

ABLE AFTER SCHOOL PROGRAM PROVIDES:

- ◆ Homework Help
- ◆ Enrichment Classes
- ◆ Math and Language Arts Activities
- ◆ Snack Time
- ◆ Supervised group Activities in a recreational setting

Able Academics invites your child to be part of our after school program. All students currently enrolled in school are eligible for the program. To enroll, fill out the form provided and return to the school's main office. Enrollment is based on a first come first serve basis, submission of the registration form does not guarantee enrollment. If your registration form is not accepted, your child will be placed on the waiting list. The Site Coordinator or Teacher for your school's program can inform you of the capacity limit. Please register as soon as possible.

Please review the Program Guidelines with your child, we insist that all individuals adhere to the Program Guideline policies. After reviewing, please sign the Authorization to Participate & Treatment Policies and return application to the main office. When enrolling more than one child, please return a separate form for each child. If you have any questions or concerns, please do not hesitate to reach Program Director, Tim Knittel, at **(866) 255-1279**.

PROGRAM GUIDELINES

- ◆ Students will keep his/her hands, feet and objects to himself/herself
- ◆ Students will respect himself/herself, and school property.
- ◆ Students will listen and obey all Able staff.
- ◆ Students will respect others, use appropriate kind words and tones of voice. Profanity is not tolerated.
- ◆ Students will clean up after themselves.
- ◆ Students will participate with their best effort.

Consequences:

- ◆ Students are allowed three warnings (written or verbal) before receiving a citation. After third citation, student will be suspended or ejected from the program.
- ◆ Late Pick-up: Each family will be given three warnings for late ups. After third warning students will be suspended or ejected from the program.

Student Dismissal:

- ◆ Students may be picked up by parent/guardian or person listed on emergency list (with a proper ID) **PROMPTLY AT 6:00 p.m**

- ◆ Students are only permitted to walk home with parent/guardian written approval.

- ◆ Under no circumstance are students allowed to leave campus without proper authorization. Students must be picked up and signed out with a teacher or Site Coordinator.

- ◆ All pick-up changes must be submitted in writing by parent/guardian and given to Site Coordinator.

Food and Safety Regulations:

Each day students will be provided with a snack. Under no circumstances are students allowed to leave campus to purchase food. Food brought from home may be a supplement. Please list all allergies in middle section of brochure.

REGISTRATION APPLICATION

WELCOMING
GRADES K - 8TH

ABLE ACADEMICS

After School Program



Faith • Academics • Service

2011-2012

4644 STARSTONE CT. PALMDALE, CA 93551
T: (866) 255-1279 F: (661) 263-4584
ABLEACADEMICS.COM

STUDENT INFORMATION

Last Name:	First Name:	Grade:	Date of Birth:
Parent/Guardian Name:			
Address:	City:	Zip:	
Home Phone: ()	Cell Phone: ()	Additional Number: ()	

Check days your child will attend the program:

Monday	Tuesday	Wednesday	Thursday	Friday

Able After School Program is closed for all major holidays, and follows your child's school calendar.

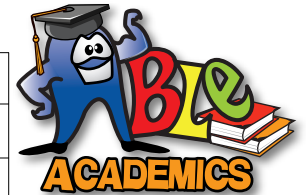
EMERGENCY CONTACT AND MEDICAL INFORMATION

The information on this form will be used for emergency purposes. In the case of an emergency and a parent/guardian is unavailable, please contact:

Last Name:	First Name:	Relationship to Student:
Home Phone ()	Cell Phone ()	Additional Number: ()

With a proper ID the following people are authorized to pick up my child from school:

Name:	Relationship to Student:	Home Number:	Cell phone:
1			
2			
3			
4			



Upon registration there is an annual \$50.00 per student fee payable to Able Academics. Program cost is \$15.00 per student per day. \$20.00 for early release days.

State any important custody information: _____

List any allergies (food, medical, insect, etc) _____

AUTHORIZATION TO PARTICIPATE AND TREATMENT POLICIES

I give permission for my child to participate in the Able Academics After School Program. I agree with the program guidelines and reviewed them with my child. In an emergency, I hereby authorize Able Academics personnel to act as an agent and consent to X-ray examination, anesthetic treatment or hospital care deemed necessary. This authorization is given in advance of any specific treatment or care. Able Academics staff will ONLY provide medical attention in the form of soap, water, ice, and bandages and will NOT DISPERSE ANY MEDICATION. My child does not require special assistance and functions in a classroom with at least a 20:1 ratio during the normal school day. *I further agree to relieve carers, agents, and employees from any liability; including injury to participant resulting from and/or in connection with the after school activities. If any information provided changes, it is the parent's obligation to submit a signed note with indicated changes.

I have read and understand the Authorization to Participate and Treatment Policies

X _____ Date _____

Photo Release Policy

I hereby grant Able Academics the irrevocable right and permission, in perpetuity and free royalties, for Able Academics to photograph, film, or tape my child, and/or program participant. *I release and discharge all Able Academics employees, volunteers, assigns, and designees, from any and all claims and demands proceeding out of or in connection with the acquisition or use of all images.

I have read and understand the Photo Release Policy

X _____ Date _____