



2011-2012 Chapel Hill Academy Cougar Care Enrollment Form

Student Name: _____ Grade: _____
 Student Name: _____ Grade: _____
 Student Name: _____ Grade: _____

Information Cougar Care should be aware of: _____

Parent Name: _____ Cell phone: _____
 Parent Name: _____ Cell phone: _____
 Alternate Contact: _____ Cell phone: _____

(Cougar Care is a before and after school program. Please indicate which program you will be using)

- Frequent Use (two or more days/week): \$6.00/hour/student
 Occasional Use: @ \$8.00/hour/student

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Cougar Care Before-School Program: 7:00 – 7:50 AM

Cougar Care After-School Program: 3:30 – 5:30 PM

\$2.00 minimum charge

\$1.00 every 1 minute after 5:30 PM

Please note: If your child has severe or life-threatening allergies, asthma, seizures or diabetes, please have your child bring his/her emergency medications with them to Cougar Care.