

Dear Parents and Guardians,

Pre-registration for the 2021-2022 SY is now open. Current A+ families may submit their applications directly to their Site Coordinators from **May 3 through May 27, 2021**. After May 27, 2021, applications will need to be emailed to ATP@Kamaainakids.com or mailed to our Corporate office at

Kamaaina Kids
156 C Hamakua Drive
Kailua, Hawaii 96734

****Registration received at our Corporate office will not be given to your Site Coordinators until mid-July. Applications will be processed in the order that they are received. Incomplete or late applications could result in your child being wait-listed. The registration procedures are outlined below. Please note that your child's registration is not final until the A+ Site Coordinator has reviewed your packet and issued a confirmation notice.**

STEP 1: Please complete ALL of the information requested on forms 1-4. **No electronic signatures or initials.**

1. **Kama`aina Kids Registration Form**
2. **DOE A+ Registration Form**
3. **Registration Agreement Form**
 - A. Every item must be initialed by a parent/guardian.
4. **Emergency Card**
 - A. Please complete 1 card for each student.

Optional Forms

1. **Automatic Tuition Payment Authorization Form**
 - a. There is a one-time fee of \$20 per family for each school year.
 - b. A new form must be completed each school year.
2. **Application for Subsidized Monthly Fee** (Located in the A+ Parent Handbook)
 - a. Please read the entire application before completing.
 - b. For the application to be considered, the appropriate documents must be attached. Acceptable forms of documentation on the back of the Application for Subsidized Monthly Fee.
 - c. When processing the Application, proof of the most recent monthly income must be included. Therefore, at the start of the 2021-2022 SY you will be asked to submit pay stubs for July 2021, even if pay stubs have already been submitted for earlier months.
 - d. If you submit a DHS Form 728 or Foster certificate, you do not need to include pay stubs

STEP 2: During pre-registration, please return your child's A+ Registration packet to the A+ Site Coordinator. Please do not return forms to the school administration or classroom teacher. Completed forms should be removed from the handbook and the remaining portion should be kept for future reference.

STEP 3: Upon receiving the completed registration packet, the A+ Site Coordinator must review each form to ensure that each section is filled out properly. This process may take a few days to complete. Once it is determined that all forms are complete, you will be issued a confirmation notice.

Additional Notes:

- Currently the monthly tuition for the A+ Program is \$120.00 per child.
 - There is no pro-ration of fees for days unattended.
- A+ starts on the first full day of school (Day 1 for grades 1-6).
 - Kindergarten schedules vary at each school, A+ is available on their first full day.
- Payments are due by the first school day of the month. Please make checks payable to Kama`aina Kids or you may set up your parent payment portal at myprocare.com. **NO CASH PAYMENTS WILL BE ACCEPTED AT THE SITE.**



Hawaii's Enrichment & Education Professionals
A Non-Profit Organization

FOR SITE COORDINATOR USE ONLY					
<input type="checkbox"/> At-Cost	<input type="checkbox"/> DHS	<input type="checkbox"/> BC Drop-In	<input type="checkbox"/> BC Monthly		
A+ Start Date _____		BC Start Date _____			
A+ Group #	CH1 _____	CH2 _____	CH3 _____		
Site Coordinator _____					Date _____

A+ REGISTRATION FORM

School Name	School Year	Check program(s) requested:				
		A+	Before Care (as needed)	Before Care (monthly)		
Child 1: Last Name _____ First Name _____	Gender _____ DOB _____	Grade (entering) _____	Room # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2: Last Name _____ First Name _____	Gender _____ DOB _____	Grade (entering) _____	Room # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3: Last Name _____ First Name _____	Gender _____ DOB _____	Grade (entering) _____	Room # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENTS OR LEGAL GUARDIANS AUTHORIZED TO PICK UP CHILD:

Father / Legal Guardian #1	Driver License # _____	Employer _____	Work Phone _____
Mailing Address	Street _____	City _____	Zip Code _____
		Home Phone _____	Cell Phone _____
Mother / Legal Guardian #2	Driver License # _____	Employer _____	Work Phone _____
Mailing Address	Street _____	City _____	Zip Code _____
		Home Phone _____	Cell Phone _____

MEDICAL INFORMATION:

Doctor's Name _____	Address _____	Phone _____
Medical Insurance & Policy Number _____	Please list medical conditions, allergies, medications, or special needs of child. _____	

I authorize only the following people to pick up my child or to be called in case of an emergency (in addition to parents/guardians):

Name _____	Relationship to Child _____	Address _____	Driver License # _____	Work Phone _____	Home/Cell # _____
Name _____	Relationship to Child _____	Address _____	Driver License # _____	Work Phone _____	Home/Cell # _____

PARENT / GUARDIAN CONSENT FORM

I hereby agree that, if Kama'aina Kids staff is unable to contact me or one of the persons listed as emergency contact, I hereby consent that if my child exhibits signs of illness or injury, that at the discretion of the Kama'aina Kids supervisor on duty, my child may be taken to the nearest medical facility and be given any examination/treatment that is deemed necessary by the personnel of the medical facility, and if permissible by medical facility, subsequently released to Kama'aina Kids supervisor or staff-in-charge.

I hereby give my child permission to attend and participate in the activities conducted by Kama'aina Kids' A+, Before Care, and Holiday Care programs for the school year noted above.

I hereby authorize Kama'aina Kids to use my child's name and video or photograph at any time and in any manner in connection with its advertising, publicity, and public relations programs. The video-photo may only be used by Kama'aina Kids. No further claims will be made by me.

DISCIPLINE POLICY

Discipline is used to assure the safety and well-being of all program participants. All children are expected to respect themselves, other people and their property. If a child is not following the guidelines of Kama'aina Kids staff consistent with these expectations, then child will take a "time out" from the activity at the staff member's discretion. A child with continued behavior problems will be sent to the Kama'aina Kids' Program Site Coordinator who may contact the parents for the purpose of removing the child from the program. Kama'aina Kids reserves the right to refuse any child future participation in its programs.

I hereby authorize Kama'aina Kids to exercise these discipline policies in regard to my child.

CONFIDENTIALITY

I understand that any information in this registration packet will not be disclosed to persons other than Kama'aina Kids staff unless the parents or guardians of the child grant written permission for the disclosure or an emergency arises.

Father/Guardian #1 Signature _____ Date _____ Mother/Guardian #2 Signature _____ Date _____

Father/Guardian #1 Email _____ Mother/Guardian #2 Email _____

Keep up-to-date on out of school programs and intersession day camps by signing up for our emails.



Hawaii's Enrichment & Education Professionals
A Non-Profit Organization

2021-2022 Automatic Tuition Payments (ATP) Authorization Form

We are excited to offer the safety, convenience, and ease of Tuition Express® – a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

- ◆ Payments will be processed beginning with the first business day of each month.
- ◆ An email address is required to access receipts online at www.MyProcure.com.
- ◆ Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

Payer Last Name		Payer First Name		Phone (required)		
Email Address:				Monthly Tuition (check program needed)		
Child Last Name		Child First Name		Before Care	After Care	Total
1.				<input type="checkbox"/> \$65 <input type="checkbox"/> \$35* <small>*Liholiho & Pearl Harbor Kai only (1-hour care)</small>	<input type="checkbox"/> \$120	\$
2.				<input type="checkbox"/> \$65 <input type="checkbox"/> \$35* <small>*Liholiho & Pearl Harbor Kai only (1-hour care)</small>	<input type="checkbox"/> \$120	\$
3.				<input type="checkbox"/> \$65 <input type="checkbox"/> \$35* <small>*Liholiho & Pearl Harbor Kai only (1-hour care)</small>	<input type="checkbox"/> \$120	\$
ATP Start Month			School Name		Total Monthly Tuition	
					\$	

Donation

Kama'aina Kids is a not-for-profit organization. Should you wish to make a tax-deductible donation to assist our financial aid and scholarship program, please indicate your donation frequency and amount here:		Donation Frequency: <input type="checkbox"/> One-time <input type="checkbox"/> Monthly	Donation Amount \$
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Section A (Credit Card)

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover					
Cardholder Name		Credit Card Number		Exp Date	CVV
Billing Address		City	State	Zip	

Section B (Bank Account)

<input type="checkbox"/> Checking *Attach voided check (required) <input type="checkbox"/> Savings	
Name on Bank Account	Bank or Credit Union Name
Routing Transit Number (see sample below)	Account Number (see sample below)

Please note that in addition to the monthly tuition charge, the following fees shall be assessed:

- There shall be a **\$20 one-time processing fee** assessed per family for each school year.
- There shall be a **\$25 service charge** assessed for any returned checks.

I hereby authorize Kama'aina Kids to initiate credit card charges to the above-referenced credit card account (**Section A**) OR, initiate debit entries to my checking or savings account, indicated above (**Section B**). I am required to give 10 days' written notice to cancel this authorization.

Print Name	Authorized Signature	Date

Mail or fax form to:

Attn: Accounting Department
Kama'aina Kids Corporate Office
156 Hamakua Drive, Suite C
Kailua, HI 96734
Fax: 261-6066

John Sample
Mary Sample
123 Nice Street
Anytown, USA

BANK OF THE WEST
555-555-5555

00226

Pay to the order of: **Attach Voided Check Here** \$

Deposit slips not accepted Dollars

123456789 1800338 0226

Routing Number Account Number Check Number



After-School Plus (A+) Program Registration Form

For official use only. ____ Checked eligibility status.	
Signature of Site Coordinator	Date

STUDENT INFORMATION

1st Child's Name _____ Age ____ Sex ____ Birthdate _____ Grade _____

Other educational/health information about student: _____

2nd Child's Name _____ Age ____ Sex ____ Birthdate _____ Grade _____

Other educational/health information about student: _____

3rd Child's Name _____ Age ____ Sex ____ Birthdate _____ Grade _____

Other educational/health information about student: _____

School _____ Phone _____ Circle Days Attending M Tu W Th F

Language spoken at home: _____ Ethnicity (optional) _____

Child Resides with: _____

FAMILY INFORMATION

Mother/Legal Guardian's Name _____ Home Phone _____

Mother's Mailing Address _____
Street City Zip Code

Mother's E-Mail Address _____

Mother's Employer/School _____ Work/Cellular Phone _____

Mother's Employer/School Address _____
Street City Zip Code

Mother is authorized to pick-up: Yes _____ No _____

Father/Legal Guardian's Name _____ Home Phone _____

Father's Mailing Address _____
Street City Zip Code

Father's E-Mail Address _____

Father's Employer/School _____ Work/Cellular Phone _____

Father's Employer/School Address _____
Street City Zip Code

Father is authorized to pick-up: Yes _____ No _____

**List below adult individual(s) authorized to pick-up your child from the facility and their phone numbers.
(The child will not be released to any individual not listed below.)**

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any changes in departure authorization must be received in writing from the parent/legal guardian.

After-School Plus (A+) Program Registration Form

The After-School Plus (A+) Program, the first program of its kind in the nation, provides statewide after-school services for public elementary students at affordable rates. The program addresses the “latchkey” child problem by providing a high quality after-school program to children of working parents/legal guardians or children whose parent/legal guardian is engaged in job training or attending school during the hours of A+ operations. If your child qualifies and you want to enroll him/her, please complete both sides of this registration form and return it to your child’s school.

Fee: Due Monthly

The monthly fee covers regular program activities. **The fee will be adjusted for those who qualify if acceptable supporting documentation about their income or DHS 728 Form is submitted.**

Hours: After school - 5:30 p.m.

The program hours are from after school to 5:30 p.m. on regular school days. The program will not operate during school vacations, state holidays, weekends, Teacher Institute Day, Teachers’ work day and school half days.

Supervision: Staff to Student Ratio of 1:20

At each school, the staff will consist of a Site Coordinator and a group leader team supported by aides to maintain a staff to student ratio of 1:20. Staff recruitment may limit the number of students that a school can serve.

Activities: A variety of scheduled activities

Children usually begin the afternoon with free play time and a snack period (children bring their own snacks from home). This period is followed by other activities including homework time, enrichment and physical fitness. Site Coordinators will have the flexibility to adapt scheduled activities to meet the conditions at your child’s school.

Eligibility: K-6 public elementary school latchkey children

Your child is considered latchkey if he/she is living with you and **during the hours of A+ operations** you are employed, attending school, engaged in a job training program, or working as an employee of the A+ program. A parent/legal guardian who is “self-employed” must verify their status by: a) Submitting a copy of their general excise tax license; and b) submitting a copy of one of the following: 1) income tax return for the past year including Schedule C; or 2) printed business checking account.

Starting Date: Child’s first full day of school

Starting date for your child is usually the first full day of school. However, the starting date of the A+ Program at your child’s elementary school may depend on the after-school enrollment of at least 20 children and the ability to recruit necessary staff.

Parent/Legal Guardian’s Name (please type or print) _____	Parent/Legal Guardian’s Name (please type or print) _____
Marital status (circle one): <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed	Marital status (circle one): <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed
Please check as appropriate: _____ working _____ job training _____ attending school Work/school schedule (Please circle am and/or pm): Mon. _____ AM/PM to _____ AM/PM Tues. _____ AM/PM to _____ AM/PM Wed. _____ AM/PM to _____ AM/PM Thurs. _____ AM/PM to _____ AM/PM Fri. _____ AM/PM to _____ AM/PM <input type="checkbox"/> Check this box if you work rotating shifts or your work hours vary. Submit a sample schedule to Site Coordinator.	Please check as appropriate: _____ working _____ job training _____ attending school Work/school schedule (Please circle am and/or pm): Mon. _____ AM/PM to _____ AM/PM Tues. _____ AM/PM to _____ AM/PM Wed. _____ AM/PM to _____ AM/PM Thurs. _____ AM/PM to _____ AM/PM Fri. _____ AM/PM to _____ AM/PM <input type="checkbox"/> Check this box if you work rotating shifts or your work hours vary. Submit a sample schedule to Site Coordinator.
_____ I would like to apply for subsidized monthly tuition. I give my permission to the Hawaii State Department of Education (HIDOE) and its contracted private providers to use information in HIDOE files or files from other state agencies to verify my child’s eligibility for subsidized monthly A+ fees.	
_____ I have attached the required supporting documentation. (Refer to List of Acceptable Income Documentation for the After-School Plus (A+) Program on the last page of the A+ Parent Handbook or check with your school’s A+ Site Coordinator.)	
I certify that I am eligible for the A+ Program because I am working, job training, and/or attending school during the hours of A+ operations. I further certify that the information I have provided on both sides of this application form is correct and I hereby authorize the HIDOE and its contracted private providers to contact the appropriate parties to verify this information. I understand that changes on this registration form must be given to the A+ Site Coordinator in writing by the parent/legal guardian. Registration in the A+ Program is pending completion of this application and approval of the Site Coordinator.	
_____ Parent/Legal Guardian	_____ Date
_____ Parent/Legal Guardian	_____ Date

AFTER-SCHOOL PLUS (A+) PROGRAM REGISTRATION AGREEMENT

1st Child's Name _____ School _____

2nd Child's Name _____

3rd Child's Name _____

Parent/Legal Guardian _____

PARENT/LEGAL GUARDIAN'S RESPONSIBILITIES AND BILLING PROCEDURES

Parent/Legal Guardian's Responsibilities/Agreements: Please initial each of the following to indicate that you have read, understand, and agree with each item.

I understand and agree that:

- _____ 1. My child(ren) is not allowed to come and go freely from the A+ Program site.
- _____ 2. My child(ren) must sign-in each day and I (or authorized adult) must sign him/her out each day.
- _____ 3. My child(ren) will be released only to adult(s) listed on the registration form.
- _____ 4. I must maintain communication with the Site Coordinator/Group Leader about my child(ren) and keep him/her informed of pertinent changes.
- _____ 5. I must notify the Site Coordinator/Group Leader of daily departure changes.
- _____ 6. I must contact the A+ Program when my child(ren) will be absent on any of his/her scheduled days of attendance, regardless of whether he/she was absent from school. I realize this is for my child(ren)'s protection.
- _____ 7. If a medical emergency arises, the A+ Program will first attempt to contact me. If I cannot be reached, the A+ Program will attempt to contact adults authorized by me in case of emergency, and that if no authorized adults can be reached, appropriate treatment will be secured at the nearest medical facility. If a major illness or injury is involved, my child(ren) will be transported by ambulance to a designated site and/or physician and I am financially responsible for any medical care or transportation incurred on my child(ren)'s behalf.
- _____ 8. The A+ Program will operate from close of school to 5:30 p.m. each school day or at another designated time as determined by the site. The program will not operate during school vacations, state holidays, Teacher Institute Day, and school half-days.
- _____ 9. Transportation to and from the A+ Program will not be provided. If my child(ren) attends an A+ Program at a school other than his/her regular school, I must make transportation arrangements and assume responsibility for getting my child(ren) to the other school.
- _____ 10. It is my responsibility to see that my child(ren) is picked up by the designated closing time.
- _____ 11. If my child(ren) is having problems in the program, a conference will be arranged between myself, the staff, and the Site Coordinator.
- _____ 12. The A+ Program reserves the right to terminate A+ Program services if it is determined that placement is unsatisfactory.
- _____ 13. If weather or other emergency forces the closing of regular school, the A+ Program will also be closed.
- _____ 14. If my work/school schedule changes, I must notify the A+ Site Coordinator about the changes.
- _____ 15. I am aware and authorize that my child(ren) may participate in physical development/coordination activities during A+.
- _____ 16. I understand that my child(ren) will be given an option of alternative activities if they choose not to participate in physical development/coordination activities during A+.

Fee Procedures: Please initial each of the following certifying that you have read, understand and agree with each item.

I understand and agree that:

- _____ 1. I am responsible for monthly A+ Program tuition.
- _____ 2. **I shall pay the monthly tuition when it is due or it must be postmarked before the first school day of each month. Payment for December/January combined months will be paid in December.**
- _____ 3. I must not send payments to school with my child(ren), but must bring or mail them to the A+ Program at the school.
- _____ 4. The monthly tuition I pay for my child(ren) is a flat rate, and that it does not depend on the number of days my child(ren) actually attends the program.
- _____ 5. The A+ Program will make no refunds once tuition is paid for the month even if my child(ren) has attended only part of the month, e.g., even for one day.
- _____ 6. I must pay a \$25.00 service charge (cash or money order) for checks that I write to the program that are returned by the bank because of insufficient funds.
- _____ 7. I understand that the monthly A+ Program tuition is due on or before the first school day of each month. I shall pay a \$5.00 late charge per family for each school day a payment is overdue. If I do not pay the monthly tuition within the first five (5) A+ Program days of the month, it will result in my child(ren)'s immediate termination from the A+ Program on the sixth (6th) A+ Program day.
- _____ 8. Failure to pay any outstanding fees by the end of the month shall result in my child(ren)'s termination from the program.
- _____ 9. My child(ren) may re-enroll if I pay all outstanding fees, and a penalty fee of \$25 for reinstatement. If I have more than one child enrolled in the A+ Program, my family is penalized a flat reinstatement fee of \$25.
- _____ 10. I will arrange for another authorized adult to pick up my child(ren) if the adult responsible for my child(ren)'s pick-up is to be late. If no other arrangements can be made, I will make every effort to call the school to notify A+ staff of my expected tardiness.
- _____ 11. If my child(ren) is picked up late, I will pay a \$5.00 late fee per child for every 15 minutes beyond the closing time, (that is, 1-15 minutes late – \$5.00; 16-30 minutes late – \$10.00, etc.) and that chronic tardiness may result in my child(ren)'s termination from the A+ Program.

I understand and agree to abide by the above parent responsibilities and billing procedures. I understand and agree that my failure to do so may result in termination of my child(ren)'s enrollment in the A+ Program.

Signature of Parent/Legal Guardian

Date

A+ PROGRAM EMERGENCY FORM

(This form needs to be completed every school year.)

Father's ID No. _____
Mother's ID No. _____

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M F Birthdate

Month	Day	Year					

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Child resides with _____

Mailing Address _____ Zip Code _____

Father/ Legal Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____	Mother/ Legal Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____
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EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent/Legal Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

My child has health insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, check: <input type="checkbox"/> QUEST <input type="checkbox"/> Medicaid OR <input type="checkbox"/> Private If private, check your plan: <input type="checkbox"/> HMSA <input type="checkbox"/> Kaiser <input type="checkbox"/> Tri-Care <input type="checkbox"/> Other

- My child receives regular care for the following medical conditions:
 - No medical condition
 - Yes. **Please check below:**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Chronic Cough/Wheezing	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> JRA Arthritis	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Rheumatic Heart	<input type="checkbox"/> Skin Problems
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Problems
 - Allergies:** Bee Sting Food Medications Other _____
Date and type of last reaction _____
 - Other Health Concerns: _____
- Takes medications (LIST) _____

• Other children in the household:

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

A+ PROGRAM EMERGENCY FORM

(This form needs to be completed every school year.)

Father's ID No. _____
Mother's ID No. _____

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M F Birthdate

Month	Day	Year					

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Child resides with _____

Mailing Address _____ Zip Code _____

Father/ Legal Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____	Mother/ Legal Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____
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EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent/Legal Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

My child has health insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, check: <input type="checkbox"/> QUEST <input type="checkbox"/> Medicaid OR <input type="checkbox"/> Private If private, check your plan: <input type="checkbox"/> HMSA <input type="checkbox"/> Kaiser <input type="checkbox"/> Tri-Care <input type="checkbox"/> Other

- My child receives regular care for the following medical conditions:
 - No medical condition
 - Yes. **Please check below:**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Chronic Cough/Wheezing	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> JRA Arthritis	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Rheumatic Heart	<input type="checkbox"/> Skin Problems
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Problems
 - Allergies:** Bee Sting Food Medications Other _____
Date and type of last reaction _____
 - Other Health Concerns: _____
- Takes medications (LIST) _____

• Other children in the household:

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

A+ PROGRAM EMERGENCY FORM

(This form needs to be completed every school year.)

Father's ID No. _____
Mother's ID No. _____

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M F Birthdate

Month	Day	Year					

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Child resides with _____

Mailing Address _____ Zip Code _____

Father/ Legal Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____	Mother/ Legal Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____
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EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent/Legal Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

My child has health insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, check: <input type="checkbox"/> QUEST <input type="checkbox"/> Medicaid OR <input type="checkbox"/> Private If private, check your plan: <input type="checkbox"/> HMSA <input type="checkbox"/> Kaiser <input type="checkbox"/> Tri-Care <input type="checkbox"/> Other

- My child receives regular care for the following medical conditions:
 - No medical condition
 - Yes. **Please check below:**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Chronic Cough/Wheezing	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> JRA Arthritis	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Rheumatic Heart	<input type="checkbox"/> Skin Problems
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Problems
 - Allergies:** Bee Sting Food Medications Other _____
Date and type of last reaction _____
 - Other Health Concerns: _____
- Takes medications (LIST) _____

• Other children in the household:

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHOOL _____

Site Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Application for Subsidized Monthly Fee (A+ Program)

Note: Application for each household if there is joint custody

If you are currently receiving financial assistance from Department of Human Services (FTW) Program, you do **NOT** have to complete Section 2 below, however, **you must provide the A+ Program with Form DHS 728 from the FTW Program office.**

1. Child(ren)'s Name(s) in A+ Program:

_____	_____	_____	_____
Last	First	Last	First
_____	_____	_____	_____
Last	First	Last	First

2. MONTHLY INCOME OF PARENT/LEGAL GUARDIAN LIVING IN HOUSEHOLD

To figure/convert to monthly income: Weekly income x 4.33, Income every 2 weeks x 2.15, Twice a month income x 2

List the names of all children and parent/legal guardian living in your household. Include yourself and the children listed above.	Gross MONTHLY Earnings (Before deductions)	MONTHLY Welfare, Alimony, Child Support & Social Security	MONTHLY Pension or Retirement Payments	Any OTHER MONTHLY Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

TOTAL number of household members: _____
Zero Income. You must explain how your living expenses are being met. _____

3. The information on this form and the attached documentation may be used to assist the determination of eligibility for the After-School Plus (A+) Program's subsidized monthly fee. A+ Program staff may verify all the information on this form and the attached documentation. I give up my rights to confidentiality for this purpose only. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made. I also certify that all of the above information is true and correct and all income is reported. I understand that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. If any information has been falsified, I understand that this may result in a loss or reduction of benefits, legal claims, and dismissal of my child(ren) from the After-School Plus (A+) Program.

Parent/Legal Guardian's Signature _____ Date _____ Home Phone _____

Parent/Legal Guardian's Printed Name: _____ Work Phone _____

4. I have attached a copy of **one** of the documentation for **every type of income we receive** to show that I qualify for a subsidized monthly fee. See **Sources of Acceptable Income Documentation** listed on the back of this application.

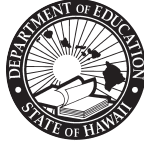
Attach the supporting documentation to this **Application for Subsidized Monthly Fee**. Submit with the **A+ Program Registration Form** to your A+ program Site Coordinator.

LIST OF ACCEPTABLE INCOME DOCUMENTATION FOR THE AFTER-SCHOOL PLUS (A+) PROGRAM

As stated on the application form, **you must submit supporting documentation. If you would like to apply for subsidized tuition**, acceptable documentation is listed below.

For each **“Type of Income”** you receive, send **one** of the following documents from the **“Suggested Sources of Acceptable Written Evidence”**.

Type of Income	Suggested Sources of Acceptable Written Evidence
Earnings/Wages/Salary	1. For each type of income received, send one of the following: <ul style="list-style-type: none"> • Current paycheck stub (for one month) • Letter from employer on official letterhead stating gross wages paid and how often they are paid; or 2. Self-employed, business or farming documents, such as ledger books, last quarterly tax estimates, last year’s tax return; or 3. Last year’s tax return (gross income) with copy of W-2.
Cash Income	A letter from employer stating wages paid and frequency.
Social Security (all types)	1. Social Security Benefit Award letter; or 2. Statement of benefits received.
Pension/Retirement	1. Statement of benefits received; or 2. Pension award notice.
Unemployment Compensation/Disability or Worker’s Compensation	1. Benefit Award letter; or 2. Check stub.
Financial Assistance Payments	Benefit statement from DHS (Do not include SNAP).
First to Work	DHS Form 728 from First to Work unit.
Child Support/Alimony	1. Copies of checks or proof of payment received; or 2. Court order decree or agreement.
All other income	Documents showing the amount, how often, and date received.
No Income	Provide a brief note explaining how you provide food, clothing, and housing for your household and when you expect income.



*A+ Request for Accommodation Form
(For parent/guardian to complete)*

Date of Request: _____

School: _____

Child's Name: _____

Child's Age: _____

Parent/Guardian Name: _____

Telephone: _____

Accommodation being requested:

Reason for the request for accommodation:

Other comments:

Parent/Guardian Signature

Date

