



# Aspire After School Program

## Student Application

### Student Information

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ T-Shirt Size (Youth or Adult size) \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Main Interest (check one):  After school care  Academic Support  Positive social engagement

### Contact Information - Primary Household

Parent/Guardian #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Is there a 2nd household? (if yes, please see below):  Yes  No

Primary Phone \_\_\_\_\_ Type  mobile  home  work

Secondary Phone \_\_\_\_\_ Type  mobile  home  work

Phone, other \_\_\_\_\_ Type  mobile  home  work

Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer #1 \_\_\_\_\_ Occupation #1 \_\_\_\_\_

Employer #2 \_\_\_\_\_ Occupation #2 \_\_\_\_\_

Website (family or business) \_\_\_\_\_

Twitter Address \_\_\_\_\_ Facebook Address \_\_\_\_\_

### Contact Information - Second Household

2nd Household First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Is this the applicant's emergency contact?  Yes  No

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# Emergency Contact

*In case of emergency, and the parent or guardian cannot be reached, please notify:*

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City, Zip** \_\_\_\_\_

**Primary Phone** \_\_\_\_\_ **Type**  mobile  home  work

**Secondary Phone** \_\_\_\_\_ **Type**  mobile  home  work

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## Enrollment Information

**3 Days / Week** Indicate days needed: \_\_\_\_\_

**5 Days / Week** Monday thru Friday

## Sessions

*Sessions generally run 8 weeks, though this can vary based on school start date, holidays, and snow days*

**Session 1:** First day of school - October

**Session 2:** November - December

**Session 3:** January - February

**Session 4:** March - April

**Session 5:** May - June (TBD based on snow days)

**Please Note:** *Aspire DOES NOT run when school is closed for any reason or has an early release day (including snow closures).*

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## Payment Options

**Full payment for entire session,** by check or credit/debit card - paid before session start

**Half payment for session,** by check or credit/debit card - paid before session start

**Weekly automatic credit / debit card withdrawal**

## Payment Method

**Check**

**Credit/Debit** Card Number: \_\_\_\_\_ (MC, Visa, Disc)

Expiration Date: \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

*Program fees cover all activities, academic tutoring and daily snacks. You must be current in your payment plan in order to be considered for future sessions of Aspire. There will be **\$10 fee** if electronic payment does not go through or a **\$25 fee** for bounced checks.*

# Dismissal & Sign Out

My child may be picked up by the following adults, please list all names. For students' safety, the program policy will allow students to be released only to adults listed below.

Adult #1 \_\_\_\_\_

Adult #2 \_\_\_\_\_

Adult #3 \_\_\_\_\_

Adult #3 \_\_\_\_\_

## Walker's Consent

Yes, I give my child permission to walk home from the Aspire program without an adult

No, I do not give my child permission to walk home from the Aspire program without an adult

### My child may be allowed to walk to:

His / her residence     Residence of family member or friend     Other (please specify): \_\_\_\_\_

*By signing below, I release all Riverview Foundation staff from the responsibility of looking after my child once he or she has left the Aspire after school program.*

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Health/Medical Information

**Allergies** \_\_\_\_\_

**Regular Medications** \_\_\_\_\_

**Injuries** \_\_\_\_\_

**Illnesses / Medical Conditions** \_\_\_\_\_

**Please describe anything you feel we need to know about your child's physical health:**

\_\_\_\_\_

\_\_\_\_\_

### For Emergency Treatment:

*To care for your child in the case of an medical emergency, Riverview Foundation and Aspire Program Staff will call 911 for immediate medical intervention should the need arise. In the case of a non-emergency situation, I authorize the Riverview Foundation and Aspire Program Staff to arrange for medical care in case of accidental or acute illness of the participant. In the event it is not possible to receive parent/guardian instruction for the participant's care, I allow any physician or EMT to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for the treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to the Riverview Foundation Aspire Program and in conjunction with any authorized event.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Program Policies

*Please note that these policies are intended for your child's safety and success. Our goal is to provide a safe, structured and nurturing setting that promotes learning and positive growth that is led by experienced, caring adults. Riverview Foundation strives to provide high-quality after school program services to help each student reach their personal and academic aspirations.. All program staff have many years of experience in teaching children and teenagers, must pass State of Maine Background checks and are registered through the Maine Dept. of Education Fingerprinting Database. Please feel free to ask after school program staff any questions or concerns you have about these policies or go to [www.RiverviewFoundation.org](http://www.RiverviewFoundation.org) for more information.*

## Expectations of Participation

- A completed Enrollment Application form and signed Parent / Guardian Release Form must be returned to the Harriet Beecher Stowe School main office in order to enroll in the program.
- Enrollment is limited, so there may be a waiting list at times.
- In the event your child has been placed on the waiting list, parents and guardians will be contacted by the Aspire Program Coordinator to inform you when a spot becomes available.
- Limited scholarships are available for those who qualify.
- Participants will not be discriminated against based on race, ethnicity or disability.

## Attendance

If students cannot attend due to illness or other reasons, please contact as soon as possible:

**Abby Lockhart**, call or text: **207-776-5008** or email: [abby@riverviewfoundation.org](mailto:abby@riverviewfoundation.org)

If your child is scheduled to attend Aspire and are not listed as absent or dismissed at the HBS office, and they do not show up for program, parents/guardians will be called as soon as possible.

## Following School Day Rules

Riverview Foundation's Aspire After School Program is a positive, courteous and non-competitive environment. Students are expected to participate respectfully and cooperatively with all program staff, instructors, volunteers and students at all times, and abide by school-day rules of behavior and conduct.

- **Arrival:** All students are expected to arrive on time, within 5 minutes of school dismissal. A written note from a parent, guardian, or teacher is expected if a student arrives late.
- **Stay on School Grounds:** Students are not permitted to leave school grounds during or before program.
- **Remain in Program Facilities:** If a student wishes to leave the cafeteria, gym, playground, or other program location on school grounds, they will need to seek permission from Program Staff and will be given a hall pass for appropriate requests.
- **Electronic Devices:** Personal electronics are not permitted to be used during program time. This includes cell phones, video games and other electronic devices.

## Homework

Students will have the opportunity to complete their homework at Aspire, and are expected to bring all of their materials needed to complete homework. Parents should be aware that not all students finish all of their homework during program time. Please check in with your child to assure they have complete homework every night. Homework time is a structured activity that allows and supports students to stay on top of their assigned homework and literacy requirements. The Aspire Program promotes a positive culture around academic success and offers participants tutoring and support during homework time. If participants do not have homework or have already completed it, then they are able to use the time to complete their literacy requirement by reading. Aspire provides a small library of developmentally appropriate reading materials, and are also encouraged to bring books of their choice, which they are welcome to leave at Aspire.

## Early Dismissal, Parent Pick-up and Sign Out

Main program activities will conclude by 5:15, and students may be picked up between 5:15-5:30pm. Students will be supervised and have the option to do homework or games during pick-up time. If students need to be picked up early for a specific reason, please contact **Abby Lockhart** at **207-776-5008**.

For safety reasons, program participants may not be picked up from the program by anyone that is not listed on the Enrollment Form. All students **MUST BE SIGNED OUT** by an approved adult before leaving the program.

## Late Pick-ups

Riverview Foundation's Aspire After School Program operates Monday through Friday, starting at school dismissal until 5:30pm. All students must be picked up no later than 5:30pm. While we understand and are sympathetic to unplanned circumstances parents may encounter, we also must maintain consistent pick-up policies in order for the program to operate smoothly and effectively. In the event that a student is picked up later than 5:30pm, parents / guardians will be given a Late Warning Form. If a student receives three (3) Late Warning Forms, the student risks being able to continue attending the Aspire Program. Upon receiving the third Late Warning Form, students may be asked to leave the program.

## Medication / Illness

- Aspire Program Staff will notify parents if your child appears to be ill during the session and needs to be released early. However, if students do not feel well at the end of the school day, they should go home as scheduled at school dismissal via regular bus or pick-up.
- Medication **WILL NOT** be administered to a student by program staff. This includes headache medication or antibacterial medication for cuts.
- If a student experiences a minor cut, staff will wash out the wound with soap and water and apply a Band-Aid.
- If medication is needed, it must be registered with the school and also with the Aspire Program Coordinator with special instructions for administration. These forms are available upon request.

## Student Accountability

- For the benefit of all participants, the Aspire After School Program does have a behavior policy that provides positive guidance, allows for redirection and sets clear behavior limits. The behavior policy has been designed to assist participants and staff in developing self-control, self-respect, respect for other, and consideration for the rights and property of others.
- Participants who do not follow the above listed requirements and policies may receive a phone call home, temporary suspension from the program, or termination of participation.
- Refusal to participate in the program activities may result in the student being dropped from the program.

## Termination Policy

Participants will forfeit their space in the program for any of the following reasons:

- Regular and/or excessive absences or lateness
- Behavior that threatens the physical or emotional safety of others.
- The express written request of a parent or guardian.
- Breaking any school rules that are deemed worthy of termination.
- Previous or current outstanding tuition balance with any Riverview Foundation program.

## General Release of Liability

In consideration for being allowed participant privileges in Riverview Foundation's Aspire After School Program, I hereby assume full responsibility for any risk of bodily injury, death and/or property damage while using the premises or any facilities or equipment hereon. I understand that this program includes physical activity and I also understand that any program or sport that includes such activity carries with it an inherent risk of physical injury. I further agree to hold harmless Riverview Foundation and Brunswick School Department, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the Riverview Foundation Aspire Program and Brunswick School Department and its partners is binding on me and my heirs, personal representatives, successors and assigns.

## Community Field Trips

Riverview Foundation's Aspire Program will take field trips during the after school program. These field trip locations and dates will be posted on the program event calendars which will be sent home with the students, posted at the program site and sent to parents via email when possible. We will always return by regular dismissal time, unless we notify you in advance. I give permission for my child to leave the school property with supervision from the Aspire Program partners, directors, officers, employees, agents and volunteers. While taking part in these community field trips, I release the Brunswick School Department and Riverview Foundation from responsibility for any risk of bodily injury, death, or property damage as covered in the "General Release of Liability."

## Release of likeness authorization

During any Riverview Foundation activity, class, or special programming, you or your child may be filmed, photographed, videotaped, and/or otherwise recorded. Your signature below includes the Release of Likeness and gives your voluntary permission for Riverview to make use of your likeness or other records in the future for purposes of promotions, advertising, history, projects including books or videos, or other professional purposes, either during or after your time at Riverview. 60-day prior written notice to Riverview's office will be required to edit this permission.

*By signing below, I verify that I have read and understand all above listed Program Policies, and understand that enrollment in the Aspire Program is dependent upon adherence to stated policies.*

**Participant's Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_