



LEARN AFTER-SCHOOL

St. Louis Academy

Parent Information & Registration Instructions

Welcome & Background

Thank you for your interest in enrolling your child(ren) in our after-school program at St. Louis Academy. The LEARN After-school program is operated by East Allen Family Resource Center D/B/A LEARN Resource Center, an independent non-profit agency located in New Haven. LEARN Resource Center has been serving children in the East Allen County area for 53 years and currently serves elementary age children through before school, after-school and summer programs at New Haven Primary, New Haven Intermediate and Heritage Elementary schools.

LEARN After-school will begin at the end of each regular school day and will be open until 6 PM, Monday-Friday. The first day of program will be August 22, 2019. There is a \$25 registration fee/family and LEARN will offer both part-time and full-time after-school care. The following is the 2019 rates:

Part-time (1-2 days/wk): \$10/child

Full-time (3-5 days/wk)

1 child: \$30

2 children: \$50

3 children: \$60

Additional children will be \$5 each

During the after-school program, students will receive homework help, participate in a variety of fun, educational activities, use on-line reading and math programs and enjoy physical activities as well.

Reporting Absences:

If your child attends school, **but will not** be attending on one of their regularly scheduled day to attend the after-school program (you plan to pick up your child at the end of the school day), please telephone to let us know of the change at 749-9516.

WHAT'S IN THE REGISTRATION PACKET?

Please note that your child is not officially registered until we have received the registration forms (see below) AND the registration fee has been paid.

- 1.) Registration Form: You will need to complete one of these forms for each child enrolled. The form is available on our website at: www.learnresourcecenter.org or from the school secretary. Please be sure to complete **all** requested information and sign at the bottom of the 2nd page and return this form to the LEARN office: LEARN Resource Center, 610 Professional Park Drive, New Haven, IN 46774.

- 2.) Homework Policy: LEARN After-school provides the opportunity for students to work on their homework. This policy outlines the roles/responsibilities of program staff, students and parents in relation to homework. Please sign and return this form.
- 3.) Plan of Care Form(s): If your child(ren) has any medical conditions (including ADD/ADHD, ODD, Diabetes, Asthma, Allergies, Autism, Hearing or Vision impairments) and/or takes medication during program hours on a regular basis, you **MUST** complete the associated Plan of Care form and return it with the registration form.
- 4.) 2019-2020 Program Fee Schedule: This form provides a breakdown of program fees. If you are unsure of the weekly fee you will need to pay, please leave this item blank, sign and return this form. We will fill in the weekly fee amount when we talk with you before your child begins program. A copy of this form will be sent to you.

RETURN FORMS TO: LEARN Resource Center, 610 Professional Park Drive, New Haven

Once we receive the above documents, you will be contacted by a LEARN program staff to determine your child's start date in the program, to provide additional information and answer any additional questions next year.

We look forward to serving your children.

Sharon Wilson
Executive Director



2019-2020 St. Louis Academy LEARN After-school Registration Form

PLEASE CHECK ONE: *Child will Attend:*

____ Part-time (1-2 days/wk)

____ Full-time (3-5 days/wk)

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

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 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** any required Plan of Care forms (i.e., allergies, asthma, ADD/ADHD, etc.) and any required medication forms.
- The LEARN After-School is open after-school until 6 PM. I understand that 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 prior to my child attending again.
- 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 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 out of the 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 After-school program at St. Louis Academy at this time. Failure for any family to pay the weekly fee owed will result in disenrollment from the program.

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 _____



2019-2020 Program Fee Schedule

Please note that your child is NOT FULLY REGISTERED until the registration forms have been received and the registration fee has been paid.

Weekly fees **ARE DUE** on Friday prior to your child's attendance.

Registration Fee	\$25/Family
Part-time After-school Weekly Fee (attending 1-2 days/week)	\$10/child
Full-time After-school Weekly Fee (attending 3-5 days/week)	1 child = \$30/week 2 children = \$50/week 3 children = \$60/week Additional siblings will be \$5/week
Late Payment Fee	\$10
Late Pick Up Fee	\$1.00/minute beginning 1 minute after closing time
Non-sufficient Funds Fee	\$25

- I acknowledge that I have reviewed the above 2019-2020 LEARN Program Fee Schedule and I agree to pay \$_____ per week.
- I agree to be financially responsible to pay the weekly program fee **on time** (payments are due on the Friday **before/prior to** attendance).
- I understand if my payment is not received on time (no later than 6 PM on Monday for the concurrent week), I will be charged a \$10 late fee (strictly enforced).
- I understand if I fail to pay the weekly fee (including late fees) after 2 weeks, my child(ren) will be disenrolled from the program.

Parent/Guardian Signature _____ Date _____

Make checks payable to: **LEARN Resource Center**