2017-2018 After School Program

Student Application and Registration Forms

After School provides a place for students to go to gain skills beyond the classroom. Students work in small groups with STRIVE staff on goals such as homework, community safety, cooking, navigational skills and more while reinforcing social and independent living skills. This program runs Monday-Friday from 2-5pm, with “Early Release Day” pick-up available. Full and Part time schedules are available.

More information is available online at www.pslstrive.org/afterschool

COST: The cost of After School is $30 per day, $85 for a three-day week, or $145 for a five-day week. Pick up directly from school, if available, is an additional $10/day. We do not provide transportation home from After School. Payment may be made with cash, credit/debit card, or check. Please make all checks payable to STRIVE.

REGISTRATION FORMS AND CHECK LIST:

- After School Application Form
- Release and Consent Form

REGISTRATION INFORMATION:
You may register by fax, mail, or in person for the After School Program. We will send you a receipt confirming your After School registration. Please make sure you have completed all the forms listed above and include any additional information you feel is applicable.

CONTACT INFORMATION:
Olivia Fraioli
STRIVE Program & Events Coordinator
PHONE: (207) 774-6278
FAX: (207) 774-7695
MAIL: STRIVE
28 Foden Road
South Portland, ME 04106
PHYSICAL ADDRESS:
Monday - Friday: 7:00am-5:00pm
28 Foden Road
South Portland, ME 04106
# Application

Student Name: ________________________________  Nickname: ________________________________

School Name: ________________________________  City: ________________________________

Permanent Address: ________________________________________________________________

City: __________________________________  State: ___________  Zip Code: __________________

Home Phone Number: __________________________  Alternative Phone Number: __________________________

Age: __________  Date of Birth: __________________________  Sex: __________________________

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Parent/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ________________________________</td>
<td>Name: ________________________________</td>
</tr>
<tr>
<td>Address: ____________________________________</td>
<td>Address: ____________________________________</td>
</tr>
<tr>
<td>City: ____________________________________</td>
<td>City: ____________________________________</td>
</tr>
<tr>
<td>Home Phone: __________________________</td>
<td>Home Phone: __________________________</td>
</tr>
<tr>
<td>Work/Business Phone: ______________________</td>
<td>Work/Business Phone: ______________________</td>
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<tr>
<td>Cell Phone: __________________________</td>
<td>Cell Phone: __________________________</td>
</tr>
<tr>
<td>E-mail: __________________________</td>
<td>E-mail: __________________________</td>
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</tbody>
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PLEASE PROVIDE NAMES AND PHONE NUMBERS OF TWO PEOPLE WHO WE MAY CONTACT IN THE EVENT OF AN EMERGENCY AND THE PARENT/GUARDIAN(S) LISTED CANNOT BE REACHED. THESE PEOPLE SHOULD BE AVAILABLE AT ONE OR MORE OF THE NUMBERS YOU LIST DURING THE ENTIRE TIME THE PARTICIPANT IS AT After School.

Emergency Contact Name: ____________________________________________________________

Relationship to student: __________________________  Authorized to pick up student? Yes_______ No_______

Home Phone: __________________________  Work/Business Phone: __________________________

Cell Phone: __________________________
2017-2018 After School Program

Application

Emergency Contact Name: ____________________________________________________________

Relationship to student: _____________________ Authorized to pick up student? Yes_______ No_______

Home Phone: _____________________________ Work/Business Phone: _____________________________

Cell Phone: ________________________________

TRANSPORTATION ALERT (Please alert us to people you DO NOT want to be authorized to pick up the student.) As a parent or legal guardian, I DO NOT authorize my student to be released/picked up by the following people.

Name: _____________________________ Relationship to student: _____________________________

Name: _____________________________ Relationship to student: _____________________________

Medical

Student’s Primary Doctor: _____________________________

Doctor’s Phone Number: _____________________________

Medical Insurance Name and Number: _____________________________

Does this student have seizures? Yes_______ No_______

If yes, type and duration:

____________________________

Does this student have any allergies? Yes_______ No_______

If yes, please list all:

____________________________

Does this student take any medication? Yes_______ No_______

If yes, please list all medications:

____________________________

Special Dietary Needs: __________________________________________________________________

________________________________________________________________________________________
Does this student have any mobility, communication, health, hearing, vision or behavioral challenges we should be aware of? If yes, please explain__________________________
________________________________________________________

REGISTRATION FORM

<table>
<thead>
<tr>
<th>After School Schedule</th>
<th>Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date: __________</td>
<td></td>
</tr>
<tr>
<td>End Date: ____________</td>
<td></td>
</tr>
<tr>
<td>❑ All Week ❑ Monday ❑ Tuesday ❑ Wednesday</td>
<td></td>
</tr>
<tr>
<td>❑ Thursday ❑ Friday</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approved Payment Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ In advance ❑ Daily ❑ Weekly ❑ Monthly</td>
</tr>
</tbody>
</table>

Additional Scheduling Information:
__________________________________________________________
__________________________________________________________
__________________________________________________________

__________________________________________________________
Parent/Guardian Signature                                      Date
2017-2018 After School Program

RELEASE AND CONSENT FORM

A. Pictures of student and student’s activities may be taken and used for publicity purposes including but not limited to publications in commercial periodicals and program newsletters.
   _______Initials of parent or guardian.

B. RELEASE: I hereby release PSL, STRIVE, and its employees/volunteers of any responsibility or liability for any injury and/or illness derived from participation in the After School Program.
   _______Initials of parent or guardian.

C. I hereby give permission for my student to participate in any off site field trips that are part of the After School program.
   _______Initials of parent or guardian.

D. I give consent for transportation to a medical facility (by ambulance or employee vehicle) in the event of an emergency.
   Hospital of Choice___________________
   _______Initials of parent or guardian.

E. I understand that the permission I have given by signing this form is a material inducement to acceptance of my child as an After School participant. I also confirm that I have given STRIVE complete and accurate information on my child.
   _______Initials of parent or guardian.

F. I understand that I am responsible for payment of any and all days registered unless given notice of schedule change to staff by the end of the day prior to scheduled session.
   _______ Initials of parent or guardian.

_________________________________  ________________
Signature of parent / guardian               Date