



GGRANT94FT ACADEMIC SPORTS ACADEMY REGISTRATION FORM

**AFTER-SCHOOL PROGRAM
2017-2018**

Student Name: _____ Birth _____
 Date: _____ Grade: _____
 First Last MI Month/Day/ Year

Gender _____ Male _____ Female

Special Needs	_____ Yes	_____ No
Limited English Proficiency	_____ Yes	_____ No
Special Education	_____ Yes	_____ No
Free/Reduced Lunch	_____ Yes	_____ No
Bilingual	_____ Yes	_____ No

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Parent/Guardian #2

First Name

Last Name

First Name

Last Name

Relationship to student

Relationship to Student

Home Phone

Home Phone

Cell Phone

Cell Phone

Street Address

Street Address

City

State

NJ

City

State

NJ

Email Address

Email Address

RELEASE OF CHILD

I give my child permission to walk home alone at time of dismissal. _____ YES _____ NO

I give my child permission to sign himself/herself at time of dismissal. _____ YES
_____ NO

My child will be picked up after school by me or one of the following individuals:

Name

Relationship to child

Telephone

Name

Relationship to Child

Telephone

Name

Relationship to Child

Telephone

DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE

Name

Relationship to Child

Telephone

Name

Relationship to Child

Telephone

EMERGENCY CONTACTS

Please identify two persons who may be called between 3:00pm and 6:00pm if you are not available.

First Name

First Name

Relationship to Student

Relationship to student

Home Phone

Home Phone

Cell Phone

Cell Phone

Street Address

Street Address

City

State

Zip

City

State

Zip

INFORMATION ABOUT CHILD

What are your child's interests?

Are there any particular areas on which you would like the program to focus (i.e. math, reading skills, social skills, health awareness)?

Is your child involved in any other after school clubs, sports, or programs? If so, list below.

STUDENT HEALTH RECORD (TO BE COMPLETED BY THE PARENT OR GUARDIAN)

Please provide your child's medical history.

CIRCLE THE CONDITION AND EXPLAIN

Asthma

Convulsion/Seizures

Diabetes

Ear Infections

Chicken Pox

Measles

German Measles

Rheumatic Fever

Mumps

Corrective Device
(glasses, hearing aid, etc.)

Does your child use an inhaler?

ALLERGY

Penicillin

Insect Strings

Foods

Plants

Hay Fever

Topical ointments

Other

List significant illnesses or surgeries. Provide the date any instructions.

Medication

Parent/Guardian Signature

GGRANT 94FT. ACADEMIC SPORTS ACADEMY INC. AFTER SCHOOL PROGRAM
RELEASES AND WAIVERS

Health Emergency Waiver

I, the undersigned, submit my son/daughter is physically fit to participate in the activities and waive GGrant94ft. Academic Sports Academy After School Program responsibility for injury or illness. I hereby authorize the directors of the GGrant94ft. Academic Sports Academy After School Program to act for me according to their best judgment in any emergency requiring medical attention. I understand I am solely responsible for the payment of any such medical expenses and must provide the GGrant94ft. Academic Sports Academy After School Program with proof of medical and accident insurance.

I, the undersigned, also assure that my child(ren) is healthy enough for full participation in any and all physical and recreational activities as outlined appropriate by the GGrant94ft. Academic Sports Academy After School Program.

Signature of Parent/Guardian _____ **Date** _____

Enrichment Program Permission and Waiver

It is our goal to provide those students who participate in the GGrant94ft. Academic Sports Academy After School Program with meaningful and enriching experience. As part of this mission, students will be asked to participate in various programs, events, field trips, and/or other enrichment activities that will take place on Hedgepeth William's School grounds, and others that might require your child's attendance outside of the school.

All parents or guardians should be advised that that all persons or their parents taking a school related trip waive all claims against the school, College of New Jersey and/or GGrant 94ft Academic Sports Academy, Inc. for injury, accident, illness or death occurring during or by reason of the trip.

I, the undersigned, give my permission for my child to attend all programs, events, field trips, and/or other enrichment activities to and from the GGrant94ft. Academic Sports Academy Inc. After School location (Hedgepeth Williams Middle School) or P.J Hill and I understand the liability associated with my decision.

I also understand that if my child(ren) does not adhere to the Behavior Guidelines, rules and/or regulations of GGrant94ft. Academic Sports Academy After School Program he/she can be subject to exclusion from any/all planned programs, events, field trips, and/or other enrichment activities.

Signature of Parent/Guardian _____ **Date** _____

Student Academic Record Release

Also as part of our mission, we want to open the doors of communication with Hedgepeth Williams School administration, teachers, and other staff to better assess the progress and/or problem areas that a child displays throughout his or her academic school day. We want to close the gap between what occurs during the day, and what we experience with you child(ren) during the after school program.

By signing below I grant permission to the GGrant94ft. Academic Sports Academy After School Program to utilize and access my child’s grades, report cards, progress reports, teacher reports, standardized test scores, and/or any other academic records in whole or in part to track my child’s academic progress and growth throughout his/her participation in the GGrant94ft. Academic Sports Academy After School Program.

Signature of Parent/Guardian _____ **Date** _____

Visual Image Release

I, the undersigned, hereby authorize and consent to the use of my child(ren)’s visual image by GGrant94ft. Academic Sports Academy After School Program for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites.

By signing below I grant permission to the GGrant94ft. Academic Sports Academy After School Program to utilize these visual images of my son/daughter, in whole or in part for possible projects, events, data collection, and/or media publication.

Signature of Parent/Guardian _____ **Date** _____

I give my child permission to participate in the after school program

Parent/Guardian Signature

Date

PAYMENT INFORMATION

The \$30.00 Registration fee and a reduced rate of your 1st month's payment must be paid at time of registration to secure a position in the program. This fee is non-refundable. Payments can be made in a form of a check, cash, or money order. Checks and money orders are to be made payable to: GGrant94ft Academic Sports Academy

All parents must provide proof of their income with the following documents: last year's 2014 IRS 1040 U.S. individual or joint income tax return, last year's W-2 form, three consecutive recent pay stubs, or SSI award letter. Proof of income must represent the income of all adults in your household. In the event of special cases or to discuss a payment plan, contact Greg Grant (609) 851-0351

Sliding Monthly Payment Scale (circle the income that applies to your family)

Annual Family Income	Monthly break-down
\$19,999-less	
1 st child	\$55.00/month
2 nd child	\$40.00/month
3 rd child	\$38.00/month
\$20,000-\$29,000	
1 st child	\$64.00/month
2 nd child	\$42.00/month
3 rd child	\$30.00/month
\$30,000-\$39,000	

1 st child	\$74.00/month
2 nd child	\$50.00/month
3 rd child	\$24.00/month

\$40,000-\$49,000

1 st child	\$82.00/month
2 nd child	\$52.00/month
3 rd child	\$28.00/month

\$50,000 - More

1st child month	\$90.00/
2nd child month	\$62.00/
3rd child month	\$38.00/

Number of children: _____ **Approved monthly payment:** _____ **Director Initials:** _____

Additional Fees Policy

Parents please note our fee changes in regards to late payments and pick-up. These fees will be incurred upon parents who refuse to adhere to our payment schedule and/or parents who continually pick-up his/her child after **6:05pm** . These changes will be strictly enforced, followed, and monitored. Any late fees not paid by the following business day will be added to your monthly bill. Failure to pay these fees could result in your child's termination from the program.

Late Payment Fee

After School should be paid on the dates listed below in the payment schedule. Failure to pay on time will result in **an automatic \$15.00 late fee added to your account**. For each additional day a parent/guardian does not pay, another \$10.00 charge will be added to your account for each additional day a payment is not made. If 5 or more days of late fees are added to an account, your child could face suspension or even termination from the after school program.

Scheduled Payment Dates:

*For September the registration fee and 1st month's payment is due upon registering for after school program

- **Wednesday, September 6, 2017**
- **Monday, October 2, 2017**
- **Wednesday, November 1, 2017**
- **Friday , December 1, 2017**
- **Wednesday, January 3, 2018**
- **Thursday, February 1, 2018**
- **Thursday, March 1, 2018**
- **Tuesday, April 2, 2018**

- Tuesday, May 1, 2018
- Friday, June 1, 2018

Late Pick-Up Fee

After School Program ends promptly at 6:00pm everyday-aside from reduced days, when we end at 5:00pm. Failure to pick up your child by 6:05pm will result in a \$5.00 late fee. And for every 15 minutes after, another late fee of \$5.00 will be charged.

Parents/guardians please plan accordingly for daily pick-ups and monthly payments.

I have read and understand the late pick-up and payment fee policy. I will do everything in my power to abide by this policy and if unable to meet with any of the information stated above, I will seek assistance of an ASA staff director immediately. Continued failure to comply with these policies could result in my child(ren)'s suspension or termination from the GGrant94ft. Academic Sports Academy After School Program.

Signature of Parent/Guardian _____ Date _____

Incident/Disciplinary Guidelines

Our goal is to provide a structured and organized program, where unacceptable behavior **will not** be tolerated. If disciplinary challenges arise, they will be resolved using a five-step process as outlined in the *After School Program Student Handbook*.

The following procedures will be followed by ASA staff in an act of discipline:

1. A verbal warning is issued in response to a child's negative/ inappropriate behavior.
 2. If a 2nd verbal warning occurs, a time out will be given to the child in order for him/her to observe appropriate behavior and think about actions, and the parent(s) will be notified upon pickup and verbally warned about child's behavior. OR the child will be removed from his/her regular academic after school class time activities and asked to participate in the "Focus Classroom".
 3. If time out proves ineffective, a loss of play/free time for a day or more will be issued to the child, and an Incident/Disciplinary Report will be sent home and expected to be returned the next day to the program with parent's signature.
- Note:** After 3 Incident/Disciplinary Reports a child could be subject to suspension from program.
4. If problem persists and Incident/Disciplinary Report is not signed by the parent, the parent/guardian will be called and expected to pick up the child.
 5. The parent will be called in for a meeting with the Site Director and/or Assistant Site Director for further evaluation of the child's circumstance and situation, which could lead to a possible suspension from the program or termination from the program entirely.

In the event that this process proves ineffective or is abused, the ASA team will take the listed steps towards expulsion from the GGrant94ft. Academic Sports Academy After School Program:

1. A letter will be sent home requesting a face- to- face meeting with the parent of the child. If letter receives no response, a meeting will be requested either by phone or in person at pick- up time.

2. A parent and child/ASA director meeting will take place to discuss child's situation and reasons for expulsion. Length of expulsion will be discussed and decided by the ASA site director.

3. Upon the child's return, the child's behavior will be monitored daily and a weekly progress report will be sent home to be signed by a parent/guardian.

The following behaviors, circumstances, and problems could result in immediate expulsion from the GGrant 94th. ASA After School Program:

1. In a negative reoccurring problem, action, or behavior doesn't abate, improve, even after a meeting between the parent/guardian, child, and ASA director.

2. Mal-intended injury inflicted upon the child himself, another participating ASA student, or ASA staff member.

3. Reoccurring and persistent tardiness.

4. Receiving 3 or more Incident Report forms throughout the course of the year.

5. A continued negative attitude towards others, activities, and ASA staff.

Parent/Guardian Signature

Date