

ASP2 STEAM Academy Inc (NFP)



Enrollment Packet

Application for Enrollment

Name of Child _____ Birthdate _____ Sex _____

Address _____

Name of Child _____ Birthdate _____ Sex _____

Address _____

Name of Child _____ Birthdate _____ Sex _____

Address _____

Parent or Guardian Placing the Child

Name _____ Email _____

Relation to child _____ Date _____

Address if Different from Child _____

Home Phone _____ Cell Phone _____

Place of Employment _____

Address _____

Work Phone _____ ext. _____ Contact _____

Use of ASP2 Computers

As a part of my schoolwork, my school gives me the use of computers and storage space on the server for my work. My behavior and language are to follow the same rules I follow in my class and in my school. To help myself and others, I agree to the following promises:

1. I will use the computers only to do school work, and not for any other reason. I will not store material that is not related to my schoolwork.
2. I will use the Internet only with my teacher's permission.
3. I will not give my password to anyone else, and I will not ask for or use anyone else's password.
4. I will not put on the computer my address or telephone number, or any other personal information about myself or anyone else.
5. I will not upload, link, or embed an image of myself or others without my teacher's permission.
6. I will not play games that a teacher has not approved.
7. I will be polite and considerate when I use the computer; I will not use it to annoy, be mean to, frighten, threaten, tease, bully, or poke fun at anyone; I will not use swear words or any other rude language.
8. I will not try to see, send, or upload anything that says and/or shows bad or mean things about anyone's race, religion or sex.
9. I will not damage the computer or anyone else's work.
10. I will not take credit for other's work.
11. If I have or see a problem, I will not try to fix it myself, but I will tell the teacher.
12. I will not block or interfere with school or school system communications.
13. My teacher may look at my work to be sure that I am following these rules, and if I am not, there will be consequences which may include not being able to use the computer.
14. I know that the conduct that is forbidden in school is also forbidden when I use computers outside of school if it interferes with other students' education, and if I break the rules there will be consequences.

Print Student Name: _____ Age: _____

Parents: I have read and discussed with my child the Acceptable Use Agreement, and I give permission for his or her use of the resources. I understand that computer access is conditional upon adherence to the agreement. Although students are supervised using computers, and their use is electronically monitored, I am aware of the possibility that my child may gain access to material that school officials and I may consider inappropriate or not of educational value.

Parent Signature: _____ Date: _____

**STUDENTS MAY NOT USE COMPUTERS UNLESS THIS AGREEMENT IS SIGNED
AND RETURNED TO THE TEACHER.**



Permission to Photograph

I,

_____ (parent's or guardian's name)

give permission for
ASP2 STEAM Academy

_____ (name of child care provider or facility)

to photograph my child,

_____ (child's name)

for the following purposes:

| Type of Use: | (Please check one) | |
|--|--------------------|--------------------|
| | Grant Permission | Decline Permission |
| Still Photographs: | | |
| Display in provider's personal scrapbook | | |
| Give photographs to current clients | | |
| Display in facility's scrapbook or bulletin boards, shown to current and prospective clients | | |
| Display still photos on facility's website * | | |
| Use still photos in promotional materials | | |
| Videos: | | |
| Give video to current parents | | |
| Display video on facility website | | |
| Use videos in promotional materials | | |
| Other (please list): | | |
| | | |
| | | |
| | | |

* only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form if I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

_____ (parent or guardian signature, and date)

IMMUNIZATION RECORD

Please attach a copy of the DHS Immunization Records. These requirements can be waived only if a properly signed health, religious or personal conviction waiver is filed with the academy.

This form is for _____ Child's Name

Completed by _____ (Parent name)

*A recent physical record (within 30 days of enrollment is required).

WAIVERS: For health reasons this student should not receive the following immunizations:

_____ (Please list above any immunizations already received).

Physician Signature: _____

For religious reasons this student should not be immunized. (Please list above any immunizations already received). _____

For personal conviction reasons this student should not be immunized. (Please list above any immunizations already received). This form is complete and accurate to the best of my knowledge.

x _____

Signature of Parent/Legal Guardian Date

Dress for the Future

ASP2 STEAM Academy believes that appropriate dress and grooming contribute to a productive learning environment. The Board expects students to give proper attention to personal cleanliness and to wear clothes that are suitable for the school activities in which they participate. Students' clothing must not present a health or safety hazard or a distraction which would interfere with the educational process. Students and parents/guardians shall be informed about dress and grooming standards at the beginning of the school year and whenever these standards are revised. A student who violates these standards shall be subject to appropriate disciplinary action. The Director, staff, and parents/guardians may establish a reasonable dress code that prohibits students from wearing gang-related apparel when there is evidence of a gang presence that disrupts or threatens to disrupt the school's activities. Such a dress code may be included as part of the school safety plan and must be presented to the Board for approval. The Board shall approve the plan upon determining that it is necessary to protect the health and safety of the school's students. The dress code is as follows:

Students are required to wear any combination of clothing with ONLY the colors black and/or white. Any kind of shoes may be worn, but preferably sneakers. Lab coats, smocks, safety goggles, and any other required dress items for specific classes will be provided by ASP2.

Responsible Party:

_____ Print Date _____

_____ Signature

Service Agreement

Please read the following agreement carefully, fill out your child's name and attendance information, sign, and return it to ASP2 STEAM Academy Inc prior to your child's first day of attendance.

It is my responsibility to read and comply with ASP2 STEAM Academy's Parent Handbook.

I hereby agree to notify ASP2 STEAM Academy Inc in writing in advance of my child's withdrawal **within 2 weeks** of this service agreement or **forfeit** any refunds of fees and payments made on my child's behalf.

It is my responsibility to notify ASP2 STEAM Academy Inc if my child will be absent or late on any given day. Attendance is highly important to receive the full expectations of the curriculum. If a student has 8 unexcused absences in one semester, the student may be subject to suspension until next semester. Medical conditions are excused with doctor's documentation.

I understand and agree that my child will be enrolled in the program below:

Early Pre-K Pre-K Scholars Kindergarten 1st 2nd 3rd Before/After School

Child's Name: _____ DOB _____

I will bring my child at: _____ and pick up at: _____

Responsible Party:

_____ Print Date _____

_____ Signature

Permission to Participate in ASP2 STEAM Inc Activities:

Child's Name: _____

I hereby give consent for my child to use of all the play equipment and to participate in all the activities of ASP2 STEAM Academy Inc.

I hereby give consent for my child to be included in evaluations and assessments connected with ASP2 STEAM Academy Inc.

I am aware that NO MEDICAL INSURANCE IS PROVIDED by ASP2 STEAM Academy Inc.

I am aware there may be one field trip per semester.

I hereby understand that I am responsible for my child whenever applicable if I fail to give written consent for my child to participate in ASP2 STEAM Inc activities away from school. *Consent forms will be provided prior to each scheduled activity.*

Please Initial

_____ ASP2 STEAM Academy Inc will not be responsible for anything that may result from false information given by parent or guardian.

_____ ASP2 STEAM Academy Inc WILL NOT assume responsibility for a child who has not been signed in when he/she arrives for the day or who has not been signed out.

Father/Co-Parent/Legal Guardian _____ Date _____

Mother/Co-Parent/Legal Guardian _____ Date _____

Director _____ Date _____

Financial Agreement

ASP2 STEAM Academy Inc are due on the first Monday of each month.

For All Parents/Legal Guardians:

I hereby agree to notify ASP2 STEAM Academy Inc, in writing, of my child's withdrawal by the 10th of the current month. Failure to do so results in full payment for that month due. Prorated return of payments will only be given if written notification is received by the 10th. There is a \$1 per minute fee after the required pickup time.

Responsible Party:

Please indicate which person will be solely responsible for monthly fees. *It is acceptable, in the case of co-parenting families for example, to have monthly fee payments received from multiple sources, however only one person may be designated as the responsible party for the fees.* This person is the one ASP2 STEAM Academy Inc will notify if any source of monthly fees is late and they would be responsible to pay all portions of the fees to continue enrollment. They would also be the person responsible listed on the monthly statements sent out by accounting.

Responsible Party:

_____ Print Date _____

_____ Signature

ASP2 STEAM Academy Inc (nfp) Emergency Contact Information

| | |
|------------------------|--|
| Child's Name: | |
| Birth date: | |
| Street address: | |
| City, State, Zip Code: | |

| Sibling(s) Name: | Birth date: | Living in Child's Home? (Y/N): |
|------------------|-------------|--------------------------------|
| | | |
| | | |
| | | |

| | |
|-------------------------------------|--|
| Mother's (guardian's) name: | |
| Home street address (if different): | |
| City, State, Zip Code: | |
| Home Phone: | |

| | |
|-------------------------------------|--|
| Father's (Guardian's) name: | |
| Home street address (if different): | |
| City, State, Zip Code: | |
| Home Phone: | |

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

| | |
|------------------------------------|--|
| 1 st Alternate Contact: | |
| Relationship to child: | |
| Home street address: | |
| City, State, Zip Code: | |
| Home Phone: | |

Is this person authorized to make medical decisions for your child if you cannot be reached? Yes _____ No _____

| | |
|------------------------------------|--|
| 2 nd Alternate Contact: | |
| Relationship to child: | |
| Home street address: | |
| City, State, Zip Code: | |

| | |
|-------------------------------------|--|
| Child's Doctor (or name of clinic): | |
| Preferred Practitioner: | |
| Street Address: | |
| City, State, Zip Code: | |
| Telephone Number: | |

| | |
|--------------------------------------|--|
| Child's Dentist (or name of clinic): | |
| Preferred Practitioner: | |
| Street Address: | |
| City, State, Zip Code: | |
| Telephone Number: | |

This is a legally binding form. By signing below, you state that all the information contained on this form is correct to the best of your knowledge. Giving false information would be grounds for termination of childcare services, forfeiture of retainer, or both.

| | |
|-----------------------------|------|
| Father/Guardian's Signature | Date |
| Mother/Guardian's Signature | Date |
| Provider Signature | Date |

Child Pick up List

Child's Name: _____

Please list all persons who have permission to pick up your child/children from ASP2 STEAM Academy, other than parents or legal guardians. Only those individuals listed on this form will have permission to pick up your child/children from ASP2 STEAM ACADEMY. If you need to make changes to this form, please inform the Director or Assistant Director as soon as possible before any pick-up changes are to take place. Only a parent/guardian may make changes to this form.

| <u>NAME</u> | <u>RELATIONSHIP TO CHILD</u> | <u>PHONE NUMBER</u> |
|-------------|------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SIGNATURE PARENT/GUARDIAN

DATE

All About Me!



Child Name _____ Age _____ Sex _____

Medical Problems

Regular Medication _____
(Requires Statement from Physician)

Physical Concerns

Restrictions for play

Outdoors _____

Indoors _____

Allergies

Food Likes _____

Food Dislikes _____

Fears _____

Comments

All Information Shall Be Perceived and Managed Confidentially

ASP2 REDIRECTION REPORT

At ASP2 STEAM Academy Inc, our goal is to prepare the children for their future in every way possible, even as far as our disciplinary actions. Each child enrolled deserves the best opportunity for a positive learning experience. We do not have *Corporal Punishment*; however, we will work together to redirect unacceptable behavior.

Our redirection policy is explained in the **ASP2 Handbook**. The policy will allow your child to be given *4 chances a day*.

- The first time your child is redirected for bad behavior, he/she will be given a verbal warning by the lead instructor.
- The second time your child will be placed in "Time Out," for 1 min/age.
- The third time your child may be lose a privilege or may be excused from that day's activities.
- The fourth time the director will be notified of your child's behavior. At the director's discretion, necessary redirection action will be taken, resulting in a note sent home to explain the behavior and the actions taken. (*A parent/provider conference may be requested, and your child may not be able to attend the academy.*)

This is to certify that my child _____ will obey the rules listed above.

_____/_____
Parent signature Date