

# 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/Legal Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Mailing Address \_\_\_\_\_  
Street City Zip Code

Mother's Employer/School \_\_\_\_\_ Work/Cellular Phone \_\_\_\_\_

Mother's Employer/School Address \_\_\_\_\_  
Street City Zip Code

Father/Legal Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Mailing Address \_\_\_\_\_  
Street City Zip Code

Father's Employer/School \_\_\_\_\_ Work/Cellular Phone \_\_\_\_\_

Father's Employer/School Address \_\_\_\_\_  
Street City Zip Code

**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 or legal guardian.**

## 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/legal guardians or children whose parents/legal guardians are 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, Teachers 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. Parents/legal guardians 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; 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: 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 <input type="checkbox"/> Check this box if you work rotating shifts or your work hours vary.	Please check as appropriate: _____ working _____ job training _____ attending school 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 <input type="checkbox"/> Check this box if you work rotating shifts or your work hours vary.
_____ I would like to apply for subsidized monthly tuition. I give my permission to the Hawaii State Department of Education (DOE) and its contracted private providers to use information in DOE files or files from other state agencies to verify my child's eligibility for subsidized monthly A+ fees.	
_____ I have attached the <b>required</b> supporting documentation. (Refer to <b>List of Acceptable Income Documentation for the After-School Plus (A+) Program</b> on the last page of the A+ Parent Handbook or check with your school's A+ Site Coordinator.)	
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 DOE to contact the appropriate parties to verify this information. <b>I understand that changes on this registration form must be given to the A+ site coordinator in writing by the parent or legal guardian. Registration in the A+ Program is pending completion of this application and approval of the site coordinator.</b>	
Parent/Legal Guardian _____	Date _____
Parent/Legal Guardian _____	Date _____

## AFTER-SCHOOL PLUS (A+) PROGRAM REGISTRATION AGREEMENT

1<sup>st</sup> Child's Name \_\_\_\_\_ School \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_

3<sup>rd</sup> 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 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 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 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, 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.
- \_\_\_\_\_ 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.

**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. Payment for December/January combined months will be paid in December.**
- \_\_\_\_\_ 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 shall pay a \$5.00 late charge for each A+ Program day the monthly tuition is overdue. Overdue payment of more than five (5) A+ Program days shall 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 fee of \$25.
- \_\_\_\_\_ 10. 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. 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 a \$5.00 late fee per child 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/Legal Guardian

Date

# A+ PROGRAM EMERGENCY FORM

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

Father's ID No. \_\_\_\_\_  
 Mother's ID No. \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Room \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

Name \_\_\_\_\_ Sex: M  F  Birthdate 

Month	Day	Year			

Home Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Child resides with \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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

<input type="checkbox"/> Asthma	<input type="checkbox"/> Chronic Cough/Wheezing	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> JRA Arthritis	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Rheumatic Heart	<input type="checkbox"/> Skin Problems
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Problems
  - Allergies:**  Bee Sting  Food  Medications  Other \_\_\_\_\_
  - Date and type of last reaction \_\_\_\_\_
  - Other Health Concerns: \_\_\_\_\_
- Takes medications (LIST) \_\_\_\_\_

• Other children:

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

SCHOOL \_\_\_\_\_

<b>Site Use Only:</b>	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Not Approved

## Application for Subsidized Monthly Fee (A+ Program)

**Note:** *If you are currently receiving financial assistance from the Department of Human Services (DHS), you do NOT have to complete Section 2 below, however, you must provide the A+ Program with DHS 728 Form from the welfare agency as your supporting documentation for this application.*

**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 Payments, Child Support, Alimony Security	MONTHLY Payments from Pensions, Retirement, Social	Any OTHER MONTHLY Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____	\$ _____

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.

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

As stated on the application form, **you must submit supporting documentation IF you would like to apply** for subsidized tuition. Various types of acceptable documentation are listed below.

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

Type of Income	Suggested Sources of Acceptable Written Evidence
Earnings/Wages/Salary	<ol style="list-style-type: none"> <li>1. For each type of income received, send one of the following:               <ul style="list-style-type: none"> <li>• Current paycheck stub (for one month)</li> <li>• Current pay envelope (for one month)</li> <li>• Letter from employer on official letterhead stating gross wages paid and how often they are paid; or</li> </ul> </li> <li>2. If self-employed, business or farming documents, such as ledger books, last quarterly tax estimates, last year’s tax return or</li> <li>3. Last year’s tax return (gross income) with copy of W-2.</li> </ol>
Cash Income	A letter from the employer stating wages paid and frequency.
Social Security/Pension/Retirement	<ol style="list-style-type: none"> <li>1. Social Security retirement benefit letter; or</li> <li>2. Statement of benefits received; or</li> <li>3. Pension award notice.</li> </ol>
Unemployment Compensation/Disability or Worker’s Compensation	<ol style="list-style-type: none"> <li>1. Notice of eligibility from State Employment Security Office; or</li> <li>2. Check stub.</li> </ol>
Welfare Payments	DHS 728 Form 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.