

Las Américas ASPIRA Academy

Extended Care Program 2024 - 2025

Student Information

Student Name: _____

Nickname child prefers: _____ Male Female

Date of Birth: ____/____/____ Grade Entering August 2024: _____

Street Address: _____

City: _____ Zip Code: _____ Home Phone#: _____

Parent/Guardian Information

Name of Parent/Guardian #1: _____

Date of Birth: ____/____/____ **Authorized to Pick-up:** Yes No

Email Address: _____

Primary Phone#: _____ Text: Yes No

Alternate Phone#: _____ Text: Yes No

Name of Parent/Guardian #2: _____

Date of Birth: ____/____/____ **Authorized to Pick-up:** Yes No

Email Address: _____

Primary Phone#: _____ Text: Yes No

Alternate Phone#: _____ Text: Yes No

Do the child's parents live together? Yes No If No: Separated Divorced Widowed

Is there a custody or visitation arrangement? Yes No
If yes; please attach supporting documentation

Emergency Information

If parent/guardian is not available in an emergency, please notify:

Name	Primary#	Alternate#	Relationship to Child
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Family Physician: _____ Phone#: _____

Family Dentist: _____ Phone#: _____

Family Medical/Hospital Insurance/HMO: _____

Insurance Policy#: _____ Group#: _____ Carrier: _____

In the event that I cannot be reached in an Emergency, I hereby give permission to the physician selected by the program coordinator to transport, hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature: _____ Date: _____

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Child Release Information

The following people are authorized to pick up my child from the After Care Program:

NAME	PHONE#	NAME	PHONE#
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

I give the ASPIRA Academy permission to release my child as indicated. I understand any changes to this information must be submitted in writing to the Main Office. In the event there is a question about who my child is to go home with, my child will be kept at school, I will be notified and I will be responsible for picking him/her up from school.

Signature of Parent/Guardian: _____ Date: _____

Medical Information

To be completed by a parent/guardian:

Check if child has problems with any of the following and give additional comments below:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Frequent Cold/Sinus | <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Hearing difficulty | <input type="checkbox"/> Behavior Problem | <input type="checkbox"/> Constipation/Diarrhea | <input type="checkbox"/> Speech Difficulty |
| <input type="checkbox"/> Vision Difficulty | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Allergies (food, medicine, bee stings) | |
| <input type="checkbox"/> Other _____ | | | |

Comments: _____

Additional information about your child (serious illness, accidents, operations, medications, etc.): _____

Special information we should know about your child: _____

Medication your child takes (Note: If medication needs to be administered during program, please pick up a Medical Release Form from the Main Office): _____

Release of Children

I give the ASPIRA Academy permission to release my child as indicated. I understand any changes to this information must be submitted in writing to the Main Office. In the event there is a question about who my child is to go home with, my child will be kept at school, I will be notified and I will be responsible for picking him/her up from school.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Expectation

I, _____, parent/guardian of _____ attending the Extended Care School Program, hereby agree to the following:

- My child is to be dropped off at LAAA no earlier than 6:45am
- My child is to be picked up from LAAA no later than 6:00pm
- Payment is due **before** care is granted
- There will be a fee for every minute late after requested pick-up time
- Care may be denied after third late pick-up

Signature of Parent/Guardian: _____ Date: _____

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Media Consent

From time to time, Las Américas ASPIRA Academy may receive requests from the media to publicize its educational programs and student activities. In addition, your student's teacher and/or administrators appreciate the opportunity to photograph, quote and videotape our students for use in the school newsletter, calendar, website and other promotional or training/education materials. We ask for your consent to allow your student(s) to participate if and when this should happen. If you do not want Las Américas ASPIRA Academy to release this information, you must sign below. If you do not sign below, it will serve as authorization for Las Américas ASPIRA Academy to photograph, videotape or film your child, or permit the media to photograph, videotape, or interview him or her. It will also serve as authorization for Las Américas ASPIRA Academy to use statements, endorsements and/or comments about the programs, services, conditions and personnel associated with your student's experience with Las Américas ASPIRA Academy. I understand and agree that Las Américas ASPIRA Academy and its employees will bear no responsibility for the content of any news media coverage in which such filmed interview, film, videotape or photograph may be used.

Note: Las Américas ASPIRA Academy has no authority to disallow filming of schools from the street or sidewalk off property.

I do NOT wish to give my consent to this request.

(Sign ONLY if you DO NOT want us to use your student's image)

Parent/Guardian Signature: _____ Date: _____

Expectations Agreement

By signing below, I agree that I have discussed with my child the LAAA expectations highlighted in the Code of Conduct which will still be in place during the Extended Care Program. We agree and we will honor the ASPIRA Academy's Code of Conduct. We understand that it is the discretion of the Program Coordinator and Head of School for participants to be suspended, or terminated, from the program due to inappropriate behavior.

I understand that it is my responsibility to review the Code of Conduct with my child.

Parent/Guardian Signature: _____ Date: _____

Screen Time Permission

Children in the extended care program may have access to chrome books. These devices are intended to be used for homework and/or an educational video, or a game that is related to their curriculum. Entertainment may also be viewed on a smart board, movie screen, computer, tablet, or gaming device. Programs will be age-appropriate and limited in time unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

Parent/Guardian Signature: _____ Date: _____

Scheduling and Fees

Scheduling and fees must take place in the HiSawyer.com portion of the ASPIRA Academy.org website for extended care. Any fees paid outside of this website will not be included in annual reporting for tax purposes. Please note that any requests for care not made in advance will be considered as "drop-in service" and charged accordingly. There are no partial-hour rates. All rates will be rounded up to the nearest hour.

Elementary Before care – 6:45am-8:00am is \$10/day or \$50 entire week (\$15 daily drop in rate)

After care MS – 2:15pm-3:30pm - \$10/day or \$50 entire week (\$15 daily drop in rate)

After Care MS – 2:15pm-5:00pm - \$22/day or \$110 entire week (\$33 daily drop in rate)

After Care MS – 2:15pm-6:00pm - \$30/day or \$150 entire week (\$45 daily drop in rate)

Elementary After Care – 3:30pm-5:00pm - \$10/day or \$50 entire week (\$15 daily drop in rate)

Elementary After Care – 3:30pm-6:00pm - \$18/day or \$90 entire week (\$30 daily drop in rate)

A 20% discount if they make a full block payment. There will be **NO REFUND** for days students are absent, for any reason. Daily drop in rates still apply if care was not previously requested.

As many of our clubs are partnerships with community partners, the club sessions will need to be paid in full in advance. There will be no reimbursement for sessions missed by absence and there will be no prepayment discount.

Parent/Guardian Signature: _____ Date: _____

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Payments

Care services must be paid in advance.

Late Payments

If payments become past due, children may lose the privilege to participate in the program.

Late Pick-up

Parents/Guardians are responsible for a late fee of \$1.00 per minute, per child, past the pick-up time requested until 6:10pm. After 6:10pm, \$5.00 per minute, per child, will be charged. Late pick up fees must be paid no later than the beginning of the last day of the week in which the lateness occurs. Your child(ren) will not be able to return to ASPIRA Extended Care until all late fees are paid. Continuous late pick-ups may result in losing my space for future weeks of Extended Care.

Parent/Guardian Signature: _____ Date: _____

Invoices/Tax Receipts

Please be aware that invoices and year-end tax reports will be available on the HiSawyer website. It is your responsibility to keep the Extended Care Program updated with your current information. Note that tax receipts will not be mailed. Additionally, any payments made outside of the HiSawyer website will not be reflected in your year-end tax receipts.

Locations

Before care drop off and after care pick up will take place at the Pond View entrance- back parking lot, door #6.

Food Offerings

Please be advised that all students are offered breakfast in before care and dinner in after care free of charge each day. Menus are available online at www.aspiracademy.org.

Personal Items

Las Américas ASPIRA Academy will not be responsible for any lost, broken or stolen personal items that are brought to school.

Please be advised that children are not to bring personal toys, electronics or cell phones to school. If items are brought to the school, they may be confiscated and given to parent/guardian at pick up. If there is a third offense, the child will be suspended from extended care for one day. **As per the Code of Conduct, cell phone use is not allowed at ASPIRA Academy, this includes before and after care.**

Release Information

If anyone, not already listed as an emergency contact, needs to pick up student(s), written notice must be submitted to the main office, and a response received, before another person will be given permission to pick up. State Issued I.D. will be required at time of pick up. Student will not be released to any person(s) who appears to be impaired or unable to safely transport the student off the campus.

If, after all reasonable attempts to contact parent/guardian and emergency contacts, the child remains at LAAA after 6:15pm we reserve the right to contact DFS to take custody of the child until parent/guardian assumes custody of the child.

I agree to all rules and regulations as stated above. _____ (Initial Here)

I have received a copy of the Extended Care Program Contract. _____ (Initial Here)

Acknowledgment

Please sign below to acknowledge that you have read and are aware of the extended care payment policies that are to be enforced.

Printed Name _____ Signature _____ Date _____

Parent email address _____

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Annual Parent Right to Know Notice Log-NCC

By signing this form, I am acknowledging I have received a copy of the Parents Right to Know Notice which states, "UNDER THE DELAWARE CODE, YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY." To review a child care facility's record, contact the administrative specialist, Office of Child Care Licensing, 3411 Silverside Road, The Concord | Hagley Building, Wilmington, Delaware 19810, phone (302) 892-5800.

You may also view substantiated complaints and compliance review histories by visiting the Office of Child Care Licensing's child care search at https://education.delaware.gov/families/occl/child_care_search/.

Parent/Guardian Name

Signature

Child's Name

Date Received