



2020-2021 New Haven Intermediate LEARN Before/After-school Registration Form

PLEASE CHECK ONE: *Child will Attend:*

- ☐ Before School Program
☐ After-school Program
☐ Before and After-school Program

Office Only

Date Registration Fee Paid _____

DATE YOU WOULD LIKE YOUR CHILD TO START PROGRAM: _____

Child's Last Name: _____ Child's First Name: _____ M.I. _____

School: _____ Grade 2019-2020: _____ Teacher: _____

Street Address: _____ City: _____ Zip: _____

Child's Birthdate: ____ / ____ / ____

Gender: ☐ male ☐ female

Please check all that apply: _____ Free School Lunch _____ Reduced School Lunch _____ Food Stamps

- Ethnicity:** ☐ **Yes**, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)
☐ **No**, not Hispanic or Latino

Race: *Please check one or more*

- ☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
☐ **Black or African American:** A person having origins in any of the black racial groups of Africa.
☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐ **Native Hawaiian or Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ **American Indian or Native Alaskan:** A person having origins peoples of North and South America (including Central America, and who maintains a tribal affiliation or community attachment.
☐ **Other Race:** _____

Child lives with: ☐ Mother ☐ Father ☐ Both Parents ☐ Parent & Step-Parent ☐ Legal Guardian
☐ Other: _____

Mother/Guardian 1 Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer: _____ Email Address: _____

Father/Guardian 2 Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____ Work phone: _____

Employer: _____ Email Address: _____

EMERGENCY CONTACTS (*List two local people who can be reached during program hours if a parent/guardian is not available*). These are also adults that you authorize to pick up your child.

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Optional Additional people authorized to pick up your child, in addition to the above names listed:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Is there anyone to whom your child SHOULD NOT be released? _____ ***Paperwork must be on file.**

Are there any special needs to consider? If so, a **PLAN OF CARE FORM** is required with registration.

☐ Allergies ☐ Asthma ☐ ADD or ADHD ☐ Autism ☐ Diabetes ☐ Epilepsy ☐ Hearing/Visually Impaired ☐ Learning Disabilities
☐ Physical Disabilities ☐ Behavior Management Plan ☐ IEP (Individual Education Plan) ☐ Other: _____

Emergency Medical Treatment

If I cannot be contacted in the event of a serious accident/injury/illness, I hereby authorize LEARN Resource Center staff to secure emergency medical treatment for my child. If an ambulance is necessary, I understand that LEARN Resource Center will not be held responsible for any costs this action may incur.

Child's Doctor _____ Preferred Hospital _____

Parent/Guardian Signature _____ Date _____

PROGRAM AGREEMENT:

- I agree to participate in family program activities whenever possible.
- I agree to meet with LEARN staff if my child is having difficulty in the program.
- I acknowledge that I have received a hard copy of the Parent Handbook and agree to adhere to LEARN policies and procedures outlined in the Parent Handbook.

I certify that I am the parent/legal guardian of this child and that I give my permission for my child to participate in the LEARN program and activities. The information I have provided above is accurate to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Please Return In Person or by Mail to:

**LEARN Resource Center
610 Professional Park Drive
New Haven, IN 46774
Ph: (260) 749-9516**

REGISTRATION FORM - PART II

Photo Release

I give LEARN Resource Center permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against LEARN Resource Center with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

Parent/Guardian Signature _____ Date _____

Parent Orientation Checklist

- I have completed all of the paperwork needed to register my child, **including** all Plan of Care and medication forms.
- LEARN Before School is open from 7-9 AM and LEARN After-School is open after-school until 6 PM at New Haven Primary. There is a \$1.00 per minute late fee after 6 PM, according to the LEARN clock. Excessive tardiness to pick up your child may result in your child being removed from the program. I understand that the late fee must be paid within two (2) program days in order for my child to continue in the program.
- I can consult my Parent Handbook, Homework Policy, and the Site Director or LEARN administration with any questions or concerns about the program.
- I will not send a sick child to the program. Any prescription medication that would need to be given during the program requires written paperwork to be completed.
- I will notify LEARN if my child will not be attending the program on his/her regularly scheduled day.
- I understand that my child must be signed in to the Before School LEARN Program and out of LEARN After-school Program by an authorized person (This is an individual who is listed on the registration form. A picture ID will be required.)
- I will notify LEARN of any changes such as: address, phone, custody, pick-up/drop off list or anything else that concerns my child.
- I understand that payments are due Friday for the next week's attendance. LEARN offers a grace period until the end of program on Mondays (or the 1st day of the week the child(ren) attend). Payments can be made on-site by paying with cash or check or online at our website (www.learnresourcecenter.org) or by phone (call Michele at (260) 749-9516). If payment is received after Monday, a \$10 late fee will be charged to the account. Any online payments received after 6 PM on Monday will also incur a \$10 late fee charge. Late fees will be strictly enforced.
- LEARN Resource Center is NOT able to offer financial assistance to families with children participating in the LEARN program at this time.

I have read and agree to the policies and procedures listed above:

Parent/Guardian Signature

Date



LEARN PROGRAM HOMEWORK POLICY

The goal of the LEARN Program is to offer diverse, high quality programs that promote leadership and youth development through enrichment activities, unique experiences, and opportunities to develop relationships with adults and peers. It is our philosophy that staff is not to take on the role of “parent” in their involvement with Homework Help. We believe that parents, busy as they may be, have the ultimate responsibility to be actively involved in their child’s education. Extensive research has shown that students achieve more in school when their parents are involved in their education.

Our after-school program will provide time and opportunity for students to work on their homework Monday - Thursday, but youth will not necessarily have completed it before going home. It is up to the initiative of the child to work on their homework. Staff will not “police” youth’s honesty related to whether they have homework or not. In addition, children may choose to work on their homework during choice time activities, but will not be “forced” to complete their homework. Only during the 20-minute snack time, do we ask that your child refrain from working on any homework in order to experience social interaction with their group.

What LEARN commits to:

- * Communicate with families and teachers about youth’s homework assignments and progress
- * Offer guidance when youth are “stuck”
- * Encourage good work habits
- * Remove disruptive influences
- * Help youth stay focused and on task

What LEARN cannot commit to:

- * Providing one-on-one tutoring
- * Ensuring youth *complete* homework daily
- * Forcing youth to do their work
- * Grading or correcting homework assignments
- * Disciplining youth for not completing work to family’s or teacher’s satisfaction
- * Taking on the role of parent in the youth’s education

LEARN expectations of youth:

- * Come prepared with homework and assignments
- * Be honest about homework assignments
- * Be considerate by working quietly
- * Only ask for help after trying to complete work on his/her own

LEARN expectations of parents/guardians:

- * Review and discuss homework with your child daily
- * Check child’s book bag daily
- * Encourage your child to display considerate, cooperative behavior
- * Communicate with LEARN about youth’s homework and progress in school
- * Support LEARN staff and policies

I have read and understand LEARN’s Homework Policy.

Parent/Guardian Signature _____ Date _____

Youth’s Signature _____ Date _____

Additional Youth’s Signature _____ Date _____

Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at childcare homes and centers across the country. Providers are reimbursed for serving nutritious meals that meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

| BREAKFAST | LUNCH OR SUPPER | SNACKS (two of the five groups) |
|---|---|---|
| Milk Fruit or vegetable Grain (may be substituted with a meat or meat alternate up to 3 times per week) | Milk Meat or meat alternate Grain Vegetable Fruit (may be substituted with a 2 nd vegetable) | Milk Meat or meat alternate Grain Vegetable Fruit |

Participating

Facilities Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, head Start programs, outside-school-hours programs, and some for-profit centers.
- **Family Child Care Homes:** Licensed or approved private homes.
- **At-Risk After School Meal Programs:** Centers in low-income areas provide free snacks and suppers to school-age children and youth.
- **Emergency Shelters:** Programs providing meals to homeless children.

Eligibility State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youth through 18 in after school care programs in needy areas.

Contact

Information If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center

LEARN Resource Center
610 Professional Park Drive
New Haven, IN 46774
(260) 749-9516

CACFP Staff
School & Community Nutrition
115 West Washington Street
South Tower, Suite 600
Indianapolis, IN 46204
800-537-1142 or 317-232-0850

Effective 10/1/2017

This institution is an equal opportunity provider.