After-School Plus (A+) Program Registration Form

For official use only .
___ Checked eligibility status.
Signature of Site Coordinator Date

Please check your preferred A+ Program(s). Check as many as apply.

STUDENT INFORMATION

1st Child's Name _____ Age ___ Sex ___ Birthdate _____ Grade ___
Other educational/health information about student: ☐ A+ ☐ BC

2nd Child's Name _____ Age ___ Sex ___ Birthdate _____ Grade ___
Other educational/health information about student: ☐ A+ ☐ BC

3rd Child's Name _____ Age ___ Sex ___ Birthdate _____ Grade ___
Other educational/health information about student: ☐ A+ ☐ BC

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

Language spoken at home: _____ Ethnicity (optional) _____

Child Resides with: _____

FAMILY INFORMATION

Parent/Guardian (P/G) Name _____ Phone _____

Parent/Guardian Address _____
Street City Zip Code

P/G E-Mail Address _____

P/G Employer/School _____ Work Phone _____

Employer/School Address _____
Street City Zip Code

P/G is authorized to pick-up: Yes _____ No _____

Parent/Guardian (P/G)Name _____ Phone _____

Parent/Guardian Address _____
Street City Zip Code

P/G E-Mail Address _____

P/G Employer/School Father's _____ Work Phone _____

Employer/School Address _____
Street City Zip Code

P/G 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 Form

The After-School Plus (A+) Program, the firs 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 circle 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 Submit a sample schedule to Site Coordinator.	Please check as appropriate: ____ working ____ job training ____ attending school Work/school schedule (Please circle 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 Submit a sample schedule to Site Coordinator.

_____ I have attached the **required** supporting documentation to verify my employment, school, job training, or work for A+ program. All documentation must show need for care during A+ hours of operation.

I certify that I am eligible for the A+ Program because I am working, job training, and/or attending school during the hours of A+ operations. I further certify that the information I have provided on both sides of this application form is correct and I hereby authorize the HIDOE and its contracted private providers to contact the appropriate parties to verify this information. **I understand that changes on this registration form must be given to the A+ Site Coordinator in writing by the parent/legal guardian. Registration in the A+ Program is pending completion of this application and approval of the Site Coordinator.**

Parent/Legal Guardian Date	Parent/Legal Guardian Date

Revised 3/18

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 o 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+.

Revised 3/18

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.**

_____ 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 fe 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 $15 fee for the first 5 minutes and a $1.00 per minute late fee per child for every minute thereafter beyond the closing time, 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 provided in the A+ Parent Handbook. 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.)

Identify code/password/PIN no.

Parent/Guardian _____

Parent/Guardian _____

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: Birthdate ☐☐ ☐☐ ☐☐☐☐
(Last) (First) (Middle Initial) Month Day Year

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

Child resides with _____

Mailing Address _____ Zip Code _____

Parent/ Legal Guardian's Name _____	Parent/ Legal Guardian's Name _____
Employer _____	Employer _____
Home Phone _____ Bus. Phone _____	Home Phone _____ Bus. Phone _____
Cellular Phone _____	Cellular Phone _____
E-mail Address _____	E-mail Address _____

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: ❑ Yes ❑ No If YES, check: ❑ QUEST ❑ Medicaid **OR** ❑ Private
If private, check your plan: ❑ HMSA ❑ Kaiser ❑ Tri-Care ❑ 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

A+ PROGRAM EMERGENCY FORM

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

Identify code/password/PIN no.

Parent/Guardian _____

Parent/Guardian _____

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: Birthdate ☐☐ ☐☐ ☐☐☐☐
(Last) (First) (Middle Initial) Month Day Year

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

Child resides with _____

Mailing Address _____ Zip Code _____

Parent/ Legal Guardian's Name _____	Parent/ Legal Guardian's Name _____
Employer _____	Employer _____
Home Phone _____ Bus. Phone _____	Home Phone _____ Bus. Phone _____
Cellular Phone _____	Cellular Phone _____
E-mail Address _____	E-mail Address _____

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: ❑ Yes ❑ No If YES, check: ❑ QUEST ❑ Medicaid **OR** ❑ Private
If private, check your plan: ❑ HMSA ❑ Kaiser ❑ Tri-Care ❑ 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

A+ PROGRAM EMERGENCY FORM

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

Identify code/password/PIN no.

Parent/Guardian _____

Parent/Guardian _____

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: Birthdate ☐☐ ☐☐ ☐☐☐☐
(Last) (First) (Middle Initial) Month Day Year

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

Child resides with _____

Mailing Address _____ Zip Code _____

Parent/ Legal Guardian's Name _____	Parent/ Legal Guardian's Name _____
Employer _____	Employer _____
Home Phone _____ Bus. Phone _____	Home Phone _____ Bus. Phone _____
Cellular Phone _____	Cellular Phone _____
E-mail Address _____	E-mail Address _____

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: ❑ Yes ❑ No If YES, check: ❑ QUEST ❑ Medicaid **OR** ❑ Private
If private, check your plan: ❑ HMSA ❑ Kaiser ❑ Tri-Care ❑ 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:
❑ Approved
❑ 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.*

PARENT / GUARDIAN CONSENT FORM

I hereby agree that, if Kamaʻaina Kids staff is unable to contact me or one of the persons listed as emergency contact, I hereby consent that if my child exhibits signs of illness or injury, that at the discretion of the Kamaʻaina Kids supervisor on duty, my child may be taken to the nearest medical facility and be given any examination/treatment that is deemed necessary by the personnel of the medical facility, and if permissible by medical facility, subsequently released to Kamaʻaina Kids supervisor or staff-in-charge.

I hereby give my child permission to attend and participate in the activities conducted by Kamaʻaina Kids' A+, Before Care, and Holiday Care programs for the school year noted above.

I hereby authorize Kamaʻaina Kids to use my child's name and video or photograph at any time and in any manner in connection with its advertising, publicity, and public relations programs. The video-photo may only be used by Kamaʻaina Kids. No further claims will be made by me.

DISCIPLINE POLICY

Discipline is used to assure the safety and well-being of all program participants. All children are expected to respect themselves, other people and their property. If a child is not following the guidelines of Kamaʻaina Kids staff consistent with these expectations, then child will take a "time out" from the activity at the staff member's discretion. A child with continued behavior problems will be sent to the Kamaʻaina Kids' Program Site Coordinator who may contact the parents for the purpose of removing the child from the program. Kamaʻaina Kids reserves the right to refuse any child's future participation in its programs.

I hereby authorize Kamaʻaina Kids to exercise these discipline policies regarding my child.

CONFIDENTIALITY

I understand that any information in this registration packet will not be disclosed to persons other than Kamaʻaina Kids staff unless the parents or guardians of the child grant written permission for the disclosure or an emergency arises.

Signature _____ Date _____