

**The CamdenForward School**  
 3700 Rudderow Avenue  
 Pennsauken, NJ 08110  
 (p) 856-661-1700; (f) 856-382-1889

**The UrbanPromise Academy**  
 3601 Federal Street  
 Pennsauken, NJ 08110  
 (p)856-382-1874; (f) 856-382-1887

**For Administrative use only...**  
 \_\_\_ Returning Student  
 \_\_\_ NEW Student  
 \_\_\_ Eligible for Bus Pass  
 \_\_\_ Medical Forms  
 \_\_\_ Emergency Forms

**ENROLLMENT AGREEMENT FOR** Year: \_\_\_\_\_

PLEASE COMPLETE THE ENTIRE ENROLLMENT APPLICATION AND HEALTH ASSESSMENT

This application must be completed, signed and dated or it will not be accepted. **Please PRINT clearly.**

Student's First Name	Middle Name	Last Name	Date of Birth	Age	Gender
Street Address	Apartment #	City	State	Zip Code	

The Camden Board of Education requires ethnicity and other data regarding the demographic profile of all public and private schools. Also, demographic information may be provided to funding entities. (Please check one):

African American    
  Asian    
  Caucasian    
  Hispanic Latino    
  Native American    
  Other (please list) \_\_\_\_\_

My child currently attends an UrbanPromise School: \_\_\_\_\_  
 Current Grade \_\_\_\_\_

My child is a new student: \_\_\_\_\_  
 Current School \_\_\_\_\_ Current Grade \_\_\_\_\_ Teacher/Advisor \_\_\_\_\_

Please list first and last names of siblings who currently attend CFS and/or UPA: \_\_\_\_\_

Please list first and last names and of siblings who have attended CFS and/or UPA in the past: \_\_\_\_\_

**Parent/Guardian Contact Information**

Mother/Guardian			Father/Guardian		
_____			_____		
First Name / Last Name			First Name / Last Name		
_____			_____		
Street Address (if different from student's)			Street Address (if different from student's)		
_____	_____	_____	_____	_____	_____
City	State	Zip Code	City	State	Zip Code
(_____) _____	(_____) _____		(_____) _____	(_____) _____	
Home Phone	Cell Phone		Home Phone	Cell Phone	
_____	_____	_____	_____	_____	_____
Profession	Employer	Working Hours	Profession	Employer	Working Hours
(_____) _____	_____	_____	(_____) _____	_____	_____
Business Phone	Ext.	E-mail address	Business Phone	Ext.	E-mail address

**Non-Discrimination:** UrbanPromise prohibits discrimination against its customers on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income that is derived from any public assistance program, or protected genetic information.

## Emergency Contact Information

Please provide the names of two responsible persons who live and/or work close by and may be called in case of an emergency. These persons should be available to pick up your child in an emergency if we are unable to reach you.

### Emergency Contact 1

First Name / Last Name	Relationship to Child	
Street Address		
City	State	Zip Code
( ) Home Phone	( ) Cell Phone	
Profession	Employer	E-mail Address
( ) Business Phone	Ext.	Working Hours

### Emergency Contact 2

First Name / Last Name	Relationship to Child	
Street Address		
City	State	Zip Code
( ) Home Phone	( ) Cell Phone	
Profession	Employer	E-mail Address
( ) Business Phone	Ext.	Working Hours

### HEALTH AND IMMUNIZATION FORMS

- ◆ The State of New Jersey requires that each student have an updated physician's physical, complete up-to-date immunization record, and an updated student health assessment form on file at the school that they currently attend, prior to being admitted to class. **Students will not be permitted to start school without all required medical documents.**
- ◆ CFS requires documentation of immunization and physicals of all students entering 6th grade to be submitted with your deposit for enrollment
- ◆ Parents must complete the student health assessment form on the back of this application.
- ◆ CFA and UPA reserve the right to refuse admission to any student whose medical records are not current and on file at the school.

### OTHER DOCUMENTS NEEDED FOR ENROLLMENT

- ◆ Parents of new students entering 1st to 12th grade must submit a copy of their child's most recent report card, birth certificate, and confidential reports (i.e. Special Learning Plans, Probation Orders, Restraint Orders, etc.).
- ◆ If a student lives 2 or more miles from school, parents may submit an Application for Private School Transportation Reimbursement (B6T) form.

### K to College Scholarship Program

- ◆ Tuition for each student is dependent on several factors including family income, the number of children in the home, if parents are alumni of UrbanPromise programs, and the number of children in the family who attend UrbanPromise Schools.
- ◆ Parents will be informed of the tuition for their child(ren) in writing once the required financial information is provided.
- ◆ Once an offer of acceptance has been extended to a child, parents can register their child with a payment of 1/10th of the total tuition. A second payment of the same amount is due August 20th. The remaining payments, also of 1/10th of the total tuition, will be due the 20th of each month from September to April. So if your tuition was \$1,050. You would pay \$105 to register your child, and then another \$105 on the 20th of each month from August to April. Once accepted, students register on a first-come, first-serve basis.

## STUDENT HEALTH ASSESSMENT—To be Completed by Parent/Guardian

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student's First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

### Student's Pediatrician/Physician

### Student's Dentist

Date of Last Physical Examination \_\_\_\_\_ Date of Last Dental Examination \_\_\_\_\_  
 Name of Doctor or Practice \_\_\_\_\_ Name of Dentist or Practice \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Office Telephone (\_\_\_\_\_) \_\_\_\_\_ Office Telephone (\_\_\_\_\_) \_\_\_\_\_

Where do you take your child for emergency care? \_\_\_\_\_

Insured \_\_\_\_\_ Insurance Provider \_\_\_\_\_ Policy/card# \_\_\_\_\_ CFS \_\_\_\_\_

### Medication:

**and UPA policy is that no medication will routinely be administered to students for temporary or acute illness remediation. In order to administer medication for a chronic medical condition, a physician's form and parental consent form must be on file at the school. No medications will be given unless the proper forms are completed and returned to the school for approval by the school nurse.**

If your child has a medical condition that requires medication, UrbanPromise Professional Staff must obtain it and secure it at the school and when your child participates in trips. Such medication must be given to the school's Main Office before your child begins school and/or before he/she departs on a trip. **THIS IS NOT OPTIONAL! All medications must be in its original container with the label in intact!**

_____	_____	_____
What medication is your child taking?	When? Or How Often?	What is it for?
_____	_____	_____
What medication is your child taking?	When? Or How Often?	What is it for?

If you wish to discuss anything about your child's health with the school nurse, wellness director, or counselor, please indicate your concern. \_\_\_\_\_

### Check any problem that your child has experienced often or is experiencing currently:

<input type="checkbox"/> Allergic to _____	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Nervous Condition
<input type="checkbox"/> Anemia	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Overweight
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hospitalized for _____	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Behavioral / Emotional	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Seizures
<input type="checkbox"/> Cancer	<input type="checkbox"/> Lead Poisoning	<input type="checkbox"/> Speech Difficulty
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Eczema	<input type="checkbox"/> Mental Disability/Retardation	<input type="checkbox"/> Vision Difficulty
<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Muscle, Bone or Joint Problem	<input type="checkbox"/> Urination/Kidney Difficulty

### Check any contagious diseases that your child has had and the age when he/she had the disease:

	Age		Age		Age
<input type="checkbox"/> Chicken Pox	_____	<input type="checkbox"/> Meningitis	_____	<input type="checkbox"/> Rheumatic Fever	_____
<input type="checkbox"/> Diphtheria	_____	<input type="checkbox"/> Mumps	_____	<input type="checkbox"/> Scarlet Fever	_____
<input type="checkbox"/> German Measles	_____	<input type="checkbox"/> Pneumonia	_____	<input type="checkbox"/> Typhoid Fever	_____
<input type="checkbox"/> Measles	_____	<input type="checkbox"/> Poliomyelitis	_____	<input type="checkbox"/> Whooping Cough	_____

Is your child in good health?  yes  no. If not, what health issue(s) are you most concerned about? \_\_\_\_\_

When was the last time your child had a tuberculin test? Date \_\_\_\_\_ Results \_\_\_\_\_

# Terms of Enrollment & Fee and Tuition Agreement

## Academic & Social Standards

- ◆ Acceptance into CamdenForward School (CFS) and UrbanPromise Academy (UPA) constitutes a contract between the school, the student, and the student's family. The family and the student agree to abide by the standards of the CFS and UPA as outlined in the student handbook. The school, student, and family have the responsibility to adhere to these standards.
- ◆ The CFS and UPA reserve the right to expel any student who fails to adhere to the required academic and/or behavior standards of the school. In the event of any withdrawal from the school, there will be no refund of any fees and tuition for any reason after the first day of school and throughout the remainder of the school year.

## Financial Matters

- ◆ I agree to enroll my child for the entire academic year and will assume responsibility for the full tuition for the entire school year.
- ◆ I understand that tuition fees are due no later than the 20th day of each month regardless of my child's absence from school for illness or any other reason. A \$10.00 late fee will automatically be assessed if/when tuition payments are not submitted by the 20th of each month.
- ◆ If tuition or other payments, such as, late fees, lost or defaced books, etc., are not made on time, CFS and UPA reserve the right to prohibit a student from attending class, withhold a student's report card and/or school records, and/or request that the student be excluded or withdrawn from school.
- ◆ Parents whose checks are returned due to insufficient funds will incur a \$25.00 service charge. After one returned check to CFS and UPA, all other payments must be made by cash, money order, certified check, or debit card.
- ◆ For CFS students, it is the parents' responsibility to make arrangements for their child to be picked up before the schools closing time. Parents will be charged \$5 for every 15 minutes if they fail to pick up their child prior to closing time on a regular school day or before 12:15 pm on a day that the CFS closes early, either scheduled or due to an emergency.
- ◆ In the event that a weather emergency develops during the school day, parents are responsible for finding out if CFS and UPA will close early on that day. They may do so by listening for our emergency contact code (#737 for CFS and #1337 for UPA) on KYW News Radio, or viewing channels ABC, CBS, or NBC for school closing alerts, or by contacting the school directly. If CFS or UPA closes early due to a weather emergency, it is the parent's responsibility to make arrangements for their child to be picked up in a timely manner. On such days, CFS afterschool program is cancelled.

## CONTRACT AGREEMENT

I accept the terms of the CFS and UPA enrollment agreement and the program of the school. I hereby grant permission to Urban Promise to use my/our child's photographs in printed and/or audio media. I understand that various mediums will be used for various school and ministry related activities, which will be used for publication, promotional, marketing or fund raising purposes, such as television, slides, videos, etc. I understand and am aware that my signature waives and forfeits my rights to deny permission to CFS or UPA for use of my child's photographs. I also understand that CFS and UPA will only release my child's records to me, unless I provide a written request of information release to the CFS or UPA.

I, \_\_\_\_\_, accept and agree to adhere to the terms of enrollment as stated above. My signature below indicates that I agree to adhere to the terms of the enrollment as stated in the stated agreement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

## Waiver & Release of Liability

In the case of ordinary illness, parents/guardians will be notified by phone. In cases of serious injury, or any emergency, parents/guardians of the students will be notified by phone. When such communication should fail, or in any case when a delay in treatment will cause serious danger to the student or others, UrbanPromise Professional Staff shall have the authority to authorize emergency medical or surgical procedures, and the use of anesthesia. UrbanPromise Ministries is not responsible for any medical costs that will be incurred in such instances.

I agree to the statement above: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date