



2280 E. 16<sup>th</sup> Street \* Denver, CO 80206

Ph: 303-316-5017

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**School Year 2025-2026**

**Dear Parent/Guardian,**

Thank you for choosing to be a part of Inner City Enrichment Academy, our enrichment program\*. ICEA is an enrichment program that provides funding for students who are not attending public school through a grant for Education reEnvisioned Board of Cooperative Education Services (ER BOCES). ER BOCES is an authorizer of public educational programs to secure public funding for schools and homeschool enrichment programs (<https://www.edreenvisioned.org>). As a result, ICEA is available to students at ICCS and home school students to give parents choice in education. ICEA offers phonics, language, reading, math, science, computer applications and physical education to students in K\*-7th grade.

To be able to fund our students, we do require the following information from parents or guardians to complete your registration:

- ☐ ICEA Enrollment Form
- ☐ Birth Certificate
- ☐ Immunization Form (if required -depending on age and grade)
- ☐ Book & Resources Fee
- ☐ Attendance Policy Agreement
- ☐ Records Release Form (required from new students transferring from another school)

Before completing the enrollment documents, please remember your students can only participate in one state funded program or school per year. Example of State Funded Programs:

- Online Schools (Publicly Funded)
- Hybrid Online Schools
- Charter Schools
- Public Schools
- Another Homeschool Enrichment Program
- Homeschool Reimbursement Programs (ex. MyTech High)

*\*Students who attend the Homeschool Enrichment Program are registered as homeschoolers by a Notice of Intent to Homeschool, taught by a parent who is a certified teacher or is enrolled with an independent (non-public) school. Please complete form and submit it to a Colorado school district, for questions please call the office.*

*\*All students must be 5 years old on or before October 1st of the year of enrollment.*



## ENROLLMENT FORM

Today's Date \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

(leave blank to be completed by ICEA office staff)

**Student(s) Information:** *\*Please provide full legal first, middle and last name (as stated on their birth certificate)*

\_\_\_\_\_  
First Middle Last Name Grade Entering Age

\_\_\_\_\_  
Gender Date of Birth (Must be 5 by 10/1) Social Security Number

\_\_\_\_\_  
Physical Street Address City State Zip School District of residence

Ethnicity: Hispanic/Latino origin ☐ Yes ☐ No Race: ☐ Asian ☐ Black/AA ☐ White ☐ Hawaiian/PI ☐ Native Am/AK

Prior Educational Setting

- ☐ new educational setting (K5 only) ☐ private school ☐ Colorado public school  
☐ homeschool ☐ out-of-state school ☐ out-of-country school

If the child was registered in a public school, have you notified that district of their withdrawal? \_\_\_\_\_

Student #2

\_\_\_\_\_  
First Middle Last Name Grade Entering Age

\_\_\_\_\_  
Gender Date of Birth (Must be 5 by 10/1) Social Security Number

\_\_\_\_\_  
Physical Street Address City State Zip School District of residence

Ethnicity: Hispanic/Latino origin ☐ Yes ☐ No Race: ☐ Asian ☐ Black/AA ☐ White ☐ Hawaiian/PI ☐ Native Am/AK

Prior Educational Setting

- ☐ new educational setting (K5 only) ☐ private school ☐ Colorado public school  
☐ homeschool ☐ out-of-state school ☐ out-of-country school

If the child was registered in a public school, have you notified that district of their withdrawal? \_\_\_\_\_

Student #3

First	Middle	Last Name	Grade Entering	Age
Gender	Date of Birth <i>(Must be 5 by 10/1)</i>		Social Security Number	
Physical Street Address		City	State	Zip
School District of residence				
Ethnicity: Hispanic/Latino origin <input type="checkbox"/> Yes <input type="checkbox"/> No              Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/AA <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/PI <input type="checkbox"/> Native Am/AK				
Prior Educational Setting <input type="checkbox"/> new educational setting <i>(K5 only)</i> <input type="checkbox"/> private school <input type="checkbox"/> Colorado public school <input type="checkbox"/> homeschool <input type="checkbox"/> out-of-state school <input type="checkbox"/> out-of-country school				
If the child was registered in a public school, have your notified that district of their withdrawal? _____				

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**Student #4**

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First	Middle	Last Name	Grade Entering	Age
Gender	Date of Birth <i>(Must be 5 by 10/1)</i>		Social Security Number	
Physical Street Address		City	State	Zip
School District of residence				
Ethnicity: Hispanic/Latino origin <input type="checkbox"/> Yes <input type="checkbox"/> No              Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/AA <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/PI <input type="checkbox"/> Native Am/AK				
Prior Educational Setting <input type="checkbox"/> new educational setting <i>(K5 only)</i> <input type="checkbox"/> private school <input type="checkbox"/> Colorado public school <input type="checkbox"/> homeschool <input type="checkbox"/> out-of-state school <input type="checkbox"/> out-of-country school				
If the child was registered in a public school, have your notified that district of their withdrawal? _____				

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**Student #5**

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First	Middle	Last Name	Grade Entering	Age
Gender	Date of Birth <i>(Must be 5 by 10/1)</i>		Social Security Number	
Physical Street Address		City	State	Zip
School District of residence				
Ethnicity: Hispanic/Latino origin <input type="checkbox"/> Yes <input type="checkbox"/> No              Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/AA <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/PI <input type="checkbox"/> Native Am/AK				
Prior Educational Setting <input type="checkbox"/> new educational setting <i>(K5 only)</i> <input type="checkbox"/> private school <input type="checkbox"/> Colorado public school <input type="checkbox"/> homeschool <input type="checkbox"/> out-of-state school <input type="checkbox"/> out-of-country school				
If the child was registered in a public school, have your notified that district of their withdrawal? _____				

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**Family Information:**

☐ Mother   ☐ Father   ☐

Parent Guardian Name

Relationship to Child(ren)

Physical Address (if different from child's) City State Zip

Home Phone Number Family's e-mail address

Place of Employment Occupation

Employer's Address City State Zip

Business Phone Cell Phone Home Phone (if different from child's) Email (if different from child's)

☐ Mother ☐ Father ☐

Parent Guardian Name Relationship to Child(ren)

Address (if different from child's) City State Zip

Home Phone Number Family's e-mail address

Place of Employment Occupation

Employer's Address City State Zip

Business Phone Cell Phone Home Phone (if different) Email (if different from child's)

Child lives with: Both Parents ☐ Mother only ☐ Father only ☐ Other ☐ \_\_\_\_\_  
(relationship to child) \_\_\_\_\_

Primary Phone: \_\_\_\_\_ ☐ Work ☐ Mobile ☐ Other

Primary Email: \_\_\_\_\_

Is the enrolling student homeless? *(an individual who lacks a fixed, regular, and adequate primary nighttime residence)*

- ☐ No ☐ Yes, and is in the physical custody of a parent or guardian  
☐ Yes, and is not in the physical custody of a parent or guardian (unaccompanied youth)

How did you hear about Inner City Enrichment Academy: \_\_\_\_\_  
(Please print name)



## Permission Slip Release Form

### Waiver and Indemnity Agreement Activity Participation Agreement

<b>Child's Name</b>	<b>Grade</b>
<b>Child's Name</b>	<b>Grade</b>
<b>Child's Name</b>	<b>Grade</b>

I/We do hereby grant permission to Inner City Enrichment Academy (ICEA) and their agents to take my child on various field trips, functions, lunch, sporting, etc. including transportation to and from off-campus activities throughout the school year. I acknowledge that participation in on and off campus activities may involve risk to my child (the participant) and may result in various types of injury including but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage). I understand that advance notice will be given anytime my child is participating in any field trip away from school grounds, and that I may at any time refuse to have my child participate in any off-campus activity.

I/We grant permission for my child to attend P.E. classes, special events and field day at the neighborhood park without advance notice.

In consideration of the opportunity to participate in various school functions on and off campus, I/We do hereby release ICEA from all liability as a result of any injuries sustained by my/our child as a result of any accident caused by ICEA and its agents. The participant (or parent/guardian if the participant is a minor) acknowledges and accepts the personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor").

Furthermore, the participant (or parent/guardian) releases and promises to indemnify, defend and hold harmless Inner City Enrichment Academy, staff, and volunteers for any injury arising directly or indirectly out of the activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

**I/We have read and understand the agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.**

<b>Parent/Guardian Signature</b>	<b>Date</b>



## **Release of Records Form**

**Permission is hereby granted to:**  
**Inner City Christian School**  
**2280 E. 16<sup>th</sup> Street**  
**Denver, CO 80206**

**For: Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**The above named student has enrolled in Inner City Enrichment Academy.**

**Please release the following information:**

- ☐ Demographic Information
- ☐ Birth Certificate
- ☐ Immunization/Health Records
- ☐ Contact and Release Forms
- ☐ Any testing or assessment for educational evaluation
- ☐ Grades (including in progress)
- ☐ Incident Reports

**TO:**

**Inner City Enrichment Academy**  
**2280 E. 16<sup>th</sup> Street**  
**Denver, CO 80206**  
**Ph: 303-316-5017**

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**Authorization to release student records:**

I have enrolled my child \_\_\_\_\_ DOB: \_\_\_\_\_  
in **Inner City Enrichment Academy** and authorize you to release above named information.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

Please complete a new form for each student the is enrolled at ICEA.



## **Policy Agreement**

<b>Child's Name</b>	<b>Grade</b>
<b>Child's Name</b>	<b>Grade</b>
<b>Child's Name</b>	<b>Grade</b>

**This agreement is entered into by and between Inner City Enrichment Academy (ICEA) and the parents or guardians whose signatures appear below. The parties hereto accept the following terms and conditions governing the child's enrollment as indicated in the Parent Handbook.**

I/We agree, understand, and accept all the conditions, policies and procedures outline in the Parent Handbook specifically guidelines regarding:

- Attendance Policy (minimum of 90 hours per semester)
- Uniform/Dress Code Policy
- Notice of Intent Policy
- Television & Video Viewing Policy
- Discipline Policy

I/We agree to pay book and registration fees associated with my child's enrollment at ICEA. I/We agree to the terms set forth in the Financial Terms and Financial Agreement forms.

In consideration of the acceptance of my child as a student at ICEA and having satisfied myself that supervision and attention to safety are prudent and responsible, I/We agree to indemnify and hold harmless the school and staff against any claims and demands made by, or on behalf of my child, including by or through me, my spouse or legal guardian for the child.

I/We understand that the school reserves the right to terminate enrollment of the student at any time and for any reason and neither the Parent Handbook nor this document limits that right.

<b>Parent/Guardian Signature</b>	<b>Date</b>



## Pick-Up Authorization

ICS policy requires that persons authorized by parent to pick up student must provide a photo I.D. to ICEA staff for child to be released. Please provide Colorado Drivers or Identification numbers along with the following information.

<b>Child's Name</b>	<b>Grade</b>
<b>Child's Name</b>	<b>Grade</b>
<b>Child's Name</b>	<b>Grade</b>

### Persons authorized to pick up my child:

Name _____	Relationship to Child _____
Address: _____	Phone: _____
_____	License #: _____

Name _____	Relationship to Child _____
Address: _____	Phone: _____
_____	License #: _____

Name _____	Relationship to Child _____
Address: _____	Phone: _____
_____	License #: _____

Name _____	Relationship to Child _____
Address: _____	Phone: _____
_____	License #: _____

Name _____	Relationship to Child _____
Address: _____	Phone: _____
_____	License #: _____

Name _____	Relationship to Child _____
Address: _____	Phone: _____
_____	License #: _____

**Special Instructions (please indicate any issues with custody or anyone that is strictly forbidden to pick up child):**

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(Please note in child custody issues a written court order must be provided if a parent is prohibited from picking up the child from school)

**Today's Date:** \_\_\_\_\_





## EMERGENCY CARD

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ (include city, state & zip code)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

Person other than parent to be notified in an emergency situation when parents are not available:

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 (include city, state and zip code) Relationship to Child: \_\_\_\_\_

**Child's Statement Health Status** (if multiple children on this form please indicate which child has allergies, medications, etc):

Allergies: \_\_\_\_\_ Special Diet: \_\_\_\_\_  
 Medications: \_\_\_\_\_ Frequency \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Office hours: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Office hours: \_\_\_\_\_

Hospital preferred for emergency treatment: \_\_\_\_\_

participant covered by medical insurance? ☐ Yes ☐ No

If yes, name of insurer: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by an employee/volunteer of **Inner City Enrichment Academy**? ☐ Yes ☐ No

I hereby give permission to Inner City Enrichment Academy to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named school. All expenses of such care will be accepted by the parents.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

(A copy of this form is to be carried with an Inner City Enrichment Academy staff member on all field trips)



### **Signature and Document Confirmation Parent Handbook Acknowledgement**

I/We, \_\_\_\_\_ hereby declare that the signatures on the following are mine, and that I/we have received the school calendar and read the parent handbook. I/We understand that the school calendar and parent handbook are subject to change at the discretion of ICEA administration.

### **Non-Discrimination Policy**

Inner City Enrichment Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.