

REGISTRATION Year: Fall 2018-Spring 2019



VERY IMPORTANT *We need this form completed before we accept your student into the program.

GENERAL INFORMATION ASP 03

Today's Date: _____

Student's Name: _____

Your Name: _____ Relation to Student _____

Date of Birth: _____ Grade: _____ Sex: M F

Name of School: _____ Teacher's Name: _____

Address: _____

Home _____ Cell Phone: _____ Work Phone: _____

I would like my student **to attend** the After School Program **4:00 pm to 5:00 pm**:

(check mark please)

Monday () Tuesday () Wednesday () Thursday () All 4 days ()

TRANSPORTATION APPLICATION

****Please be mindful that transportation is limited and some kids really need it.**

Does your student **need transportation**? Yes___ No___

If so, please list the locations you would like your student picked up and dropped off at:

Pick -up: _____

Drop-off: _____

EMERGENCY INFORMATION AND RELEASES:

In case of emergency we should call: (Other than above)

Name: _____

Relationship: _____ Phone: _____

By signing below, I _____ give permission for the Newman Catholic Center After School Program to use pictures of my student for publicity and grant purposes.

Applicant's Signature: X _____

Please Continue —>

PLEASE ANSWER ABOUT THE STUDENT

STRONG Academic areas are: _____

Areas of IMPROVEMENT: _____

FAVORITE subject at school: _____

Free Time ACTIVITIES: _____

What would you like to see your student improve in while at the After School Program:

****** To better help your child we require the MOST RECENT IEP ******

Dietary needs: _____

PLEASE READ: Policies of the Newman Catholic Center After School Program

1. **The purpose of the After School Program is to help your student academically. This is not a babysitting service.** Your student will be engaged in educational activities for the first 45 minutes of this program. This is not negotiable. He/She is expected to bring his/her homework and necessary materials to the program each day. There will be days in which this amount will be decreased due to a party or other activity. You will be notified of those days in advance.
2. **Your student is to attend everyday he/she is registered. There are numerous children waiting to get into the program. Excess absences will not be tolerated, and your student will be dismissed from the program. If your student will not be attending a certain day due to illness, doctor appointment, etc., you are expected to call the Newman Catholic Center at 348-0188 by 3:00 pm**
3. **Your student is expected to be respectful and on his/her best behavior.** It is a privilege to attend this program. Misbehavior will not be tolerated. Your student will be dismissed from the program if misbehavior becomes excess.
4. **As the ASP is sponsored by the Student Volunteer Center at the Newman Catholic Center.** We will offer some prayer/meditation to the kids and promote values that will impact positively their lives.

I agree to follow the policies of the Newman Catholic Center After School Program outlined above. I understand that excess absences and/or excess misbehavior will not be tolerated and my student will be dismissed form the program if they occur.

Applicant's signature: X_____

I authorize the After School Program to text or email me important alerts:

email address: _____

When completed, please return this application to:

NEWMAN CATHOLIC CENTER – AFTER SCHOOL PROGRAM
500 ROOSEVELT CHARLESTON, IL 61920 TEL 217 348 0188 EMAIL newman@eiunewman.org