

Student Information

Date _____

First Name _____ Last Name _____

Gender _____ Birth Date _____ T-Shirt Size _____

Grade _____ Teacher _____

Main Interest? ☐ After school care ☐ Academic Support ☐ Positive social engagement

Contact Information - Primary Household

Parent/Guardian #1 _____ Relationship _____

Mobile Phone _____ Provider _____

Email _____

Occupation/Employer _____ Work Phone _____

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

Parent/Guardian # 2 _____ Relationship _____

Mobile Phone _____ Provider _____

Email _____

Occupation/Employer _____ Work Phone _____

Mailing Address _____

City/Town _____ State _____ Zip _____

Home Phone _____ ☐ None

Contact Information - Secondary Household

2nd Household Name _____ Relationship _____

Cell Phone _____ Provider _____

Email _____ Home Phone _____ ☐ None

Occupation/Employer _____ Work Phone _____

Mailing Address _____

City _____ State _____ Zip _____

2016-2017 Aspire Session Dates- Aspire offers four eight-week sessions and a fifth session- length determined based on last day of school. No charge on Vacation weeks.

- ☐ **Session 1:** September 6 - October 28
- ☐ **Session 2:** October 31 - December 22
- ☐ **Session 3:** January 3 - March 3
- ☐ **Session 4:** March 6 - May 5
- ☐ **Session 5:** TBD

Enrollment Information- Choose our 3-Day part-time option or our 5-Day full-time option. Please note we try to be as flexible as possible allowing families to choose what days they need, while keeping a safe staff to student ratio.

- ☐ **3 Days / Week- First student: \$42 per week / Sibling rate: \$34 per week (\$76 for both)**
- ☐ **5 Days / Week- First student: \$52 per week / Sibling rate: \$42 per week (\$94 for both)**

Payment Information- Families can choose one of the payment options below. Financial aid and scholarships available on a limited basis with separate application and requires last year's tax returns.

Paid in Full Option: ☐ check ☐ credit/debit card

- ☐ **3-Day / Week - \$336 / Sibling rate: \$272** Days needed: _____
- ☐ **5-Day / Week - \$416 / Sibling rate: \$336**

Half payment Option: ☐ check ☐ 2 auto-pay installments with credit/debit card

- ☐ **3-Day / Week - \$168 / Sibling rate: \$136** Days needed: _____
- ☐ **5-Day / Week - \$208 / Sibling rate: \$168**

Weekly automatic credit or debit card withdrawal:

- ☐ **3 Days / Week- First student: \$42 per week / Sibling rate: \$34 per week**
Days needed: _____
- ☐ **5 Days / Week- First student: \$52 per week / Sibling rate: \$42 per week**
- ☐ **Please continue to charge my card on file as long as my child is enrolled**

Credit/Debit Card Number: _____ (MC, Visa, Disc)

Expiration Date: _____ **Name as it appears on card:** _____

*Payment is due on or before session start date. You must be current in your payment plan in order to be considered for future sessions of Aspire. 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 Consent

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

☐ Yes, I 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 _____

Medical Information

Allergies _____

Regular Medications _____

Injuries _____

Illnesses _____

Does your child have any diagnosed learning challenges? ☐ Yes ☐ No

If yes, please describe?

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

Emergency Contact *In case of emergency if the parent or guardian(s) cannot be reached, please notify:*

Name _____

Phone _____ **Relationship to applicant** _____

Program Policies- To complete your application please read the below policies and sign stating you have read and agree to the policies stated.

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.
- All aspire students are required to participate to the best of their ability in all aspect of the aspire program.

Attendance

If students cannot attend Aspire, please contact the program manager via text or email by 2:30pm (contact information will be provided to enrolled families before the first day of school).

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.
- **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.
- **Electronic Devices:** Personal electronics are not permitted to be used during program time. This includes cell phones, video games and other electronic devices.

Snow Days, Half-Days and Afterschool Cancellation Days:

Due to HBS and Brunswick school department policy, Riverview Foundation is not allowed to run the Aspire program when there is a school half-day, snow day cancellation, or if afterschool program activities are cancelled by the school department.

If, during the school day, the school department cancels afterschool activities and programs including Aspire, Riverview will have an Aspire staff member on site to make sure all aspire students are safely supervised until picked up. As soon as we know about the cancellation, we will make every effort to contact all Aspire families to let them know about the cancellation.

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

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.

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 others, 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:

- 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.

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.

Medication / Illness

All aspire staff members are Red Cross CPR and first aid certified.

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.

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.

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.

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** _____