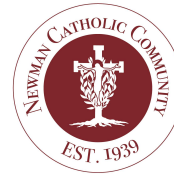


# REGISTRATION

Year: Fall 2021-Spring 2022



**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 from 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)