



# 2020-2021 St. Therese Catholic School LEARN Before & After-school Registration Form

PLEASE CHECK ONE: *Child will Attend:*

- ☐ Before School Program Only  
☐ After-school Program Only  
☐ Before & 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. \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade 2020-2021: \_\_\_\_\_ Teacher: \_\_\_\_\_

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: \_\_\_\_\_

**Primary Language Spoken at Home:** ☐ English ☐ Spanish ☐ Burmese ☐ 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 your child has?** Check all that apply; 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 \_\_\_\_\_

### **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 \_\_\_\_\_

### **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 recognize and acknowledge that there are certain risks of physical injury, and agree to assume full risk of injuries, damages, or loss which said participant may sustain as a result of participating in any and all activities connected with or associated with the LEARN program.

*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 print and turn in to the school office**

**OR save this form to your computer and return by email to: [michele@learnresourcecenter.org](mailto:michele@learnresourcecenter.org)**

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



### **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.
- I understand that the LEARN Before School program is open at 6:45-8 AM, with extended care on weather related delays and an adult is required to sign in each child at drop off. **NO CHILD IS TO BE DROPPED OFF AND LEFT AT THE SCHOOL BEFORE PROGRAM OPENS.**
- If school is canceled, I will arrange to have my child(ren) picked up within 1-hour of the closure.
- The LEARN After-School program hours are 3:15-5:30 PM, M-T-Th-F and 2:15-5:30 on W. I understand that there is a \$1.00 per minute late fee after 5:30 PM, according to the LEARN clock. Excessive tardiness to pick up my child may result in my child(ren) being removed from the program. I understand that the late fee must be paid by the end of the following week or my child(ren) will not be able to attend program.
- I understand that my child must be signed out of the LEARN program by an authorized person (This is an individual who is listed on the registration form. A picture ID will be required.)
- I understand that 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 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 1<sup>st</sup> day of the week your child(ren) attend). Payments can be made on-site by paying with cash or check or online at our website ([www.learnresourcecenter.org](http://www.learnresourcecenter.org)) or by phone (call Michele at (260) 749-9516).
- I understand if my payment is received after Monday, a \$10 late fee will be charged to my 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 Before & After-school program at St. Therese 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:

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*Parent/Guardian Signature*

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*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 \_\_\_\_\_



## 2020-2021 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.

<b>Registration Fee</b>	\$25/Family
<b>Before School Care Weekly Fee</b>	\$35 for 1 <sup>st</sup> child \$20 for each additional child
<b>After-school Weekly Fee</b>	\$45 for 1 <sup>st</sup> child or \$9 per day \$25 for each additional child
<b>Before &amp; After-school Weekly Fee</b>	\$70 for 1 <sup>st</sup> child \$45 for each additional child
<b>Drop in Rate</b>	\$15/day per child
<b>Late Payment Fee</b>	\$10
<b>Late Pick Up Fee</b>	\$1.00/minute beginning 1 minute after
<b>Non-sufficient Funds Fee</b>	\$25

- I acknowledge that I have reviewed the above 2020-2021 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**