



Charleston, IL August, 2020 (ASP 02)

Dear Applicants,

**With the new COVID regulations and to protect our dear children and tutors we have decided to offer tutoring ONLY two days a week. That way we can accommodate 10 children (Pre-K to 6<sup>th</sup>)**

#### The Newman Catholic Center AFTER SCHOOL PROGRAM

- Provides **one-on-one academic help** and mentoring (keeping distance)
- A college student will work for an hour with your child on homework or **extra practice**.
- A light **healthy snack** will be provided.
- Be sure that we will care and share our love with your student providing one-on-one attention.

#### The program runs from MONDAY THROUGH THURSDAY FROM 4:00 TO 5:00 PM

- On the specific days, your child is expected **4:00-5:00 pm** (includes play, pray and circle time)
- Please drop them off **on time** and pick them up **on time**. (we don't have full time staff)

**LIMITED TRANSPORTATION:** Due to a high number of requests for TRANSPORTATION, the first come first serve policy for our bus was put into effect. **If there is room for your child on the days you picked:**

- Please have your child and or children **ready** for pick up between **3:30-4:00pm**
- Your child will be dropped off from **5:00-5:30pm**

#### GENERAL POLICIES OF THE AFTER SCHOOL PROGRAM

1. **The purpose of the After School Program is to HELP YOUR STUDENT ACADEMICALLY.**

- This is not a babysitting service.
- The first 45 minutes will be educational activities. This is not negotiable. **Your student is expected to bring his/her homework and necessary materials each day.**

2. **YOUR CHILD IS TO ATTEND THE DAYS he/she is registered.**

- **Excess absences will not be tolerated**, and your child will be dismissed from the program.
- If your child will not be attending a certain day due to illness, doctor appointment, etc., please contact the Newman Catholic Center at **348-0188** by **3:00pm**.

3. **FOR THE BENEFIT OF THE ENTIRE PROGRAM**

- Your student IS EXPECTED TO BE RESPECTFUL and on his/her best behavior.
- **Your child will be dismissed from the program if misbehavior becomes excessive.**

*We will let you know if there is room for your child, the week before the program starts.*

**WE START ON TUESDAY, SEPTEMBER 7<sup>th</sup>**

**Newman Catholic Center (217) 348 - 0188 Ex# 11**

*"Without confidence and love, there can be no true education. If you want to be loved...you must love yourselves, and make your children feel that you love them." St. John Bosco*

# REGISTRATION

Year: Fall 2020-Spring 2021



**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: (ONLY TWO DAYS)**

Monday ( ) Tuesday ( ) Wednesday ( ) Thursday ( )

## 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](mailto:newman@eiunewman.org)



## SCHOOL RELEASE OF INFORMATION

Throughout the semester we would like to contact your student's teacher regarding his/her schoolwork. Contacting his/her teacher will help us to serve your student to the best of our abilities.

### SCHOOL INFORMATION REQUESTED:

1. Areas of improvement
2. Homework
3. Any behavioral concerns
4. School performance
5. Teacher, guidance counselor, and/or other staff comments

By signing below, I \_\_\_\_\_ give permission to the directors of the EIU Newman Catholic Center - After School Program to contact my student's teacher to release all educational information concerning my child, name:

Child's Name \_\_\_\_\_

Parent/Guardian's Signature:

X \_\_\_\_\_

I understand that this information will be confidential, between the School and the Newman Catholic Center/ Student Volunteer Center,  
and will not be released to anyone else without my consent.