

2022-23 CAPE CARE APPLICATION

Child's Name _____ Gender _____

Age _____ Date of Birth ____ / ____ / ____ Grade Fall 2022 _____

Parent/Guardian 1/Mother _____

Home Phone _____ Cell Phone _____

Address _____

E-mail _____

Parent/Guardian 2/Father _____

Home Phone _____ Cell _____

Address _____

E-mail _____

Names of siblings currently enrolled _____

Allergies, conditions, IEP, or concerns? _____

CAPE CARE OPTIONS

<input type="checkbox"/> Before School Care	7:15 am to 8:30 am	\$11.00 per day / \$55.00 per week
Circle Days Needed	M Tu W Th F	
<input type="checkbox"/> Half Day Preschool (Caterpillar Class Only /3 yr. olds)	8:30 am - 12:00 pm	\$42.00 per day / \$189.00 per week (10% discount for all 5 days)
Circle One Option	3 Days 4 Days 5 Days	
<input type="checkbox"/> Full Day Preschool	8:30 am - 2:30 pm	\$55.00 per day / \$247.50 per week (10% discount for all 5 days)
Circle One Option	3 Days 4 Days 5 Days	
<input type="checkbox"/> After School Care	2:30 pm - 5:30 pm	\$22.00 per day / \$110.00 per week
Circle Days Needed	M Tu W Th F	

WAIVER OF LIABILITY

I hereby give permission for my minor child, _____
to participate in Cape Care administered by Cape Elizabeth Community Services located at the Community Center
during the 2022-2023 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 totally 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 by 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.

Please complete both forms and return 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
Cape Elizabeth Community Services
343 Ocean House Road, Cape Elizabeth, ME 04107

Office use only

Date Received _____ Start Date: Fall 2022 Withdrawal Date _____

Deposit Paid _____ Cash/Credit Card/ Check No. _____ Receipt No. _____