

After-School Plus (A+) Program Registration Form

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

STUDENT INFORMATION

1st Child's Name _____ Age _____ Sex _____ Birth Date _____ Grade _____

Other educational/health information about student: _____

2nd Child's Name _____ Age _____ Sex _____ Birth Date _____ Grade _____

Other educational/health information about student: _____

3rd Child's Name _____ Age _____ Sex _____ Birth Date _____ Grade _____

Other educational/health information about student: _____

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

Language spoken at home: _____ Ethnicity (optional) _____

FAMILY INFORMATION

Mother/Guardian's Name _____ Home Phone _____

Mother's Mailing Address _____

Street

City

Zip Code

Mother's Employer/School _____ Work/School Phone _____

Mother's Employer/School Address _____

Street

City

Zip Code

Father/Guardian's Name _____ Home Phone _____

Father's Mailing Address _____

Street

City

Zip Code

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

Father's Employer/School Address _____

Street

City

Zip Code

List below persons authorized to take your child from the facility and their phone numbers. (The child will not be allowed to leave with any other person.)

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any changes in departure authorization must be received in writing from the parent or guardian.

The After-School Plus (A+) Program Registration Form

The After-School Plus (A+) Program, the first program of its kind in the nation, provides statewide after-school services for public elementary students at affordable rates. The program addresses the "latchkey" child problem by providing a high quality after-school program to children of working parents or children whose parents are engaged in job training or attending school. 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. (For new enrollees who are incoming kindergartners, this form should be returned with the kindergarten registration forms.)

Fee: Due Monthly

The monthly fee covers regular program activities. The fee will be adjusted for those who qualify **if they submit acceptable supporting documentation about their income** or if they are on the Department of Human Services (DHS) direct certification list sent to each school.

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, Teachers Institute Day, Teachers' work day and school half-days.

Staff: A trained staff for every 20 children

The staff will consist of a site coordinator at each school and a team of group leaders supported by aides maintaining a 1:20 staff to student ratio. Staff recruitment may limit the number of students to be served

at each school.

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 assistance, enrichment and physical fitness. Site coordinators will have the flexibility to adapt scheduled activities to meet the conditions at your child's school.

Eligibility: All public elementary school latchkey children (K-6)

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. Parents who are "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- Schedule C; 2) printed business checking account; or 3) printed business card.

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.

_____ Your Name (please type or print)		_____ Spouse's Name (please type or print)	
Marital status (circle one): Single Married	Divorced Separated Widowed	Please check the appropriate space. I am: ___ working ___ job training ___ attending school	
Your normal work/school schedule: 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		My spouse is: ___ working ___ job training ___ attending school	
Your spouse's work/school schedule: 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		___ Check this box if you work rotating shifts or your work hours vary.	
___ Check this box if you work rotating shifts or your work hours vary.		___ Check this box if you work rotating shifts or your work hours vary.	
_____ I would like to apply for reduced monthly tuition. I give my permission to the Department of Education and its contracted private providers to use information in DOE files or files from other state agencies to verify my child's eligibility for reduced monthly A+ fees.			
_____ I have attached the required supporting documentation. (Check with A+ Site Coordinator for list of appropriate documents. <i>Not necessary for DHS clients who are on DHS certification list sent to each school.</i>)			
I certify that I am eligible for the A+ program because I am working, job training, and/or attending school. I further certify that the information I have provided on both sides of this application form is correct and I hereby authorize the Department of Education to contact the appropriate parties to verify this information. I understand that any changes on this registration form must be given to the A+ site coordinator in writing by the parent or guardian. Registration in the A+ Program is pending completion of this application and approval of the site coordinator.			
_____ Your Signature	_____ Date	_____ Spouse's Signature	_____ Date

AFTER-SCHOOL PLUS (A+) PROGRAM REGISTRATION AGREEMENT

1st Child's Name _____ School _____

2nd Child's Name _____

3rd Child's Name _____

Parent(s)/Guardian(s) _____

PARENT RESPONSIBILITIES AND BILLING PROCEDURES

Parent 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 person) must sign him/her out each day.
- _____ 3. My child(ren) will be released only to person(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 any pertinent changes.
- _____ 5. I must notify the Site Coordinator/Group Leader of any 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 persons authorized by me in case of emergency, and that if no authorized persons can be reached, appropriate treatment will be secured at the nearest medical facility. If a major illness or injury is involved, the 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.
- _____ 8. The A+ Program will operate from the 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 the parent, staff, and 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.

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 fees.
- _____ 2. **I shall pay the monthly tuition when it is due or it must be postmarked before the first school day of each month. Payments shall be for nine months of the school year.**
- _____ 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 any checks that I write to the program that are returned by the bank because of insufficient funds.
- _____ 7. I shall pay a \$1.00 late charge for each A+ Program day the monthly tuition is overdue and that overdue payments of more than five A+ Program days shall result in my child(ren)'s immediate termination from the A+ Program.
- _____ 8. If I have not paid the monthly tuition within the first five (5) A+ Program days of the month, my child(ren) shall be terminated on the sixth A+ Program day.
- _____ 9. Failure to pay any outstanding fees (e.g., late payment fees, late pick-up fees, etc.) by the end of the month shall result in my child(ren)'s termination from the program.
- _____ 10. My child(ren) may re-enroll the next month if I pay the new month's tuition, all outstanding fees, and a penalty fee of \$15 for reinstatement. If I have more than one child enrolled in the A+ Program, my family is penalized a flat reinstatement fee of \$15.
- _____ 11. I will arrange for another authorized person to pick up my child(ren) if the person responsible for my child(ren)'s pick-up is to be late, and that if no other arrangements can be made, that I will make every effort to call the school to notify A+ staff of my expected tardiness.
- _____ 12. If my child(ren) is picked up late, I will pay a \$5.00 late fee for every 15 minutes beyond the closing time (that is, 1-15 minutes late - \$5.00; 16-30 minutes late - \$10.00, etc.) 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. 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/Guardian

Date

SCHOOL _____

Site use only:

____ Free

____ Reduced

Application for Reduced Monthly Fee (A+ Program)

Note: If you are currently receiving food stamps or financial assistance from the Department of Human Services (DHS), you do NOT have to complete this form. Your name should be on the direct certification list that will be sent to the schools by DHS in August.

1. Child(ren)'s Name(s) in A+ Program:

_____	_____	_____	_____
Last	First	Last	First
_____	_____	_____	_____
Last	First	Last	First

2. MONTHLY INCOME OF PARENT(S)/GUARDIAN(S) 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 parents/legal guardians living in your household. Include yourself and the children listed above.	Gross MONTHLY Earnings (Before deductions)	MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	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 reduced 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 reduced fee. See **Sources of Acceptable Income Documentation** listed on the back of this application.

Attach the supporting documentation to this **Application for Reduced Monthly Fee**. Submit with the **A+ Program Registration Form** to your A+ program site coordinator.

LIST OF ACCEPTABLE INCOME DOCUMENTATION FOR THE AFTER-SCHOOL PLUS (A+) PROGRAM

As stated on the application form, you **must** submit supporting documentation. This is a list of the kinds of documentation that will be acceptable.

For each "Type of Income" you receive, send **one** of the following documents from "Suggested Sources of Acceptable Written Evidence":

Type of Income	Suggested Sources of Acceptable Written Evidence
Earnings/Wages/Salary	<ol style="list-style-type: none"> 1. For each type of income received, send one of the following: <ul style="list-style-type: none"> • Current pay check stub (for one month) • Current pay envelope (for one month) • Letter from employer stating gross wages paid and how often they are paid; or 2. If self-employed, business or farming documents, such as ledger books, last quarterly tax estimates, last year's tax return; or 3. Last year's tax return (gross income) with copy of W-2.
Cash Income	A letter from the employer stating wages paid and frequency.
Social Security/ Pension/ Retirement	<ol style="list-style-type: none"> 1. Social Security retirement benefit letter; or 2. Statement of benefits received; or 3. Pension award notice.
Unemployment Compensation/Disability or Worker's Compensation	<ol style="list-style-type: none"> 1. Notice of eligibility from State Employment Security Office; or 2. Check stub.
Welfare Payments	Benefit letter from welfare agency.
Child Support/Alimony	Copies of checks or other proof of payment received, court decree or agreement.
All other income	If you have other forms of income, provide information or documents which show the amount of income received, how often it is received, and the date received.
No Income	If you have no income, provide a brief note explaining how you provide food, clothing and housing for your household and when you expect an income.

EMERGENCY CARD

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

Student Address Label

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M F Birthdate

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

Child resides with _____

Mailing Address _____ Zip Code _____

<p>Father's/ Guardian's Name _____</p> <p>Employer _____</p> <p>Home Phone _____ Bus. Phone _____</p> <p>Cellular Phone _____</p> <p>E-mail Address _____</p>	<p>Mother's/ Guardian's Name _____</p> <p>Employer _____</p> <p>Home Phone _____ Bus. Phone _____</p> <p>Cellular Phone _____</p> <p>E-mail Address _____</p>
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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's/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:**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Hearing Problem	<input type="checkbox"/> Rheumatic Heart	<input type="checkbox"/> Vision Problem
<input type="checkbox"/> Chronic Cough/Wheezing	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Allergies <input type="checkbox"/> Bee Sting <input type="checkbox"/> Food <input type="checkbox"/> Medications	<input type="checkbox"/> Other _____		
 - Date and type of last reaction _____
 - Other Health Concerns: _____

Takes medications (LIST) _____

• Other children:

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

This section is to determine whether your child or youth is eligible for McKinney-Vento Act services.

Under the McKinney-Vento Act, homeless* children and youth are eligible for certain educational rights and services.

Check the box that applies – you may be eligible for services

Does the Student/Parent/Guardian:

- Live with friends or family because you can't afford rent;
- Live on the beach, at a campground, in a park, or in a hotel;
- Live in a tent, car, bus, or other non-permanent structure;
- Live in an emergency or transitional shelter;
- Live in a domestic violence shelter;
- Live at any of the following:
 - Kaua'i: Kaua'i Economic Opportunity Shelter;
 - Hawai'i: Kawaihae Transitional House, Office for Social Ministry;
 - Maui: Kahale A Ke Ola, Na Hale O Wainee;
 - O'ahu: Family Promise, Institute for Human Service (IHS), Loliana, Maililand, Next Step, Ohana Ola, Onemalu, Hope for a New Beginning, Waianae Civic Center, Weinberg Village, Lighthouse Shelter;
- Have no regular place to stay at night;
- None of the above

* "Homeless" means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:

- (i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- (ii) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 42 USCS §11302(a)(2)(C));
- (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and
- (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle.

If you have any questions regarding definition of homeless or whether you qualify for McKinney-Vento Act services, please call 1-866-927-7095.

Parent's/Guardian's Signature

Date