After-School Plus (A+) Program Registration Form

For official use only. — Checked eligibility status.

Signature of Site Coordinator

Date

STUDENT INFORMATION

1st Child's Name Other educational/health informati		Age	Sex	_ Birthdate	Grade
2nd Child's Name Other educational/health informati		Age	Sex	_ Birthdate	Grade
3rd Child's Name Other educational/health informati		Age	Sex	Birthdate	Grade
School	Phone		Checł	c Days Attendin	ng M Tu W Th F
Language spoken at home:		Ethnic	ity (optior	nal)	
Child Resides with:					
	FAMILY INF	ORMAT	ΓΙΟΝ		
Mother/Legal Guardian's Name			ł	Home Phone	
Mother's Mailing Address	Street			City	Zip Code
Mother's E-Mail Address					
Mother's Employer/School			_ Work/C	ellular Phone _	
Mother's Employer/School Addres	SStreet			City	Zip Code
Mother is authorized to pick-up: Y	′es No				
Father/Legal Guardian's Name			ł	Home Phone	
Father's Mailing Address	Street			City	Zip Code
Father's E-Mail Address					
Father's Employer/School			_ Work/C	ellular Phone _	
Father's Employer/School Address	S Street			City	Zip Code
Father is authorized to pick-up: Ye	es No				
List below adult individual(s) au (The child will not be released to				e facility and th	neir phone numbers.
Name		Relations	nip to Chi	ld	Phone Number

Any changes in departure authorization must be received in writing from the parent/legal guardian.

After-School Plus (A+) Program Registration Form

The After-School Plus (A+) Program, the first program of its kind in the nation, provides statewide after-school services for public elementary students at affordable rates. The program addresses the "latch-key" child problem by providing a high quality after-school program to children of working parents/legal guardians or children whose parent/legal guardian is engaged in job training or attending school during the hours of A+ operations. If your child qualifies and you want to enroll him/her, please complete both sides of this registration form and return it to your child's school.

Fee: Due Monthly

The monthly fee covers regular program activities. The fee will be adjusted for those who qualify if acceptable supporting documentation about their income or DHS 728 Form is submitted.

Hours: After school - 5:30 p.m.

The program hours are from after school to 5:30 p.m. on regular school days. The program will not operate during school vacations, state holidays, weekends, Teacher Institute Day, Teachers' work day and school half days.

Supervision: Staff to Student Ratio of 1:20

At each school, the staff will consist of a Site Coordinator and a group leader team supported by aides to maintain a staff to student ratio of 1:20. Staff recruitment may limit the number of students that a school can serve.

Activities: A variety of scheduled activities

Children usually begin the afternoon with free play time and a snack period (children bring their own snacks from home). This period is followed by other activities including homework time, enrichment and physical fitness. Site Coordinators will have the flexibility to adapt scheduled activities to meet the conditions at your child's school.

Eligibility: K-6 public elementary school latchkey children

Your child is considered latchkey if he/she is living with you and **during the hours of A+ operations** you are employed, attending school, engaged in a job training program, or working as an employee of the A+ program. A parent/legal guardian who is "self-employed" must verify their status by: a) Submitting a copy of their general excise tax license; and b) submitting a copy of <u>one</u> of the following: 1) income tax return for the past year including Schedule C; or 2) printed business checking account.

Starting Date: Child's first full day of school

Starting date for your child is usually the first full day of school. However, the starting date of the A+ Program at your child's elementary school may depend on the after-school enrollment of at least 20 children and the ability to recruit necessary staff.

Parent/Legal Guardian's Name (please type or print)	Parent/Legal Guardian's Name (please type or print)		
Marital status (circle one): Single Married Divorced Separated Widowed	Marital status (circle one): Single Married Divorced Separated Widowed		
Please check as appropriate: working job training attending school Work/school schedule (Please check am and/or pm): Mon am/pm to am/pm Tues am/pm to am/pm Wed am/pm to am/pm Thurs am/pm to am/pm Fri am/pm to am/pm Fri am/pm to am/pm Check this box if you work rotating shifts or your work hours vary. Submit a sample schedule to Site Coordinator.	Please check as appropriate: working job training attending school Work/school schedule (Please check am and/or pm): Mon am/pm to am/pm Tues am/pm to am/pm Wed am/pm to am/pm Thurs am/pm to am/pm Fri am/pm to am/pm Fri am/pm to am/pm Check this box if you work rotating shifts or your work hours vary. Submit a sample schedule to Site Coordinator.		
Education (HIDOE) and its contracted private p other state agencies to verify my child's eligibility I have attached the required supporting de	ocumentation. (Refer to List of Acceptable Incom Program on the back of form, Application for Subsidize		
certify that I am eligible for the A+ Program because I amours of A+ operations. I further certify that the information ect and I hereby authorize the HIDOE and its contracted phis information. I understand that changes on this register writing by the parent/legal guardian. Registration in the and approval of the Site Coordinator.	I have provided on both sides of this application form is co private providers to contact the appropriate parties to verif tration form must be given to the A+ Site Coordinator i		

Parent/Legal Guardian

AFTER-SCHOOL PLUS (A+) PROGRAM REGISTRATION AGREEMENT

1 st Child's Name	School
2 nd Child's Name	
3 rd Child's Name	
Parent/Legal Guardian	

PARENT/LEGAL GUARDIAN'S RESPONSIBILITIES AND BILLING PROCEDURES

Parent/Legal Guardian's Responsibilities/Agreements: Please <u>initial each</u> of the following to indicate that you have read, understand, and agree with each item.

I understand and agree that:

- 1. My child(ren) is not allowed to come and go freely from the A+ Program site.
- 2. My child(ren) must sign-in each day and I (or authorized adult) must sign him/her out each day.
- _____ 3. My child(ren) will be released only to adult(s) listed on the registration form.
 - 4. I must maintain communication with the Site Coordinator/Group Leader about my child(ren) and keep him/her informed of pertinent changes.
- 5. I must notify the Site Coordinator/Group Leader of daily departure changes.
- 6. I must contact the A+ Program when my child(ren) will be absent on any of his/her scheduled days of attendance, regardless of whether he/she was absent from school. I realize this is for my child(ren)'s protection.
 - 7. If a medical emergency arises, the A+ Program will first attempt to contact me. If I cannot be reached, the A+ Program will attempt to contact adults authorized by me in case of emergency, and that if no authorized adults can be reached, appropriate treatment will be secured at the nearest medical facility. If a major illness or injury is involved, my child(ren) will be transported by ambulance to a designated site and/or physician and I am financially responsible for any medical care or transportation incurred on my child(ren)'s behalf.
- 8. The A+ Program will operate from close of school to 5:30 p.m. each school day or at another designated time as determined by the site. The program will not operate during school vacations, state holidays, Teacher Institute Day, and school half-days.
 - 9. Transportation to and from the A+ Program will not be provided. If my child(ren) attends an A+ Program at a school other than his/her regular school, I must make transportation arrangements and assume responsibility for getting my child(ren) to the other school.
- 10. It is my responsibility to see that my child(ren) is picked up by the designated closing time.
- 11. If my child(ren) is having problems in the program, a conference will be arranged between myself, the staff, and the Site Coordinator.
 - 12. The A+ Program reserves the right to terminate A+ Program services if it is determined that placement is unsatisfactory.
- 13. If weather or other emergency forces the closing of regular school, the A+ Program will also be closed.
 - _____14. If my work/school schedule changes, I must notify the A+ Site Coordinator about the changes.
- 15. I am aware and authorize that my child(ren) may participate in physical development/coordination activities during A+.
 - 16. I understand that my child(ren) will be given an option of alternative activities if they choose not to participate in physical development/coordination activities during A+.

Fee Procedures: Please initial each of the following certifying that you have read, understand and agree with each item.

I understand and agree that:

1	am responsible for monthly A+ Program tuition.
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- I shall pay the monthly tuition when it is due or it must be postmarked before the first school day of each month. Payment for December/January combined months will be paid in December.
- 3. I must not send payments to school with my child(ren), but must bring or mail them to the A+ Program at the school.
- 4. The monthly tuition I pay for my child(ren) is a flat rate, and that it does not depend on the number of days my child(ren) actually attends the program.
- 5. The A+ Program will make no refunds once tuition is paid for the month even if my child(ren) has attended only part of the month, e.g., even for one day.
- 6. I must pay a \$25.00 service charge (cash or money order) for checks that I write to the program that are returned by the bank because of insufficient funds.
- 7. I understand that the monthly A+ Program tuition is due on or before the first school day of each month. I shall pay a \$5.00 late charge per family for each school day a payment is overdue. If I do not pay the monthly tuition within the first five (5) A+ Program days of the month, it will result in my child(ren)'s immediate termination from the A+ Program on the sixth (6th) A+ Program day.
 - Failure to pay any outstanding fees by the end of the month shall result in my child(ren)'s termination from the program.
 - 9. My child(ren) may re-enroll if I pay all outstanding fees, and a penalty fee of \$25 for reinstatement. If I have more than one child enrolled in the A+ Program, my family is penalized a flat reinstatement fee of \$25.
 - 10. I will arrange for another authorized adult to pick up my child(ren) if the adult responsible for my child(ren)'s pick-up is to be late. If no other arrangements can be made, I will make every effort to call the school to notify A+ staff of my expected tardiness.
 - 11. If my child(ren) is picked up late, I will pay a \$5.00 late fee per child for every 15 minutes beyond the closing time, (that is, 1-15 minutes late \$5.00; 16-30 minutes late \$10.00, etc.) and that chronic tardiness may result in my child(ren)'s termination from the A+ Program.

I understand and agree to abide by the above parent responsibilities and billing procedures. I understand and agree that my failure to do so may result in termination of my child(ren)'s enrollment in the A+ Program.

Signature of Parent/Legal Guardian

Date

(This form needs to be completed every school year.)	Father's ID No
School Date _	Mother's ID No
Grade Room Language Spoken at Home	
Name	Sex: M F Birthdate
Child resides with	
Mailing Address	Zip Gode
Legal Guardian's Name	Legal Guardian's Name
EMERGENCY CONTACTS In case child listed above beco school authorities have my permission to contact and relea Name	Relationship Phone
2	
Family Physician Phone	Dentist Phone
If my child needs to be taken to an emergency facility, he school authorities to take appropriate action for the safety	
To assure prompt attention to your child, PLEASE NOTI ADDRESS.	Parent/Legal Guardian's Signature FY SCHOOL OF ANY CHANGE IN PHONE NUMBER OF
My child has health insurance: If private, check your plan: HMSA Kaiser Tri-C	
 My child receives regular care for the following medical cor No medical condition Yes. Please check below: 	
Behavioral Problems Diabetes	
 Behavioral Problems Diabetes Cancer/Leukemia Hearing Problems Allergies: Bee Sting Food Medications Date and type of last reaction 	 Hemophilia Rheumatic Heart Skin Problems Hypertension Seizures Vision Problems Other