ren) receive services for Exceptional Children (EC)?  Yes  No

If yes, in what setting? \_\_\_\_\_ Resource \_\_\_\_\_ Separate \_\_\_\_\_ Primary EC Area \_\_\_\_\_ LD \_\_\_\_\_ SED/BED \_\_\_\_\_ ID/EMD \_\_\_\_\_ MU \_\_\_\_\_ HI \_\_\_\_\_ VI \_\_\_\_\_ AU other (\_\_\_\_\_)

Are you currently experiencing any of the following circumstances due to COVID-19?  Yes  No

If yes, please check the appropriate box.  Housing  Essential worker (Food Industry, Healthcare, Custodial Services)  Unemployment

When your child was in school did he or she receive 504 or ESL services?  Yes  No

If yes, please check the appropriate box.  504  ESL

Is this your child's first year in a US school and will your child require English-language support?  Yes  No

- Is there a separation, divorce or custody concern of which our staff should be aware?  No  Yes (If yes, please attach an explanation and the order)
- If a medical emergency arises, the program staff will attempt to contact me. If the emergency is such that immediate hospital attention is necessary, an ambulance may take my child to the hospital.
- I agree to the before, afterschool and summer camp programs contract and stated policies and procedures of the Durham Public Schools-Community Education. I certify that I have received (hardcopy/online) at www.dpsnc.net/afterschool of the parent handbook which includes the behavior management guidelines, aquatic policy and a summary of the NC Child Care Laws.
- I give my permission for my child(ren) to participate fully in program activities including field trips and swimming under the supervision of camp staff.  No  Yes
- I give permission and consent to Durham Public Schools/Community Education (and agencies within) to use photographs of my child for any advertising and publicity purposes.  No  Yes
- I understand that I will receive billing and account information by email.
- Are you a DPS employee?  Yes  No
- Are you eligible for free lunch?  Yes  No
- Are you eligible for reduce lunch?  Yes  No
- Do you need transportation?  Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notification of the Risk Relating to Coronavirus/COVID-19 in the attendance or use of Learning Centers located at Durham Public Schools**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Durham Public Schools ("DPS") has put in place preventative measures in accordance with federal, state, local, and CDC guidelines and orders to reduce the spread of COVID-19. Our district has implemented safety precautions in all of our buildings; however, it is important for parents and students to understand that school districts can only mitigate the risk of COVID-19. No district, organization, or business can offer 100% protection against exposure to a global pandemic. DPS cannot guarantee that you or your child(ren) will not become infected with COVID-19. Attending and being present at the Learning Centers could increase your risk and your child(ren)'s risk of contracting COVID-19.

I acknowledge the contagious nature of COVID-19 and the risk that I and my child(ren) may be exposed to or infected by COVID-19 by attending the Learning Centers located at DPS sites and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I further agree for myself and my child(ren) to adhere to CDC guidelines and the Durham and NC Department of Health and Human Services guidelines for safety measures regarding COVID-19.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE.**

Name of child(ren): \_\_\_\_\_

Name of parent/guardian (printed): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date signed: \_\_\_\_\_