

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 _____ Age ____ Sex ____ Birthdate _____ Grade _____

Other educational/health information about student: _____

2nd Child's Name _____ Age ____ Sex ____ Birthdate _____ Grade _____

Other educational/health information about student: _____

3rd Child's Name _____ Age ____ Sex ____ Birthdate _____ Grade _____

Other educational/health information about student: _____

School _____ Phone _____ Circle Days Attending M Tu W Th F

Language spoken at home: _____ Ethnicity (optional) _____

Child Resides with: _____

FAMILY INFORMATION

Mother/Legal Guardian's Name _____ Home Phone _____

Mother's Mailing Address _____
Street City Zip Code

Mother's E-Mail Address _____

Mother's Employer/School _____ Work/Cellular Phone _____

Mother's Employer/School Address _____
Street City Zip Code

Mother is authorized to pick-up: Yes _____ No _____

Father/Legal Guardian's Name _____ Home Phone _____

Father's Mailing Address _____
Street City Zip Code

Father's E-Mail Address _____

Father's Employer/School _____ Work/Cellular Phone _____

Father's Employer/School Address _____
Street City Zip Code

Father is authorized to pick-up: Yes _____ No _____

**List below adult individual(s) authorized to pick-up your child from the facility and their phone numbers.
(The child will not be released to any individual not listed below.)**

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

AFTER-SCHOOL PLUS (A+) PROGRAM REGISTRATION AGREEMENT

1st Child's Name _____ School _____

2nd Child's Name _____

3rd Child's Name _____

Parent/Legal Guardian _____

PARENT/LEGAL GUARDIAN'S RESPONSIBILITIES AND BILLING PROCEDURES

Parent/Legal Guardian's Responsibilities/Agreements: Please initial each 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. I am responsible for monthly A+ Program tuition.
- _____ 2. **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.
- _____ 8. 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

A+ PROGRAM EMERGENCY FORM

(This form needs to be completed every school year.)

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Father's ID No. _____
Mother's ID No. _____

Name _____ Sex: M F Birthdate

Month	Day	Year					

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Child resides with _____

Mailing Address _____ Zip Code _____

Father/ Legal Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____	Mother/ Legal Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____
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EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent/Legal Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

My child has health insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, check: <input type="checkbox"/> QUEST <input type="checkbox"/> Medicaid OR <input type="checkbox"/> Private If private, check your plan: <input type="checkbox"/> HMSA <input type="checkbox"/> Kaiser <input type="checkbox"/> Tri-Care <input type="checkbox"/> Other

- My child receives regular care for the following medical conditions:
 - No medical condition
 - Yes. **Please check below:**
 - Asthma
 - Chronic Cough/Wheezing
 - Heart Disease
 - JRA Arthritis
 - Sickle Cell Anemia
 - Behavioral Problems
 - Diabetes
 - Hemophilia
 - Rheumatic Heart
 - Skin Problems
 - Cancer/Leukemia
 - Hearing Problems
 - Hypertension
 - Seizures
 - Vision Problems
 - Allergies:** Bee Sting Food Medications Other _____
Date and type of last reaction _____
 - Other Health Concerns: _____
- Takes medications (LIST) _____

• Other children in the household:

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHOOL _____

Site Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Application for Subsidized Monthly Fee (A+ Program)

Note: Application for each household if there is joint custody

If you are currently receiving financial assistance from Department of Human Services (FTW) Program, you do **NOT** have to complete Section 2 below, however, **you must provide the A+ Program with Form DHS 728 from the FTW Program office.**

1. Child(ren)'s Name(s) in A+ Program:

_____	_____	_____	_____
Last	First	Last	First
_____	_____	_____	_____
Last	First	Last	First

2. MONTHLY INCOME OF PARENT/LEGAL GUARDIAN LIVING IN HOUSEHOLD

To figure/convert to monthly income: Weekly income x 4.33, Income every 2 weeks x 2.15, Twice a month income x 2

List the names of all children and parent/legal guardian living in your household. Include yourself and the children listed above.	Gross MONTHLY Earnings (Before deductions)	MONTHLY Welfare, Alimony, Child Support & Social Security	MONTHLY Pension or Retirement Payments	Any OTHER MONTHLY Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL number of household members: _____
Zero Income. You must explain how your living expenses are being met. _____

3. The information on this form and the attached documentation may be used to assist the determination of eligibility for the After-School Plus (A+) Program's subsidized monthly fee. A+ Program staff may verify all the information on this form and the attached documentation. I give up my rights to confidentiality for this purpose only. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made. I also certify that all of the above information is true and correct and all income is reported. I understand that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. If any information has been falsified, I understand that this may result in a loss or reduction of benefits, legal claims, and dismissal of my child(ren) from the After-School Plus (A+) Program.

Parent/Legal Guardian's Signature _____ Date _____ Home Phone _____

Parent/Legal Guardian's Printed Name: _____ Work Phone _____

4. _____ I have attached a copy of **one** of the documentation for **every type of income we receive** to show that I qualify for a subsidized monthly fee. See **Sources of Acceptable Income Documentation** listed on the back of this application.

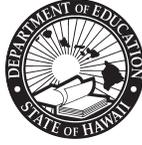
Attach the supporting documentation to this **Application for Subsidized Monthly Fee**. Submit with the **A+ Program Registration Form** to your A+ program Site Coordinator.

LIST OF ACCEPTABLE INCOME DOCUMENTATION FOR THE AFTER-SCHOOL PLUS (A+) PROGRAM

As stated on the application form, **you must submit supporting documentation. If you would like to apply for subsidized tuition**, acceptable documentation is listed below.

For each **“Type of Income”** you receive, send **one** of the following documents from the **“Suggested Sources of Acceptable Written Evidence”**.

Type of Income	Suggested Sources of Acceptable Written Evidence
Earnings/Wages/Salary	1. For each type of income received, send one of the following: <ul style="list-style-type: none"> • Current paycheck stub (for one month) • Letter from employer on official letterhead stating gross wages paid and how often they are paid; or 2. Self-employed, business or farming documents, such as ledger books, last quarterly tax estimates, last year’s tax return; or 3. Last year’s tax return (gross income) with copy of W-2.
Cash Income	A letter from employer stating wages paid and frequency.
Social Security (all types)	1. Social Security Benefit Award letter; or 2. Statement of benefits received.
Pension/Retirement	1. Statement of benefits received; or 2. Pension award notice.
Unemployment Compensation/Disability or Worker’s Compensation	1. Benefit Award letter; or 2. Check stub.
Financial Assistance Payments	Benefit statement from DHS (Do not include SNAP).
First to Work	DHS Form 728 from First to Work unit.
Child Support/Alimony	1. Copies of checks or proof of payment received; or 2. Court order decree or agreement.
All other income	Documents showing the amount, how often, and date received.
No Income	Provide a brief note explaining how you provide food, clothing, and housing for your household and when you expect income.



*A+ Request for Accommodation Form
(For parent/guardian to complete)*

Date of Request: _____

School: _____

Child's Name: _____

Child's Age: _____

Parent/Guardian Name: _____

Telephone: _____

Accommodation being requested:

Reason for the request for accommodation:

Other comments:

Parent/Guardian Signature

Date