



Registration Packet 2017-2018

Registration Day
Monday, August 7th
8:30-10:30 a.m. and 4:30-6:30 p.m.
School Cafeteria
865 E. Third Street

Please note the following:

- Please do not arrive before 8:30 a.m. Due to crowding, we prefer that students not attend registration.
- Please complete the attached forms, print them out and bring them on registration day. Do NOT e-mail the forms back to us. They must be delivered in “hard copy” format. Do not staple your registration forms.
- The TN Dept. of Health requires additional immunizations for all Kindergarten, and 7th Grade students. These students must have the new immunization record in our school records in order to register!
- **NEW STUDENTS:** If your child is a Kindergarten student or a new student to our school, bring the following with you:
 - Social Security Card (Bring the original to be copied.)
 - Certified Birth Certificate (Bring the original to be copied.)
 - Tennessee School Immunization Certificate (shot records) and physical forms. All Kindergarten students are required to have a physical prior to the first day of school.
 - K – 5th Graders: Name and phone/fax number of last school attended to request records.
 - If you have already submitted all forms to admissions you do not need to bring.
- We need ALL parents to come on registration day. There will be some additional forms, t-shirt ordering information, aftercare registration, etc.
 - Remember to BRING YOUR CHECKBOOK for the following:
 - \$70 School Fee
 - \$10 Art Fee
 - \$5 School T-shirt (required for learning expeditions)
 - \$10 P.T.S.A. Membership (optional)
 - \$??? Donation to the Fund for Excellence

For more information: CSAS Elementary
(423) 209-5816
johnson_tina@hcde.org or harrison_teresa@hcde.org

Directions for filling out forms below: Move to each grey field using the “Tab” button. All fields that are highlighted in yellow **MUST** be handwritten once printed. Fill out each form, print, and bring to Registration. If there are formatting issues, please print the form prior to filling it out, and fill it out manually.

CSAS Elementary – Registration Packet 2017-2018

Student Name: _____, _____ Teacher: _____
Last First Middle

Grade: _____ Social Security #: _____ Gender: ☐ M ☐ F Age: _____

Birth Birth Birth Birth
Date: _____ City: _____ State: _____ County: _____

Race: ☐ Asian ☐ Black ☐ Hispanic ☐ Indian (American) ☐ Pacific Islander ☐ White

Student Address: _____ City: _____ Zip: _____

Lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other: _____

Mother: Name (Last, First): _____ Maiden Name: _____ Home #: _____

Address, if different: _____ Cell #: _____

Employer / Occupation: _____ / _____ Work #: _____

Father: Name (Last, First): _____ Home #: _____

Address, if different: _____ Cell #: _____

Employer / Occupation: _____ / _____ Work #: _____

Legal Guardian (if other than parent): Name: _____ Home #: _____

Relationship to Student: _____

Address, if different: _____ Cell #: _____

Employer / Occupation: _____ / _____ Work #: _____

Email

Addresses: Mother: _____ Father: _____

School attended last year: _____

Siblings: List names, ages, and schools: _____

EMERGENCY INFORMATION:

Child's known health problems / allergies: _____

People who can be reached in case of emergency if parent cannot be reached (list at least two):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Emergency Permission: In case of emergency and I cannot be contacted, take my child to _____ hospital. I will assume financial responsibility.

Family Doctor: _____ Phone: _____ Parent signature: _____

DISMISSAL INFORMATION:

Transportation: A.M.: ☐ bus ☐ car ☐ walker ☐ before care

Is there a court order/decreed prohibiting anyone from dismissing this child? ☐ Yes (on school file) ☐ No

Persons permitted to dismiss this child:

(1) _____ (2) _____ (3) _____

Persons **NOT** permitted to dismiss this child:

(1) _____ (2) _____ (3) _____

Child's Name (last, first): _____

Permission to Video / Photograph:

☐ I give my permission for my child to be photographed / videotaped and for images of my child to be published or included in school publications, school website, and other school events, promotional pieces such as brochures and news articles promoting the school.

☐ **I DO NOT** give my permission for my child to be photographed / videotaped.

Parent Signature:



Class Contact Information List:

In order for CSAS families to be in closer contact for school events and/or birthday parties, etc., the room parent will send out student/parent contact information.

☐ Yes, I would like my family's contact information (child's name and birth date, mother/father's name, primary address, phone numbers, and email) included in the Class Contact Information List.

☐ No, please do not include my child's information in the Class Contact Information List.

Parent Signature:



Child's Name (last, first): _____

Commitment to Adhere to CSAS School Policies:

I, _____, hereby commit to following all school rules and policies as stated in the student handbook, as well as those policies listed below. I also commit to informing other family members of these rules. I understand that by following school rules, I am setting a good example for my child. I also understand that failure to comply with school policies will result in losing my child's magnet spot in the school.

Parent Signature: _____

Please initial on each line to indicate your understanding of each policy:

 Students are required to maintain good attendance. This includes being on time for school and remaining in school until dismissal. Eight (8) or more unexcused absences or Ten (10) or more unexcused tardies will result in a student (and siblings) losing his/her magnet spot in any Hamilton County School. After the first three absences, all additional absences will be counted "excused" only if a doctor's note is sent to the office.

 Parents are required to volunteer at least 18 hours a year (per family) and attend two parent/teacher conferences at our school. Failure to complete this requirement by April 30, 2015 will result in the student (and siblings) losing his/her magnet spot in any Hamilton County School. All parents receive a copy of Hamilton County Magnet Schools' Parent Volunteer Guidelines at school registration.

 Students may not be dismissed from the office the last 30 minutes of school. To dismiss a child from school, the adult must sign him/her out in the office and the teacher will be notified. Parents should not go to the classroom to dismiss their child.

 All school visitors must report to the office to sign in and get a pass before going anywhere else in the building.

 School t-shirts (in grade level colors) must be worn on all Learning Expeditions.

 Parents should read the entire student handbook in order to have a clear understanding of all other school procedures, plans and policies.

 Parents must follow proper car rider drop-off and pick-up procedures as outlined in the student handbook.

Child's Name (last, first): _____

CHATTANOOGA SCHOOL FOR THE ARTS AND SCIENCES
CELL PHONE & ELECTRONIC DEVICE POLICY

Cell phone and electronic devices should NOT be seen or heard during the school day. If a student is in possession of a cell phone and/or an electronic device, the items should be kept in the student's backpack or locker for the duration of the school day.

If a student's electronic device is seen or heard during the school day, the device will be taken by the teacher and sent to the office. Violations of the school's policy shall include the following consequences as affirmed by the Hamilton County Department of Education:

1st Violation - Confiscated for 10 school days

2nd Violation - Confiscated for 20 school days

3rd Violation — Confiscated for the remainder of the school year

- Any phones not picked up within 1 week after the last school day in a school year become the property of the school.
- Schools are not responsible for any theft or loss of any electronic device whether it is confiscated or in the student's possession.

My signature below indicates that I have read and understand CSAS's Cell Phone Policy.

Parent Signature

Date

PLEASE INCLUDE PAYMENT FOR MEMBERSHIP

Chattanooga School for the Arts and Sciences
2017-2018 PTSA Membership Form

Individual Membership \$10.00
Please make checks payable to CSAS PTSA

Name: _____ CSAS Teacher/ Staff: Y ☐ N ☐

Email: _____

Phone 1: _____ Phone 2: _____

Name: _____ CSAS Teacher/ Staff: Y ☐ N ☐

Email: _____

Phone 1: _____ Phone 2: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Name	Grade	Teacher
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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I would be interested in a leadership role in PTSA: Y ☐ N ☐

I would be interested in volunteering for (please check):

☐ Building/Grounds Maintenance

☐ Teacher Appreciation

☐ Hospitality

☐ Capital Projects

☐ Playground

☐ CSAS Auction

☐ PTSA Outreach

☐ Library

☐ Public Relations

☐ Promotional Fundraising

☐ Room Parent

☐ Sports Boosters

☐ Landscaping/Gardens

☐ Happy Cart



HAMILTON COUNTY MAGNET SCHOOLS
Choices in Education
3074 Hickory Valley Road, Chattanooga, Tennessee 37421
Phone (423) 209-8475 Fax (423) 209-8476

Parent / Guardian Commitments for Chattanooga School for the Arts and Sciences
For the 2017-2018 school year.

Please read and initial each of the four commitments you are willing to make for the 2017-2018 school year. All these commitments must be satisfied in order for your child to continue in a magnet school for the 2017-2018 school year.

1. Attend the two system-wide parent conferences. One will be in the fall semester and one will be in the spring semester.

Initial Here

2. * **Make sure your child has good attendance. Eight unexcused absences or ten unexcused tardies will jeopardize your child's seat at a magnet school.**

Initial Here

3. Make sure your child follows the standards of acceptable behavior as outlined by the Hamilton County Department of Education's *Code of Acceptable Behavior and Discipline* Policy which is distributed yearly at registration or available for review at www.hcde.org. Failure to follow these standards will jeopardize your child's magnet status for next year.

Initial Here

4. Complete the 18 parent involvement hours by 5:00 p.m. on the April 30th deadline. If you have children in more than one magnet school, these hours must be split equally between the schools. Please list the child's name or children's names and the other magnet school(s) below.

Initial Here

Child's Name

Other Magnet School

a. _____

b. _____

c. _____

d. _____

If any of the above commitments are not met, your child will not be eligible to return to this or any other Hamilton County Magnet School for the 2017-2018 school year. Your child will be expected to enroll in his/her zone school.

Please indicate below that you have read and understand these commitments of the magnet school program as stated above and return this form to the school's secretary.

Name of Student: _____

Grade: _____

Name of Parent/Guardian: _____

Date: _____

REGISTRATION FEE MUST ACCOMPANY REGISTRATION FORM

**HAMILTON COUNTY DEPARTMENT OF EDUCATION
SCHOOL AGE CHILD CARE PROGRAM (SACC)
REGISTRATION FORM
2017-2018 SCHOOL YEAR**

<u>FOR SITE DIRECTOR USE ONLY</u>			
REGISTRATION FEE PAID	Date _____	Cash _____	Check# _____ MO# _____
Summer Site: _____			

DATE OF ADMISSION: August 10, 2017 SCHOOL: CSAS Elementary
A \$10.00 non-refundable annual registration fee (per child) is required to be submitted with this completed form.

CHILD TO BE ENROLLED (*Use one form for each child*) Date child will begin: _____

Child's Last Name Child's First Name Child's Grade (entering in fall): ____
School Attended During School Year 2015-2016 _____ Child's Birthdate: _____
List any brothers or sisters enrolled in program:

Name of Mother		Home #	
Address		Cell #	
City/Zip		Work #	
E Mail Address		Work Hours	
Place of Employment			
Name of Father		Home #	
Address		Cell #	
City/Zip		Work #	
E Mail Address		Work Hours	
Place of Employment			

If parents are divorced, which parent is the custodial parent? _____

Is there a restraining order preventing one parent from having access to the child(ren)? Yes ☐ No ☐

If yes, a copy of the order must be on file with the SACC Program for compliance.

List person(s) and phone numbers to whom your child MAY BE released to or contacted if you cannot be reached (excluding guardian/parents):

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____
4. _____ Phone _____

**ALL CHILDREN MUST BE SIGNED IN AND OUT BY AN AUTHORIZED ADULT. THIS IS A STATE REGULATION.
PLEASE COMPLETE THE NEXT PAGE OF THIS FORM**

INSURANCE

The HCDE does not provide accident insurance coverage for participants. All children in the program are encouraged to have medical insurance in case of an accident.

EMERGENCY INFORMATION

Name of person, other than parent, authorized to act for parent in an emergency:

Address: _____

Cellular: _____

Where Employed: _____

Home Phone: _____

Work Phone: _____

Work Hours: _____

HEALTH INFORMATION

Child's health is: Excellent ☐ Good ☐ Fair ☐ Poor ☐

Does your child have a disability that may require assistance or accommodations? Yes ☐ No ☐

Please explain: _____

Other medical conditions/medications required: _____

Does your child have allergies (including bee stings)? _____

Name of Child's Physician: _____ Office Phone: _____

Hospital preference (In case of emergency): _____

FEES

Make checks payable to the Hamilton County Department of Education. Please write your child's name on all checks. **Parents are responsible for keeping all receipts/checks for child care fees to total and report on Income Tax forms. Weekly fees must be pre-paid on Monday for the current week.**

FAILURE TO MAKE WEEKLY FEE PAYMENTS WILL RESULT IN THE CHILD (REN'S) DISMISSAL FROM SCHOOL AGE CHILD CARE PROGRAM.

RATES (subject to change):

Morning Session Only: \$4.00

After School Session Only: \$6.00

Both Sessions: \$10.00

Full-day Session (includes inclement weather days and in-service days) \$15.00

NOTE: HALF PRICE SIBLING DISCOUNT APPLIES ON ABOVE RATES

There is an additional charge for field trips.

Please sign below acknowledging the following:

1. Child's immunizations are up-to-date and are on file at the school listed on the front of this form.
2. I understand that by registering the child named above, I am assuming responsibility for all fees due for child care services.
3. I have received a copy of the SACC Parent Manual and Summary of Licensing Requirements.
4. I understand that the program closes promptly at 6:00 p.m. If my child is picked up after 6:00 p.m., I am responsible for a late pick up fee. I also understand continual late pick-ups could result in dismissal from the program.

Signature of Parent/Guardian _____

My child has permission to take walks, which may involve leaving campus. Any trip involving transportation will be dealt with on a separate permission form.

Signature of Parent/Guardian _____

I grant permission for my child to be shown and/or identified in a film, videotape or photograph made by, or for the HCDE while participating in the School Age Child Care Program.

Signature of Parent/Guardian _____

ARRIVAL/DEPARTURE INFORMATION**CSAS ELEMENTARY**

Last Name

First Name

ARRIVAL (by 8:50 am): Car _____ Bus # _____ SACC _____ Other _____

DEPARTURE:

Car (3:50 pm) _____

Bus # _____

Sibling (4:00 pm) _____

SACC _____

Other _____

Carpooling with _____

Drop off point _____

Sibling's name _____

Specify _____

ANY CHANGE from this plan must be received by the Homeroom teacher in **WRITING** with a parent's signature. I understand that it is very difficult to get messages to the student's during the day, especially after 2:00 pm.

I understand that students arriving before 8:15 am and after 4:05 pm must be enrolled in the onsite childcare program. I will be responsible for the \$10.00 registration fee plus the daily day care charge.

Parent's signature

Date