

REGISTRATION

Year: Fall 2022-Spring 2023



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:

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 Guardian Signature:

X _____

Please Continue ----->

PLEASE ANSWER ABOUT THE STUDENT

STRONG Academic areas are: _____

Areas of **IMPROVEMENT**: _____

FAVORITE subject at school: _____

Free Time ACTIVITIES: _____

****** 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