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| gbt new logo*GBTC Official Use Only!*Acceptance Date:\_\_\_\_\_\_Notified By: \_\_\_\_\_\_\_\_\_\_Amt Pd: \_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reg. Fee: \_\_\_\_\_\_\_\_\_\_\_\_1st Tuition: \_\_\_\_\_\_\_\_\_\_\_*GBTC Office Use Only!*The following documents needed with application:Birth Certificate \_\_\_\_Immunization Card \_\_\_\_ Driver’s License*\_\_\_\_\_\_* The caregiver will be responsible for making sure children are in a safe and learning environment. The caregiver will teach children basic concepts like how to read and count through educational games, problem-solving and storytelling. They will teach children social skills and encourage children to interact and play with each other. In addition, the caregiver will schedule recreational activities such as painting, drawing or listening to music. The caregiver will maintain contact with parents or guardians through scheduled or informal meetings that will keep the parents abreast of children’s needs, progress and daily activities. Greater Bethlehem Temple Churchapplication for After-school/extended  |
| ***NOTE: Please submit this application to administrative office of Little Saints Academy 1411 Robinson Street, Jackson, MS. A non-refundable $50.00 registration fee per child must accompany this application. Registration fee must be paid before enrollment and tuition is due each Monday or before services are rendered.*** |
| **Student Name: (Last) (First)**  | **Today’s Date:** |
| **Date of Birth:** | **Sex: M or F (circle one)** | **Age:**  |
| **Current Address:**  |
| **City:** | **State:** | **ZIP Code:**  |
| **Current Grade Level:**  | **School Name:**  |
| **Additional Children:**  **NAME CURRENT GRADE LEVEL SCHOOL**1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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| **Parent/Guardian Name: (Last) (First)**  |
| **Email Address:** |
| **Home Phone:**  | **Cell Phone:**  | **Work Phone:** |
| **After school enrollment FEES** **$60.00 weekly fee** **Hours of Operation: 2:30 – 5:30 P.M. Monday – Friday** | **extended service is care provided for families during school closures such as spring break & long holidays. Mon. – Fri. Hours of operation: 8:00 A.m. – 5:30 P.M.** |
| **HOMEWORK ASSISTANCE PROVIDED DAILY****Students participate in activities such as those listed below.**Basketball, Creative Arts, Vocabulary Development, Visual Arts, Creative Writing, Reading for Understanding, Organized Games, Game Room, and Creative Expressions | **EXTENDED SERVICE Care is provided for school closures of two or more days.****Cost for Service Care:** **Full Week - $125.00****Three Days - $100.00****Two Days - $75.00****Payments must be made before services are given.** |
|  **TRANSPORTATION School Name**Afterschool transportation from school to the Family Life Center will be provided, do you need the service? YES NO  |
| **EMERGENCY CONTACT INFORMATION & PROCEDURES**Please indicate whom we should contact in case of an emergency (other than parent). |
| 1st Choice:  | Daytime Phone:  | Alternate Phone: |
| 2nd Choice:  | Daytime Phone:  | Alternate Phone: |
| Please list the name(s) or person(s) **other than** parent or legal guardian to whom child may be released.1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the name of any person your child **can not** be released to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are there any restrictions on your child’s activities during After School? YES or NO If yes, explain |
| **NOTICE: GBTC personnel will not administer medication under any circumstances.**List any medical information/concerns or allergies you would like to share, which might help better serve your child. This information is confidential.Allergies: |
| In case of divorced or separated parents, are there any legal restrictions on the release of child to either parent? YES or NOIf so, please provide formal documentation to keep in your child’s file. |
| **Emergency Instructions*** I give permission to GBTC After School Program personnel to secure emergency medical and/or surgical treatment for the minor child listed (on page 1) while in its care.
* I do not give permission to GBTC After-School Program personnel to secure emergency medical and/or surgical treatment for the minor child listed (on page 1) while in its care.
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| Hospital preferred in case of emergency:  | Phone:  |
| **parent/student behavior agreement** |
| The GBTC After-School is an educational supplemental program for after-school and summer activities designed to provide academic enrichment, recreational engagement, and character development for students in grades K-8. Students are expected to participate in all prescribed activities in an environment that sanctions a **zero-tolerance rule for disruptive behavior.** Your child(ren) are subject to be disciplined in the following manner:1st Offense – Warning and punishment issued – (Direct or proximity activity) missed activity, etc. at the discretion of the instructor.2nd Offense – Meeting with Director – disciplinary action3rd Offense – Parental contact and removal from Friday fun activity/field trip4th Offense – Subject to removal from programThe Director reserves the right and authority to remove any participant from the program at any time. The safety and well-being of students is always top priority. |
| **FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**Please check the items in which you would like to allow your child to participate.* ***News information release*** (There may be times during the After-School Program when staff members, news media, or others may wish to photograph or videotape your child during the program – name, portrait, picture, voice, or likeness.)
* ***Communication release*** (There may be times during the program that others wish to identify your child by name and grade in newsletters and publications.)
* ***Artwork release*** (There may be times during the program that staff members, news media or others wish to use artwork created by your child(ren) for use in print, video, Internet, or other communications methods.)
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| **PARENT/GUARDIAN CONSENT**By signing below, I give permission for my child to participate in the GBTC After-School Program. I acknowledge the above Parent/Student Behavior Agreement and give permission to GBTC After School Program personnel to follow the above-named disciplinary actions. Furthermore, I give consent or lack of consent (as indicated above) for a medical provision of emergency care while enrolled. I give permission to use artwork, videos, photographs, voice, or likeness of my child for promotional purposes (as indicated above) in a variety of mediums for the After-School Program and local coverage of program events. |
| Parent/Guardian Name: (please print) |
| Signature of Parent/Guardian: Date: |

**WE ADHERE TO ALL CDC GUIDANCES RELATED TO COVID-19.**