

APPLICATION FOR ENROLLMENT

Telephone: (345) 949-6022 / Fax: (345) 949-6803 / E-mail: triplec@candw.ky / www.tripleschool.org

First Day _____

Last Day _____

Team: A K S

Name of Student _____ Entering Grade Level _____

Date of Birth (date/month/year) _____ Place of Birth _____

Nationality: Caymanian _____ Other (Specify) _____ First Language _____

Desired date of attendance _____ Student's Cell phone _____ Student's e-mail _____

Reason for leaving last school _____

Does your child have a current SEN (Special Education Needs) document? Yes _____ No _____

Student Educational History:

Name of School	City/Country	Grade	Year

Parents and/or Guardians Information:

(Please circle one) Mother or Guardian:

Name _____ Home Phone # _____ Cell Phone # _____ E-mail _____

(Please circle one) Father or Guardian:

Name _____ Home Phone # _____ Cell Phone # _____ E-mail _____

Child lives with: Mother _____ Father _____ Both _____ Other (Relationship) _____

Mailing Address: P.O. Box _____ Post Code _____ E-mail address _____

Street Address (location of home) _____ District _____

Names of siblings attending (or ever attended) Triple C School _____

Number of older siblings _____ Number of younger siblings _____

Mother: Place of Employment _____ Occupation _____ Work Phone _____

Father: Place of Employment _____ Occupation _____ Work Phone _____

Religious affiliation (if any) _____ Current place of worship (if any) _____

In case of emergency and if parents cannot be reached, please call:

Name _____ Phone _____

Date _____ Signature of Parent or Guardian _____

PLEASE DO NOT WRITE IN THIS SECTION – FOR OFFICE USE ONLY.

APPLICATION

- _____ Application For Enrollment Completed
- _____ After School Care Program & ASC Emergency Health Form
- Application Fee Receipt #/Date: _____
- _____ Birth Certificate
- _____ Immigration Clearance (if applicable)
- _____ Report Card (PS-Grade 5)
- _____ Student Transfer Form
- _____ Parents'/Guardians' Character Reference Form
- _____ Parents'/Guardians' Commitment Form
- _____ Medical Examination Form (PS required)
- _____ **OR** C.I. Govt. Issued White Card (PK-Grade 5)
- _____ Emergency Health Form
- Capital Fee Receipt #/Date: _____

ENTRY TEST RESULTS

Comprehension Test Result: _____ Class: _____

Mathematics Test Result: _____ Class: _____

STATUS

Student Accepted in Grade _____

Student Waitlisted for Grade _____

Student Not Accepted _____

Principal's Signature: _____

Date: _____

Notes: _____

Preschool only: _____ Full-time (8:00 a.m.-5:30 p.m.)

_____ Part-time (8:00 a.m.-12:00 p.m.)

Students must be potty-trained before starting school.

TRIPLE C SCHOOL
PARENTAL INFORMATION

Name of Student _____ Present Grade _____

1. How did you learn about Triple C School?

News Media: Radio _____ Newspaper _____ TV _____ Radio _____
School Website _____ Yellow Pages _____ New Resident Magazine _____ Church _____
Present Parent _____ Alumnus _____ If present parent or alumnus, please give the name: _____
Other: (Please explain) _____

2. What are your reasons for choosing Triple C School to educate your child(ren)? _____

3. Triple C School utilizes email as the main form of communication.

Does your family have a personal computer with internet access in your home? _____ Yes _____ No

2. As time permits, I would be willing to help in the areas mentioned below:

_____ Class parties	_____ Classroom aide	_____ Substitute teaching
_____ Interest clubs	_____ Costumes	_____ After school activities
_____ Fundraising	_____ Field trip chaperone	_____ Canteen
_____ Sports activities	_____ Transportation/trips	_____ Class mother
_____ Noon duty	_____ PTA activities	_____ Library
_____ Concerts/plays	_____ Maintenance work	_____ Bookstore helper

(Please call for further information on any of the above responsibilities.)

5. What methods of discipline do you find effective for your children? _____

6. Who cares for your children between the end of the school day and the end of the working day? _____

7. In what outside activities do your children participate? _____

8. What responsibilities do your children have at home? _____

9. Do you attend church regularly? _____

10. What local church/place of worship are you now attending? _____

11. Are you a Christian? _____ If your answer is yes, how and when did you become a Christian? _____

TRIPLE C SCHOOL
AFTER SCHOOL CARE PROGRAM FORM (PS-GRADE 6 ONLY)

Name of Student: _____ **Grade:** _____

After School Care (ASC) is available for students (PS thru Grade 6) who remain at school after regular school hours. This form is for **PS thru Grade 6 only**. PS parents need to complete this form, however you will not be billed as your tuition is inclusive of this program. All students from Preschool to Grade 6 will automatically be enrolled in ASC. Below you will find our ASC Plans. We offer two plans to meet your needs.

Monthly Plan: This plan is for parents who are on a fixed time schedule and intend for their child to attend often or every day. There will be a flat fee of \$150 charged monthly and you will be billed in 10 payments (August-May).

Daily Plan: This plan is for parents who have a varied time schedule and intend for their child to attend at their convenience. There will be a fee of \$10 charged per day that your child attends for the month.

Automatic billing: Students who are not expected to be in after school care but periodically are left at school after hours will automatically be placed in child care and you will be billed according to the Daily Plan.

After School begins 20 minutes after school dismisses until 5:30 p.m. each day.
You will be billed monthly and will receive your statement monthly via email.

***There will be a late fee of \$10 for any child picked up past the time of 5:30 p.m. with \$8 added for each 15 minutes thereafter.**

I am NOT enrolling my child, whose name appears above, in the After School Care program (ASC).

I am enrolling my child, whose name appears above, in the After School Care program (ASC).

If someone other than the parents/guardians are authorized to pick the child(ren) up from ASC, please name below:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please check the plan below that best serves your needs:

Monthly Plan (\$150)

Daily Plan (\$10 per day)

ACS Phone Numbers:	
3:30-5:30 p.m. (Mon.-Thurs.)	
1:30-5:30 p.m. (Fridays)	
PS-K	928-0205
Grade 1-6	928-0138

If your child is unsupervised after school and is not enrolled in the ASC, he/she will be automatically enrolled in ASC using the daily billing plan. There will a late fee of \$10 for any child picked up past the time of 5:30 p.m. with \$8 added for each 15 minutes thereafter.

I have read the above information concerning after school child care and will comply with all policies of ASC.

I understand that all rules that apply to regular school also apply to ASC.

I understand that it is my responsibility to complete a new form in the school office if my child's ASC status changes.

Signature of Parent/Guardian

Date

PLEASE CONTINUE TO PAGE 4 

**TRIPLE C SCHOOL
AFTER SCHOOL CARE EMERGENCY HEALTH FORM**

Student's Name: _____ D.O.B.: ____/____/____ Grade: _____
Last First Middle Initial mm dd yy

Address: (Street) _____ Teacher's Name: _____

(Postal Code) _____ Phone no.: _____

Code: Mother – M Father – F Guardian - G Step-Mother – SM Step-Father – SF	Email address: Code: __ : _____ Code: __ : _____
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Parent(s)/Guardian(s) Name(s):

<i>Code</i>	<i>Name</i>	<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>	<i>Employer</i>

Emergency Contacts: (other than the above named who have permission to collect your child from school):

<i>Code</i>	<i>Name</i>	<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>	<i>Employer</i>

Current Medication:

<i>Name of Medicine</i>	<i>Dosage</i>	<i>Frequency (actual times needed)</i>

Allergies: _____
 (bees, animals, seasonal, food, etc.)

Pertinent Medical History: _____
 (asthma, diabetes, surgery, etc.)

I authorize the administration of the following over-the-counter medication to my child at the discretion of the School Nurse or Office Staff at Triple C School:

Acetaminophen (Tylenol)	Yes	No
Tums	Yes	No
Cough drops/throat lozenges (2 nd grade +)	Yes	No

Parent's Signature: _____ Date: _____

In my absence I authorize the transport of my child by school staff member or ambulance to the nearest medical facility in the event of an emergency.

Parent's Signature: _____ Date: _____