

Nea TK Aftercare Program Application 2022-2023

For its TK Learners, Nea offers affordable, five-day-a-week onsite After School Care supervised by our school-day campus supervisors. The Aftercare Program runs from school dismissal until **5pm** and includes a daily healthy snack. By submitting this application, you agree to pick up your child by **5pm**. The fee for aftercare is a flat monthly rate of \$200 with opportunity for fee reduction and waivers for families who qualify for Free/Reduced Lunch and/or our English Language program. This fee is the same flat fee each month no matter how often you access it.

To begin with us on the first day of school, August 10th, a first payment of \$50 can be submitted to the Nea main office via cash or check payable to Nea. Payments thereafter are due the first of every month (beginning September 1st). Please fill out the form below and return via email to becky.freeman@clcschools.org or you can print and return to the Nea main office.

PERMISSION TO PARTICIPATE

_____ <i>Learner's Name</i>	_____ <i>Grade</i>	_____ <i>Date of Birth</i>
_____ <i>Home Address</i>	_____ <i>City</i>	_____ <i>Zip</i>
() _____ <i>Home Phone</i>	() _____ <i>Work Phone</i>	() _____ <i>Cell Phone</i>

I give my child permission to participate in the 2022-2023 Aftercare Program.

_____ <i>Guardian's Name (Please print)</i>	X _____ <i>Signature</i>	_____ <i>Today's Date</i>
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EMERGENCY CONTACT INFORMATION

*Please note that the emergency contact person will be considered approved to sign your student out of the program.

_____ <i>Name</i>	_____ <i>Relationship</i>	_____ <i>Phone: work/home/cell</i>
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Please list the names and grades of any siblings who also attend Nea:

Does your child have an IEP/504 Plan? ☐ Yes ☐ No Does your child have health coverage? ☐ Yes ☐ No

_____ <i>Medical Insurance Name</i>	_____ <i>Policy Number/Primary Insured's Name</i>
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_____ <i>Name of Child's Doctor</i>	() _____ <i>Doctor Telephone</i>
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Please list any medications, allergies, or medical conditions here

*In case of an emergency involving my child, I/we give permission for Aftercare program staff to furnish and/or obtain emergency medical treatment for my child and to act as guardian in permitting medical treatment if unable to reach me/us.

I/we understand that Nea Community Learning Center does not pay for accident injuries to learners. No-cost local, state or federally sponsored health insurance is available for eligible families. I/we must call 1(800) 880-5305 for more information on eligibility. I/we understand that all emergency and/or medical costs are my responsibility.

X _____ <i>Signature of Parents or Guardian</i>	_____ <i>Date</i>
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DAILY STUDENT RELEASE POLICIES

As parents/guardian, I/we understand that the Aftercare Program will begin immediately after school is out and will end at **5:00p.m.** **Please carefully review the two options below for learner release. You MUST complete either the "Pick Up Policy" for learners who will be picked up, OR the "Waiver of Pick Up Policy" for learners who will be released to walk home. If a combination of methods is required, please complete BOTH sections:**

LEARNER RELEASE/PICK UP POLICY

I/we will pick up my/our child from the program.

When I/we am unable to pick my/our child up, I/we give permission to the following **individuals to pick up my child who must provide ID**. Student MUST be signed out by the parent/guardian named above, or by one of the individuals listed below. No learner will be signed out to anyone under the age of 16.

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
<u>X</u>	<u>Signature of Parents or Guardian</u>	<u>Date</u>

PROGRAM USAGE

Please indicate how often you would like to use the Aftercare program. We would like to plan for how many snacks to order and for activities based on the number of students we will see daily

Anticipated days of the week: _____

Anticipated pick-up time: _____

X _____
Signature of Parents or Guardian *Date*

We accept payment by cash or check in the office. You will receive a monthly invoice.

For questions or more information, contact the main office by email at becky.freeman@neacdc.org or call 510-748-4008.