

LOWELL SCHOOL DISTRICT 71
AFTER SCHOOL PROGRAM ENROLLMENT FORM

PLEASE FILL OUT ONE FORM PER STUDENT USING BLACK OR BLUE PEN

STUDENT INFORMATION

Student Name: _____
First Last

Birthdate: _____
MM / DD / YY

School: _____ **Grade:** _____

School Address: _____
City State Zip

PARENT INFORMATION

Parent/Responsible Adult: ☐ Mother ☐ Father ☐ Grandparent ☐ Step ☐ Foster ☐ Other _____

Name: _____
First Last Suffix

Home Address: _____
Physical Address – **Not PO Box** City State Zip

Mailing Address: _____
If different from Home Address City State Zip

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

EMERGENCY CONTACTS

Emergency Contact: ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other _____

Legal Name: _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

Is this contact authorized to pick up your student? ☐ Yes ☐ No

Emergency Contact: ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other _____

Legal Name: _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

Is this contact authorized to pick up your student? ☐ Yes ☐ No

Emergency Contact: ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other _____

Legal Name: _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

Is this contact authorized to pick up your student? ☐ Yes ☐ No

MEDICAL INFORMATION

Student's Doctor: _____
Name Phone

Please mark if your student has any of the following conditions:

Allergies	<input type="checkbox"/> _____	<input type="checkbox"/> Check if Life Threatening
Food Allergies	<input type="checkbox"/> _____	<input type="checkbox"/> Check if Life Threatening
Asthma	<input type="checkbox"/> _____	<input type="checkbox"/> Check if Life Threatening
Heart Problems	<input type="checkbox"/> _____	<input type="checkbox"/> Check if Life Threatening
Seizure Disorder	<input type="checkbox"/> _____	<input type="checkbox"/> Check if Life Threatening
Other	<input type="checkbox"/> _____	<input type="checkbox"/> Check if Life Threatening

Is your student taking medication? ☐ No ☐ Yes _____

Will your student be taking medication at during the after school program? ☐ No ☐ Yes _____

If yes, please fill out an Authorization for Medical Administration form.

RULES & EXPECTATIONS

Students participating in the after-school program are expected to follow all regular-day school rules and procedures. Students are expected to follow directions given by staff and treat staff and fellow students with respect.

DISCIPLINE POLICY

Step 1: Verbal Warning (student is warned verbally, parent is notified, and incident is documented)

Step 2: Written Warning (student receives a written warning, parent is notified, and incident is documented)

Step 3: Student suspended from program for 1-5 school days (incident is documented)

Step 4: Student suspended from program for 1-5 school days (incident is documented)

Step 5: Student removed from the program for the remainder of the session

Session schedule: September to December / January to March / April to June

Please note: A disciplinary step may be skipped at any time, depending on the severity of the action.

CHECK-OUT PROCEDURE

Students must be signed out of the program daily. Participating students will be allowed to sign themselves "in" and "out" to go home on their own, **ONLY** if their parent/guardian designates this authorization below. Participating students who do not go home on their own, must be picked up by 6:00 PM. If a student is picked up after 6:00 PM more than three times, the student will be removed from the program for the remainder of the semester. Parents will receive a Late Release Counsel on the third offense, informing them of the circumstances.

Please select one:

☐ My student will be picked up. ☐ My student will walk home. (Walk home time is 6:00 PM unless otherwise specified by parent/guardian)

AFTER SCHOOL PROGRAM RATES

FULL TIME ENROLLMENT

- No Application Fee
- Cost is \$180 / month (**includes free enrollment in our Early Arrival Program.**)
- If student is enrolled in the after school program full time, there is a 10% sibling discount.
- Parents/guardians of new Lowell Afterschool Program participants must fill out the After School Enrollment Form and return it to the Lundy Elementary School Office in order to register.
- After School Program fees are paid in advance. Payment for the month of September is due upon enrollment. All other payments are due by the 25th of the month prior to the month you're seeking care - NO EXCEPTIONS.
- A late fee of \$10 will be charged if payments are not received by the last business day of the month.
- There is a \$5 fee for every 15 minute block after 6:00 pm that your child has not been picked up.

DROP IN RATES

- We recognize that not all families need regular care for their children. If your schedule changes frequently, these options are for you. Registration paperwork **must be completed before** your child participates in the Afterschool Program. If you need more than 12 days of care per month, it is more cost effective to enroll for the full month. Reserving for a full month also ensures you get a spot.
- Drop in Rate Pre pay = \$15/day. Payment must be made on the same day when child is picked up. Otherwise, child **will not** be able to attend until balance is paid – **NO EXCEPTIONS.**

EARLY ARRIVAL PROGRAM

- Pre-pay \$50.00 a month
- If you need more than 12 days of care per month, it is more cost effective to enroll for the full month.
- Drop in Rate Pre pay = \$5.00/day. Payment must be made at time of drop off on same day. Otherwise, child **will not** be able to attend until balance is paid -- **NO EXCEPTIONS.**

ENROLLMENT OPTIONS

Please select one:

- ☐ My student will be attending both the After School Program and the Early Arrival Program.
- ☐ My student will be attending just the After School Program.
- ☐ My student will be attending just the early arrival program.

SIGNATURE

I have read this form entirely and I understand and accept the standards, procedures and rates as described above. I verify that all information in this document is true and correct. I agree to pay all fees associated with the program in which my student is enrolled. I authorize Lowell School District to record and release media content of my student, to be used for purposes that include publicity, without compensation to my child, myself, or any parties acting in our behalf. I accept that if it is determined that the information I have provided in this document is false, my student could be removed from the after school program immediately without reimbursement.

→ Parent/Guardian Signature: _____ Date: _____

MM / DD / YY