

# 2017-2018 After School Program

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## 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](http://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

# 2017-2018 After School Program

## Application

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

School Name: \_\_\_\_\_ City: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

### Parent/Guardian

### Parent/Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Business Phone: \_\_\_\_\_

Work/Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

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 PARTICPANT IS AT After School.

Emergency Contact Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Authorized to pick up student? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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## 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: \_\_\_\_\_

\_\_\_\_\_

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Does this student have any mobility, communication, health, hearing, vision or behavioral challenges we should be aware of? If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REGISTRATION FORM

After School Schedule	Registration
Start Date: _____ End Date: _____	<input type="checkbox"/> All Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

Approved Payment Schedule
<input type="checkbox"/> In advance <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

Additional Scheduling Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## 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