

**CORPUS CHRISTI COMMUNITY CENTER
AFTERSCHOOL REGISTRATION FORM AT:**

Incarnate Word Academy, 2910 S. Alameda 78404

Child's Name _____ Start Date _____
Child's Address _____ Grade (2026-2027) _____
City _____ State _____ Zip _____ Date of Birth ____/____/____
Male _____ Female _____

Parent/Legal Guardian 1:			
Name _____	Email _____		
Address _____	City _____	Zip _____	
Home Phone # _____	Cell # _____	Other # _____	
Employer _____	Work Phone # _____		

Parent/Legal Guardian 2:			
Name _____	Eligible to pick up child? Yes ___ No ___		
Address _____	City _____	Zip _____	If NO, attach copy of legal document
Home Phone # _____	Cell # _____	Other # _____	
Employer _____	Work Phone # _____		

Local person other than those listed above to contact in case of emergency if the parent/legal guardian cannot be reached:

Name _____	Relationship to child _____
Contact Number _____	Contact Number _____
Address _____	

In addition to parent/legal guardian and local person listed above, I hereby authorize the staff to allow my child to leave the facility **ONLY** with the following person(s):

Name _____	Relationship to child _____
Contact Number _____	Contact Number _____
Address _____	

Name _____	Relationship to child _____
Contact Number _____	Contact Number _____
Address _____	

Name _____	Relationship to child _____
Contact Number _____	Contact Number _____
Address _____	

All information on this form is required by the Texas Department of Family and Protective Services or the CCCC to ensure the safety of your child. This information can only be changed through the Afterschool office by an authorized parent or guardian.

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**MEMBERSHIP, TRANSPORTATION, PROGRAM PARTICIPATION, PHOTO AND INFORMATION
RELEASE FORM**

Parent or guardian: This form must be completed entirely as a necessary prerequisite for participation in transportation services.

The CCCC is funded by public support and operated by the CCCC. The participant listed is participating in a CCCC program operated by the Association. The participant listed is requesting transportation to and from programs and to participate in CCCC program and activities. Transportation may be provided by a private provider; a CCCC owned and operated vehicle and/or public transportation systems in the area. We the undersigned parent(s) and/or guardian(s) of:

Name of participant: First, Middle and Last

Age

Birth Date

Address, City, State, Zip Code

I understand and authorize the Association, to allow my child to participate and to transport my child to and from activities offered by the CCCC. The signing of this permission slip releases and indemnifies the "CCCC" and it's agents and/or employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expenses incurred, should serious injury, loss of property, damages or death occur as a result of his/her participation in the participation and transportation in any program. We fully understand the nature of child care, sports, recreation and transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the "CCCC", its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the CCCC Association premises or in any way observing or using any facilities or equipment of the Association or participating in any program affiliated with the Association whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the CCCC Association and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the CCCC.
4. THE UNDERSIGNED HEREBY PERMITS THE CCCC, KRIS, KIII, KZTV, KORO, the Caller Times, the Corpus Christi Daily and other media outlets make and use photographic likeness of myself, in a still or video commercial, to be exhibited by television broadcasting/and/or the internet at the said media stations. The material will be used for news and/or CCCC purposes. It will also be utilized in CCCC print materials, and any forms of media release, and or video produced to help the CCCC.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE (Parent and/or Guardian #1)

Printed Name (First, Middle, Last, Suffix (Jr./Sr./II/III))

Phone Number

Date of Signature

Other names used

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PARENT'S/GUARDIAN'S ACKNOWLEDGEMENTS

PART 1

Please initial all lines to indicate received written policies/materials and agree to terms.

_____ **Parent Guide:** I acknowledge that I received a copy of the CCCC Afterschool Parent Guide. I accept responsibility to read and adhere to billing procedures and all policies as set forth in the Parent Guide.

_____ **Waiver for Medical Treatment (Required):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the CCCC Afterschool staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

_____ **Waiver for Participation (Required):** I understand that CCCC activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all CCCC programs and facilities including transportation to and from said activities. I further release, absolve, indemnify, and agree to hold harmless, the CCCC, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of CCCC facilities or participation in any CCCC activity, whether located on CCCC property or not.

_____ **Waiver for Photo/Video Release (Optional):** I give my consent for any photos or videos taken of my child involved in CCCC programs to be used for CCCC promotions, trainings or display.

_____ I understand that my child will walk from his/her classroom to the CCCC After School Program location.

_____ I understand that the CCCC/IWA school staff are not required to receive vaccines for preventable diseases i.e. annual flu vaccine.

PART II

TUITION INFORMATION-

I understand that a non-refundable \$35 registration fee is due at the time of registration. This fee is charged per child for registration processing and curriculum materials.

I understand withdrawal from the program requires 2 weeks written notice. The CCCC reserves the right to disenroll a participant for non-payment and/or behavioral issues.

I understand that my tuition is due by bank draft on the 1st or the 1st and 15th.

Parent Signature

Date

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EMERGENCY INFORMATION

MEDICAL INFORMATION: In the event of an emergency and a parent/guardian is not available, your designated physician, hospital or clinic will be contacted for emergency management/transportation. Refer to medical waiver on page 2.

IMMUNIZATION: My child's immunization record is current and on file at IWA Elementary School. ____ Initial

Please check which hospital would be contacted in case of emergency.

Check one	Licensed Physician	Phone	Address	City/Zip
<input type="checkbox"/>	Driscoll Children's Hospital	361-694-5000	3533 S. Alameda St.	Corpus Christi 78411
<input type="checkbox"/>	Naval Health Clinic	361-961-2688	E. Street	Corpus Christi 78419
<input type="checkbox"/>	Other			

ALLERGIES : My child has the following allergies: _____

In order to best meet your child's needs we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that staff should be aware of:

Treatment to be given: _____

Contract of Fees:

I _____ am choosing the following payment option for the 2026-2027 school year.

____ Monthly Draft on the 1st of each month in the amount of \$230.

____ Semi-Monthly Draft on the 1st and 15th of each month in the amount of \$115.

I understand that if the draft is returned as insufficient funds that I will be charged a \$30 non-sufficient funds (NSF) processing fee. I am also responsible for all other recovery costs.

*I understand that if payments are not received in a timely manner a \$10 late fee will be added to my account unless prior arrangements have been made with the Child Care Director. **Some of the months will be prorated due to the holidays or school breaks.*

Parent Signature

Date

Child Care Director Signature

Date

Regular After School Program Fees:

# of Children	Draft on 1st	Draft on 1 st and 15 th	
1	\$230.00	\$115.00 each period	

Corpus Christi Community Center
Child Care Agreement ACH/CC Automatic Payment Option

STEP #1

Child's Full Name			
Child's Address			
City, State, Zip			
Phone Number	(Day)	(Evening)	
Child's School			

STEP #2

Begin Draft Date: ____/____/____

STEP #3

OPTION A: Use current information on file.	OPTION B: Add new information		
ACCOUNT TYPE: (circle one)	Checking (Need Voided Check)	Savings (Need Voided Check)	Credit Card
Credit Card Number:	Expiration Date:		
Name on Card:	Security Code CVV# (3 numbers on back):		

STEP #4

Monthly Drafted on the 1st	\$
Monthly Drafted on the 1 st & 15 th	\$

AUTOMATED CLEARING HOUSE (ACH) DRAFTS ARE REQUIRED TO HAVE A VOIDED CHECK. DEBIT CARDS ARE NOT ACCEPTED. MUST BE ACH OR CREDIT CARDS ONLY.

1. I understand that this transfer will occur semi-monthly or monthly on the 1st, or 15th of each month via checking/savings account or credit/debit card.
2. I understand that should I choose to terminate child aftercare or update any banking information or credit/debit card, I must provide the Corpus Christi Community Center with a least a 2 week written notice prior to my transfer date.
3. I understand that the information above will be used to process payment from my account.
4. I understand that if my payment is returned for any reason, the charge will be re-presented electronically, and I will be charged the \$30 non-sufficient (NSF) fee. I am also responsible for all other recovery costs.
5. I understand that if I incur a late pick up fee or late payment fee, the amount will be drafted on the next draft day.
6. The Corpus Christi Community Center accepts Visa, MasterCard, and American Express and also ACH draft payments.
7. I understand that after three returned items, I will be ineligible to use the automatic payment option. Payment will need to be received by check or money order.

Account Holders Signature

Date

STAPLE VOIDED CHECK HERE