



LEARN BEFORE & AFTER-SCHOOL

New Haven Primary and New Haven Intermediate Schools

Parent Information & Instructions

Welcome & Background

Thank you for your interest in enrolling your child(ren) in our before/after-school program. The LEARN program is operated by East Allen Family Resource Center D/B/A LEARN Resource Center, an independent non-profit agency located in New Haven. It is our role to encourage and facilitate the learning of children, parents, and one another. We are pleased to embrace this responsibility. If we can ever be of assistance, please call our business office at 749-9516.

LEARN Before School Info

This program is located at New Haven Primary and New Haven Intermediate Schools. Students attend the program site at their school with the exception for before school NH Intermediate student participants who have a sibling attending NH Primary. These students may be dropped off at NH Primary and will be bused by EACS to NH Intermediate. Program begins at 7 AM, Monday-Friday. **The first day of before school program will start on Monday, August 12, 2019.** Parents are required to accompany their child(ren) into the school and sign their child in. **DROP OFFS ARE NOT ALLOWED!** Cost for this program is \$35/week (additional siblings only \$25/week), with a \$35 registration fee/family. Students participate in a variety of fun, educational activities, and use on-line reading and math programs.

LEARN After-school Info

This program is located at **New Haven Primary for K-2nd grades** **AND** **at New Haven Intermediate for 3rd - 5th grades.** Each program site is open afterschool until 6 PM, Monday-Friday. **The first day of afterschool program will be Monday, August 12, 2019.** When picking up your child(ren) from program, you will need to come to the designated door to be let in, and sign your child(ren) out. The cost is only \$35/week (additional siblings only \$25/week), with a \$35 registration fee/family. If your child will attend both the before and after-school programs, the cost is only \$60/week (additional siblings only \$40/week). Students receive a snack, homework help, participate in a variety of fun, educational activities, use on-line reading and math programs and enjoy physical activities as well.

School Delays

When EACS has a delay, your child(ren) may still attend the Before School LEARN beginning at 7 AM. Your child(ren) will remain in the program until school starts. If a delay turns into a cancellation, parents will be notified to pick up their child(ren) within the hour of receiving notification.

Reporting Absences:

If your child attends school, **but will not** be attending the after-school program (you plan to pick up your child at the end of the school day or plan to have your child ride the bus home), **please let us know by calling 446-2000 (New Haven Primary) or 446-2144 (New Haven Intermediate) before the end of the school day.**

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. 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.
- 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 also sign and return this form with the registration form.
- 3.) Building for the Future: LEARN Resource Center is a participant in the Child and Adult Care Food Program (CACFP). CACFP partially funds the cost of snacks your child receives every day. This flyer is provided for you to keep.
- 4.) 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 have to take medication during program hours on a regular basis, you **MUST** complete the associated Plan of Care form and return it with the registration form.
- 5.) 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. Limited financial assistance is available. Contact our Business Office (749-9516) for an application.

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 addition information and answer any additional questions next year.

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REFRIGERATOR REMINDERS

LEARN Before School Hours: 7 – 9 AM
LEARN After-school Hours: Afterschool until 6
PM NO PROGRAM WHEN EACS ARE CLOSED!

LEARN PROGRAM PHONE NUMBERS

New Haven Primary:	446-2000
New Haven Intermediate:	446-2144



LEARN RESOURCE CENTER

2019-2020 BEFORE/AFTER-SCHOOL RATES – New Haven Sites

Enrollment Fee	\$35/Family increases to \$50 after Aug. 1st
Before School Weekly Fee	\$35 (\$25 for each additional sibling)
After-school Weekly Fee	\$35 (\$25 for each additional sibling)
Before & After-school Weekly Fee	\$60 (\$40 for each additional sibling)
Daily Drop In Fee	\$15/day
Late Payment Fee	\$10 for each week payment is late
Late Pick Up Fee	\$1.00/minute beginning 1 minute after closing time
Non-sufficient Funds Fee	\$25

- 2 children before **or** after-school = \$60/wk.
- 2 children before **and** after-school = \$100/week.



2019-2020 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.