

## After School Plus (A+) Program Registration Form For Summer 2025 and School Year 2025-2026

Program Registration: Please Check One				A+ Summer Program	Before CareA+ School Year Program ■						
School: School Phone:											
Check Days Attending: M				T 🗖	W	TH [	F 🔲				
First and Last Na				nd Last Name	ę	Age	Sex	Birthdate	School Year 25-26 Grade		
Child	1 1										
Child											
Child 3											
Lar	ngua	age Spoken At I	Home:		Ethnicity (optional):						
Child Resides With:											
	Nar	me:									
1		me Phone:				Email:  Cell Phone:					
Parent/Guardian 1	Add	dress:									
uar	Street						Zip				
ıt/G		ployer/School I									
arer	Employer/School Address:  Street City Zip										
ď.					Vos						
	Parent/Guardian is authorized to pick-up:  Yes  No  No										
	Name: Email:										
J 2	Hor	me Phone:									
arent/Guardian 2	Add	dress:									
Juar			Street City Zip  chool Name: Phone:								
nt/G	Employer/School Name:  Employer/School Address:										
	Employer/School Address: Str						Zip				
ш	Parent/Guardian is authorized to pick-up:			ck-up:	Yes	No 🗖					
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Please list the adult individuals, <b>18 years or older</b> , who are authorized to pick up your child(ren) from the facility, along with their phone numbers. The child(ren) will not be released to anyone not listed in the table below. <b>Note:</b> Any changes in departure authorization must be received in writing from the parent/legal guardian.											
	Name				Relationship	Phone Number					
For A	For A+ Office Staff Only  Confirmed Eligibility Status  Signature of Site Coordinator  Date										

REV: 25/04



#### After School Plus (A+) Program Registration Form

For Summer 2025 and School Year 2025-2026

The After-School Plus (A+) Program is the first of its kind in the nation, offering statewide after-school services to public elementary students at affordable rates. The program addresses the 'latchkey' child problem by providing high-quality after-school care for children of working parents or legal guardians, or for children whose parent or legal guardian is engaged in job training or attending school during A+ operation hours. If your child qualifies and you wish to enroll them, please complete 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 one of the following: 1) income tax return for the past year including Schedule C; or 2) printed business check.

#### Starting Date: Child's first full day of school

The 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/Guardian 1		Parent/Guardian 2					
Name:	Name:						
Marital Status: Single Married Married Direction Direction Married Widowed Direction Married M	vorced  Marital Statu	Marital Status: Single Married Divorced Separated Widowed					
Check As Appropriate		Check As Appropriate					
Working Job Training Attendin	g School Working	Job Training 🔲	Attending School 🔲				
Please list your current schedule below.		Please list your current schedule below.					
Start Time (am/pm) End Time	e (am/pm)	Start Time (am/pm)	End Time (am/pm)				
Monday	Monday						
Tuesday	Tuesday						
Wednesday	Wednesday						
Thursday	Thursday						
Friday	Friday						
I have attached the required (paycheck stubs, letter verification of employment, self-employment documentation, official school schedule) 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 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/Guardian 1 Signature Date	Parent/Gi	Parent/Guardian 2 Signature Date					



# After School Plus (A+) Program Registration Form For Summer 2025 and School Year 2025-2026 Parent/Guardian's Responsibilities and Agreements

Please  $\underline{\text{initial each}}$  of the following to indicate that you have read, understand, and agree with each item.

Pa	rent/	Guardian 1 Signature Date Parent/Guardian 2 Signature Date
		nd and agree to abide by the above parent responsibilities and billing procedures provided in the A+ Parent Handbook. I understand and agree lure to do so may result in termination of my child(ren)'s enrollment in the A+ Program.
		If my child(ren) is picked up late, I will pay a \$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.
		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.
	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.
	8.	Failure to pay any outstanding fees by the end of the month shall result in my child(ren)'s termination from the program.
	0	result in my child(ren)'s immediate termination from the A+ Program on the sixth (6th) A+ Program day.
	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
	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.
	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.
	4.	The monthly tuition I pay for my child(ren) is a flat rate, and it does not depend on the number of days my child(ren) actually attends the program.
	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.
	2.	I shall pay the monthly tuition when it is due or it must be postmarked before the first school day of each month.
	1.	I am responsible for monthly A+ Program tuition.
		Please <u>initial each</u> of the following to indicate that you have read, understand, and agree with each item.
		Parent/Guardian's Billing and Fee Agreements
	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+.
		I am aware and authorize that my child(ren) may participate in physical development/coordination activities during A+.
	14.	If my work/school schedule changes, I must notify the A+ Site Coordinator about the changes.
	13.	If weather or other emergency forces the closing of regular school, the A+ Program will also be closed.
	12.	The A+ Program reserves the right to terminate A+ Program services if it is determined that placement is unsatisfactory.
	11.	If my child(ren) is having problems in the program, a conference will be arranged between myself, the staff, and the Site Coordinator.
	10.	It is my responsibility to see that my child(ren) is picked up by the designated closing time.
	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.
	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.
	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.
	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.
	5.	I must notify the Site Coordinator/Group Leader of daily departure changes.
	4.	$I \ must \ maintain \ communication \ with \ the \ Site \ Coordinator/Group \ Leader \ about \ my \ child (ren) \ and \ keep \ him/her \ informed \ of \ pertinent \ changes.$
	3.	My child(ren) will be released only to the adult(s) listed on the registration form.
	2.	My child(ren) must sign-in each day and I (or authorized adult) must sign him/her out each day.
	1.	My child(ren) is not allowed to come and go freely from the A+ Program site.



### After School Plus (A+) Program Emergency Form

Please complete this form for each child registering for the After School Plus (A+) Program

Child's	Name:				Birthdate:		Sex:				
School Name:				Grade:		Room:	Room:				
Child Resides With Language Spoken At Home:											
Home Address:											
Street City Zip											
Mailing	Mailing Address:  Street City Zip										
-			Street				Σίρ				
iğ —	me:					Identity PIN:					
Ho Ho	me Phone:				Cell Phone:						
Pare	nployer/Schoo	ol Name:			Employer/Sch	Employer/School Phone:					
Parent/Guardian 2	me:				Email:	Email: Identity PIN:					
/Guar	me Phone:				Cell Phone:	Cell Phone:					
Parent	nployer/Schoo	ol Name:			Employer/Sch	Employer/School Phone:					
en Id			Name		School G						
Childr useho											
Other Children In Household											
	In case the c	hild listed above b	ecomes ill or is	injured at school an	nd I cannot be conta	cted the school	authorities hav	ve my nermi	ssion to c	rontact	
Emergency Contacts		ny child to the cus			ia i dariniot de donta	otea, the conoc	radirorrico ria	ve my perm	00101110	ontaot	
y Col		Name Relationship t				to Child Phone					
jenc											
merç											
ш						!					
- su	Asthma Chronic C	ough/Mhoozing	JRA A	☐ Diabetes☐ Hemophilia				Hyperte Seizures			
Medical Conditions									Vision F		
Con	■ None of t	he Above	Other								
<b>.</b>											
Allergies	■Bee Sting ■Food ■Medic			lication	tionOther			None			
Alle	Date and type of last reaction if applicable:										
	Medication List If Applicable					Other Health Concerns					
Family	Physician:					Phor	ne:				
Family Dentist:					Phor	ne:					
Insurar	nce:	Quest	Medicaid	■HMSA	Kaiser	☐Tri-Care	e Oth	ner		None	
If my ch	nild needs to b	e taken to an eme	rgency facility, I	ne/she will be taken	to the nearest one.	I give my conse	ent for school a	uthorities to	take appı		
action for the safety and welfare of my child. I confirm that the information provided on this form is accurate and up to date. I understand that it is my responsibility to notify the school of any changes to my child's emergency contact or medical information.											
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Pare	ent/Guardian	ı Sıgnature		Date	Parent/Gu	ardian 2 Signat	ure		ate		