

## 2023 - 24 CAPE CARE APPLICATION

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Fall 2023 \_\_\_\_\_

Parent/Guardian 1/Mother \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/Guardian 2/Father \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Currently enrolled siblings \_\_\_\_\_

Allergies, conditions, IEP, or concerns? \_\_\_\_\_

## CAPE CARE OPTIONS

Before School Care (Pre K - 4th Grade) 7:15 - 8:30 am \$11.00 per day / \$55.00 per week  
Days Needed  Mon  Tue  Wed  Thu  Fri

Preschool Half-day 8:30 am - 12:00 pm \$210.00 per week  
 Preschool Full Day 8:30 am - 2:30 pm \$275.00 per week

Pre K Full Day 8:30 am - 2:30 pm Public Pre K

After School Care (PreK - 4th Grade) 2:30 - 5:30 pm \$22.00 per day / \$110.00 per week  
Days Needed  Mon  Tue  Wed  Thu  Fri

## WAIVER OF LIABILITY

I hereby permit my minor child, \_\_\_\_\_ to participate in Cape Care administered by Cape Elizabeth Community Services located at the Community Center during the 2023-2024 school year.

In consideration of my minor child being allowed to participate in Cape Care, I, for myself and my minor child, hereby agree to release, discharge, indemnify and hold the Town of Cape Elizabeth, Community Services, and their agents and employees harmless from any liability claims, demands, costs or damages arising out of program activities, and transportation, by negligence or otherwise, which I or my minor child might have.

I, the undersigned, further authorize anyone working for Community Services to call for such medical care for my child or to transport my child to the appropriate medical clinic or hospital, if in the opinion of anyone working at Community Services, medical attention is needed for my child. The undersigned agrees that upon transporting the child to any medical facility, clinic, or hospital, the responsibility of Community Services shall be fulfilled and Community Services shall not have any further responsibility for the child. We further authorize the attending physician to administer any necessary medical attention in the event we cannot be reached at the provided telephone numbers.

I understand that participation may include transportation by buses/vans owned and operated by the Cape Elizabeth School Department. The release is binding, and I so understand, not only upon my heirs, administrators, executors, and assigns, and I herewith again reaffirm my free and willing intent to execute it, acknowledging a complete understanding of terms and conditions and the totality of its effect, and the totality of the waiver of rights that I would otherwise have had, had this agreement not been executed.

I certify that the above-named minor child is in excellent health and that there are no limits to my child's participation except as stated in writing. I further certify that the Town of Cape Elizabeth / Community Services has on file all current immunization records.

### Terms of Agreement with Cape Elizabeth Community Services and Cape Care

- I have read the Cape Care Parent Handbook and agree to the terms and policies listed therein.
- I agree to pay for care options I have contracted for as indicated.

**Submit the completed form with a \$50.00 non-refundable application fee.** Completing this form does not guarantee a spot in Cape Care. Applicants will be accepted in the order they are received.

Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_ CVC \_\_\_\_\_

Signature: \_\_\_\_\_

Return to [Kelly.phinney@capeelizabeth.org](mailto:Kelly.phinney@capeelizabeth.org)  
Cape Elizabeth Community Services  
343 Ocean House Road, Cape Elizabeth, ME 04107

#### Office use only

Date Received \_\_\_\_\_ Start Date: **Fall 2023** Withdrawal Date \_\_\_\_\_

Deposit Paid \_\_\_\_\_ Cash/Credit Card/ Check No. \_\_\_\_\_ Receipt No. \_\_\_\_\_