

Student Name _____ Program _____

Welcome to our program!

Dear Parents,

Welcome to our After School Extended Day Program! We plan to provide a fun, safe, and an academically viable environment for your child during this school year. To ensure a successful year, we would like for you to read the following guidelines.

_____ 1. The hours are **7:00 AM – 8:00 AM & 4:00 PM to 6:00 PM** on the days that school is in session. **There is a late fee of \$1.00 a minute per child. This charge begins at 6:00 and must be paid within two days**

_____ 2. There is a one-time registration fee of \$25 per child. The monthly tuition payments are Morning Care \$30 per child and after-school care is \$100 per child. Morning/After Care \$120 per child. Cash /Money order exact amount. **All fees are non-refundable and non-transferable (from student-to-student or program-to-program).**

_____ 3. Monthly tuition is due on the **1st** and is late after the **5th**, (regardless of the day of the week that the first day or the fifth day falls each month). In the event tuition is received on the 6th through the 10th, a late fee of **\$20** will be assessed. If tuition is received from the 11th through the 15th, an additional **\$20** will be assessed (**total \$40**). Late fees apply regardless of the day of the week that the first day of the month falls or the reason it is late. If you have any questions you may speak to Ms. Wardsworth to resolve. Otherwise, your child may be withdrawn from the program. If your child is withdrawn from the program, the registration fee will be required upon re-enrollment. In addition, any outstanding balance from the previous enrollment must be resolved.

_____ 4. Parents are responsible for insuring that the information on file is current and accurate.

All parents will be enrolled in Remind101, if you do not receive a text message upon registration please contact us at 281-878-0304.

_____ 5. Only individuals designated on the registration form with appropriate legal photo identification will be allowed to pick up your child. This is for your child's protection. **All parents must come into the library and sign out your child daily.** Students can not be released in the care of minors.

_____ 6. We expect all children to behave properly. The same behavior expectations of the regular school day apply in the After-School Program. A child may be suspended temporarily or permanently from the program. A parent will NOT be reimbursed for tuition paid if their child is suspended from the program. Any child suspended from the program must be picked up immediately and may not return until the suspension ends.

Students may be suspended or withdrawn from the After-School Program for the following reasons:

- a. Excessive Late Pick-ups
- b. Discipline Problems
- c. Nonpayment of Tuition and/or Late Pick-up Fees

_____ 7. The after-school program will follow the district policy on cell phones. **Students are not allowed to use cell phones during after-school.** Students may use cell phones at 5:45 to call parents only.

_____ 8. If the school closes because of inclement weather or any other reason, the After-School Program will also be closed. We follow the procedures given in your child's AISD Student Handbook.

By signing this, you agree to the terms and conditions of Stehlik Intermediate School After-School Program.

Parent's/Guardian's Signature _____

PARENTS:

This after-school program does not have liability insurance as required by Section 42.049 of the Human Resources Code as:

We are exempt as an independent school district operation.

All health information should be listed on the Application. There is not a nurse on campus during the after-school program; however, all staff are CPR/First Aid/ AED certified. If your child requires medicine during the hours of 4pm-6pm, please notify Ms. Wardsworth in writing.

I read and understand, the above statement.

If you would like to purchase insurance for your child
please call the front office at 281-878-0300

Parent Signature _____ Date _____

Student Name _____

PARTNERSHIP PROJECT | STUDENT REGISTRATION FORM

PLEASE READ CAREFULLY AND PRINT CLEARLY.
THIS REGISTRATION FORM MUST BE COMPLETED IN ITS ENTIRETY.

SECTION I | CAMPUS OFFICE USE ONLY

DISTRICT	ALDINE ISD	SCHOOL	STEHLIK INTERMEDIATE
DATE OF ADMISSION		DATE OF WITHDRAWAL	

SECTION II | STUDENT INFORMATION

List all children enrolling in the CASE for Kids Partnership Project after-school program.

Name (Last, First)	DOB	Grade	Gender	Race (African-American, White, Asian/Pacific Islander, Native American, Other, Two or More)	Ethnicity (Hispanic or Non-Hispanic)

SECTION III | HEALTH INFORMATION

Please complete this section for each child listed above.

Name (Last, First)	Medications	Allergies	Health Problems	Participate in Recreational Activities?	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION IV | PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		Home Phone	
Mobile Phone		Work Phone	
Home Address		Email	
Emergency Contact (other than above)		Home Phone	
Mobile Phone		Work Phone	
Home Address			

Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. I hereby authorize the program to allow my child to leave ONLY with the following persons. Please list name and telephone number for each.

Name	Phone	Relationship to Child

SECTION V AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION			
I hereby give consent for my child(ren) to be transported and supervised for emergency medical care. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the program to transport my child to:			
Physician		Phone	
Address			
Emergency Medical Care Facility		Phone	
Address			
<input type="checkbox"/> I GIVE CONSENT FOR THE PROGRAM TO SECURE ANY AND ALL NECESSARY EMERGENCY MEDICAL CARE FOR MY CHILD.			
SECTION VI PARENT/GUARDIAN CONSENT			
For each section below, check the box(es) indicating whether or not you give your consent.			
FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give -my consent for my child to participate in field trips.			
WATER ACTIVITIES:			
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in <u>sprinkler play</u> .			
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in <u>splashing/wading pools</u> .			
RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
There is a late fee of \$1.00 a minute per child. This charge begins at 6:00 and must be paid within two days <input type="checkbox"/>			
I acknowledge receipt of the facility’s operational policies including those for discipline and guidance.			
RECORDS:			
<input type="checkbox"/> I acknowledge that my child(ren)’s immunization, vision and hearing records are on file at this campus.			
MEDIA/VIDEO RELEASE: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for the school, CASE for Kids, and the Harris County Department of Education (HCDE) permission to videotape/photograph/audiotape and or allow the videotaping, photographing, and audio taping of my child.			
PARTICIPATION IN PROGRAM: I understand the CASE for Kids Partnership Project program at <u>Stehlik Intermediate</u> school is an extension of the regular school program and follows all guidelines and policies of <u>ALDINE</u> ISD/school. I grant permission for my child(ren) to participate in the CASE for Kids Partnership Project program.			
EVALUATION PARTICIPATION: I understand that my child(ren) or I may be asked to complete survey information regarding any CASE-sponsored program/classes for the purposes of program evaluation and program improvement. Questions may be related to any aspect of the after-school program, including Kids’ Day events, AmeriCorps-led activities, and/or programming related to funding from the Houston Endowment. I understand that completing these surveys is voluntary, and that my child(ren) or I may decline to complete the surveys. I give permission for my child(ren)’s teacher to be surveyed regarding my child(ren)’s school performance and conduct, and I consent to the release of my child(ren)’s academic information to CASE, including grades, student conduct, attendance records, and standardized test scores for the reporting of required performance measures and for evaluation purposes. I understand that my child may be administered pre/post assessments to identify areas of academic need and for evaluation purposes. I understand that all data collected will be kept under secure conditions in accordance with Family Educational Rights and Privacy Act (FERPA) regulations, and as such will be kept strictly confidential and destroyed when no longer needed.			
SECTION VII PARENT/GUARDIAN SIGNATURE			
<p>A parent/guardian signature indicates that all information on this document represents a complete and accurate statement of the family’s circumstances at the time of application. MY SIGNATURE ACKNOWLEDGES THAT I READ THE POLICIES AND PROCEDURE OF STEHLIK’S TEAM</p> <p>X-TREME AFTER-SCHOOL PROGRAM AND I AM ACCOUNTABLE FOR ABIDING BY THEGUIDELINES AND PROCEDURES OUTLINED. IF I HAVE ANY QUESTIONS CONCERNING THE GUIDELINES/PROCEDURES, I WILL DIRECT THEM TO THE CAMPUS DIRECTOR. I RECOGNIZE THE PROGRAM OPERATES SEPARATELY FROM THE CAMPUS.</p>			
PARENT/GUARDIAN SIGNATURE		DATE	