

## Student Enrollment Form 2011/2012

## BIDDEFORD EXCEL After School Program

### Enrollment Information

Dear Parents: Please fill out the following information and return this form to the Main Office at Biddeford Middle School. This enrollment form must be processed through the school's administrative offices first, **please do not submit or mail directly to Riverview Foundation**; doing so can cause delays in confirmation. This form is required to participate in the afterschool program. Thank you!

Participants Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female Race/Ethnicity \_\_\_\_\_ Limited English Proficiency:  YES  NO

Home Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

The **Best way** to inform you of program events?  Email  Phone Call  Hard Copy sent home with Student

Primary Email address or phone#: \_\_\_\_\_

**Guardian #1:** \_\_\_\_\_

**Guardian #2:** \_\_\_\_\_

**Relation to Student:** \_\_\_\_\_

**Relation to Student:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

In case of emergency and the parent or guardian cannot be reached, please notify:

Name: \_\_\_\_\_ Relationship to Family: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**For Office Use Only: BIDDEFORD Schools**

**For Office Use Only: Riverview Foundation**

Date Rcvd:	LP	ED - (Full, Reduced, or Paid)	SS	ESL	MEDMS #	NWEA - R	NWEA - M	Initial	Date Entered:	Student ID#	Initial

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**BIDDEFORD EXCEL** After School Program

## DAYS PER WEEK:

The program is held Mondays and Wednesdays each week, with special events, field trips and community service projects held occasionally on Friday afternoons. Please refer to event and monthly program calendars for more information.

We encourage students to attend program consistently to receive the full benefits of the program offerings.

## Please check the session(s) you would like to enroll your child in the 2010/11 School Year

- Session 1: September 19<sup>th</sup> – November 10<sup>th</sup>
- Session 2: November 14<sup>th</sup> – January 20<sup>th</sup>
- Session 3: January 23<sup>rd</sup> – Mar 30<sup>th</sup>
- Session 4: April 2<sup>nd</sup> – June 8<sup>th</sup>



## Transportation

A "Late Bus" is provided by Biddeford School Department at 3:25 on Wednesdays only, and drops students off at their home address.

- Yes, I would like to ride the Late Bus on Wednesdays if possible
- No, I do not need transportation from Biddeford MS

## Walker's Consent

- Yes, I give my child permission to walk home from the program without an adult
- No, I do not give my child permission to walk home from the program without an adult

The Riverview – Biddeford Excel Afterschool Program adheres to the same walker policies and standards set by the Biddeford School Board and enacted by the Transportation Department. Please refer to Biddeford's walker policy for more information.

**My child may be allowed to walk to:**  His/her residence  Residence of family member or friend  
 Other: (Please specify): \_\_\_\_\_

This releases all Riverview Foundation Staff from the responsibility of looking after my child after he or she has left the Riverview – Biddeford Excel Afterschool Program.



\_\_\_\_\_  
PARENT/ LEGAL GUARDIAN SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

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BIDDEFORD EXCEL After School Program

## Program Session Fees:

**Average Hourly Rate of \$0.73!**

Please CHECK OFF your preferred payment plan option

**Four payments of \$18.75**

SAVE \$7.50 by paying the full amount at only \$67.50

**\*Program fees cover daily snacks, structured homework time & activities.**

**PLEASE NOTE: You must be current in your payment plan to be considered for future sessions of Excel**

Please enter your Program Fee per session based on the information provided above: \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Payment method:  Check Enclosed (Payable to "Riverview Foundation")

Credit Card Number (MC, VISA, DISC) \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3-digit security code (on back of card): \_\_\_\_\_

Pay in Full & SAVE 10%

Payment Plan: 4 payments to be submitted every 2 weeks of the session, with first payment to be submitted with the application

Check here if you completed the Financial Assistance Application attached \*\*

**Please contact Adam Riggio for assistance in completing the form: 729-7399 ext. 323**

\*\*Limited financial assistance is available on an as needed bases. Application for scholarship is required and must be approved by the Riverview Foundation Business Office **before** enrollment.

**\*\*\*Please Note: There will be a \$10 "Bounce Fee" if payment does not go through**

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**BIDDEFORD EXCEL** After School Program

## Health/Medical Information

For the safety and best care of your child, please check below for any of the following that apply to your child, and provide as many details as possible.

- Medications: \_\_\_\_\_
- Medical conditions: \_\_\_\_\_
- Recent injuries: \_\_\_\_\_
- Food allergies: \_\_\_\_\_
- Drug allergies: \_\_\_\_\_
- Asthma: \_\_\_\_\_
- Other conditions or diagnoses: \_\_\_\_\_

## Dismissal/Sign Out

My child may be picked up by the following adults, please list all names (for students' safety reasons, the program policy will allow students to be released only to adults listed below):

Adult #1: \_\_\_\_\_ Adult #2: \_\_\_\_\_

Adult #3: \_\_\_\_\_ Adult #4: \_\_\_\_\_

## Releases

Students, parents and legal guardians, please read and sign the standard releases and permission forms that are required to attend the Riverview – Biddeford Excel Afterschool Program. Thank you! ☺

### For Emergency Treatment

I authorize Riverview Foundation and the Excel Afterschool Program Staff to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to the Riverview – Biddeford Excel Afterschool Program and in conjunction with any authorized event.

### General Release of Liability

In consideration for being allowed participant privileges in the Riverview – Biddeford Excel Afterschool Program, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I understand that this program includes physical activity and I also understand that any program or sport that includes such activity carries with it an inherent risk of physical injury. I further agree to hold harmless Riverview Foundation and Biddeford School Department, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the Riverview – Biddeford Excel Afterschool Program and Biddeford School Department and its partners is binding on me and my heirs, personal representatives, successors, and assigns.

## Student Enrollment Form 2011/2012

## BIDDEFORD EXCEL After School Program

### Release of Records

As your child is enrolled in the Riverview – Biddeford Excel Afterschool Program, and this program is funded in part by the Maine Department of Health and Human Services (DHHS), our use of this funding for the program requires that we report certain results to the DHHS, including academics, student MEDMS number, attendance, discipline, behavior, activity participation, and classroom performance. In addition to compliance with reporting requirements, use of these data assists program managers to make informed decisions about program adjustments and improvements, matching students with needs, program sustainability, and program replication in other sites. Our reporting of positive student results may increase our chances of securing continued and additional funding to operate this program. All information collected will be restricted and used solely for serving student needs and approved program evaluation purposes. Each staff member who has access to data receives proper training on the importance of confidentiality of the data. Information can be found at USDE's FERPA page: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>. By my signature, I authorize Riverview Foundation and Biddeford School Department to collect and maintain data for my student named below for the purposes of matching my student to services and for program evaluation and reporting. I understand that my student will not be identifiable in any reports to entities or individuals outside of the Riverview – Biddeford Excel Afterschool Program.

### Community Field Trips

Riverview – Biddeford Excel Afterschool Program will take field trips during the afterschool program. These field trip locations and dates will be posted on the program event calendars which will be sent home with the students, posted at the program site and sent to parents via email when possible. We will always return by normal dismissal time, unless we notify you in advance. I give permission for my child to leave the school property with supervision from the Riverview – Biddeford Excel Afterschool Program partners, directors, officers, employees, agents, and volunteers. While taking part in these community field trips I release the Biddeford School Department and Riverview Foundation from responsibility for any risk of bodily injury, death, or property damage as covered in the "General Release of Liability."

### Photo/Media Release

I hereby consent to the use of my/my child's name, likeness and speech in any audio tape, video tape, film or photograph made in any Riverview – Biddeford Excel Afterschool Program activity for the business or publicity purposes of the program and its partners. I understand that any participation offers no remuneration and that my/my child's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad. I expressly release the Riverview – Biddeford Excel Afterschool Program and its licensees, assignees, affiliates and successors from any privacy, defamation, or other partners have arising out of broadcast, exhibition, publication, or promotion of this program.

### Bus Permission

I give my child permission to ride the Late Run bus coordinated and provided by Biddeford School Department for the Excel Afterschool Program for no cost from the school sites at program dismissal and/or for program field tips for the Riverview – Biddeford Excel Afterschool Program. I agree to meet my child at the drop-off locations or allow my child to walk home from the drop-off site if within a short distance and if my child is 10 years or older. I understand that the Biddeford School Bus rules of conduct apply when riding this bus and that consequence will result if my child does not comply with Biddeford School bus behavior rules, which are posted on each bus and on the school district's main webpage. Drivers will write behavioral incidents and report to the Excel Program Staff who will issue warnings to students. Three warnings will result in the loss of this bus privilege. Once dropped off, I assume responsibility for the safe return of my child to my home.

I have read and understand the policies as described on pages 4 and 5. I also certify that all of the medical and dismissal information on page 4 is correct and true, and I agree to promptly report any changes in the information.



\_\_\_\_\_  
PARENT/ LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## Student Enrollment Form 2011/2012

## BIDDEFORD EXCEL After School Program

### Program Policies

Please note that these policies are intended for your child's safety and success. Our goal is to provide a safe, structured and nurturing setting that promotes learning and positive growth that is led by experienced, caring adults. Riverview Foundation strives to provide high-quality after school program services to help each student reach their personal and academic aspirations and has many years of experience in teaching children and teenagers. All Program Staff must pass State of Maine Background checks and are registered through the Maine Dept. of Education Fingerprinting Database. Please feel free to ask afterschool Program Staff about any questions or concerns you have about these policies or go to [www.riverviewfoundation.org](http://www.riverviewfoundation.org) for more information about Riverview Foundation.

### Enrollment

- A completed Enrollment Information Form and a signed Parent or Guardian Release Form must be returned to your child's school in order to enroll in the program.
- Enrollment is limited in the Excel Afterschool Program, so there may be a waiting list at times.
- Students and parents will be contacted by the Riverview – Biddeford Excel Program Coordinator to let you know if there is a spot for your child in the program if there is a waiting list.
- Participants will not be discriminated against based on race, gender, ethnicity, disability, or ability to pay.

### Parents and Guardians

- Please keep us updated with your current mailing address and phone numbers at all times so that we may contact you as needed
- We would love for you to visit and volunteer as much as possible and you are allowed access to the program at all times. Please check in with the Riverview – Biddeford Excel Program Coordinator when you visit or if you want to volunteer. Students are not permitted to have guests or visitors unless they are themselves a parent or caregiver.
- We encourage that parents and caretakers have an opportunity to talk to the Riverview – Biddeford Excel Program Staff. Please contact the Staff and set up an appointment at any time, or feel free to speak with them at pick-up time if they are available and not engaged with students.

### Parent Nights/Parent Enrichment

Parents are invited to attend Parent Night events throughout the year as well as Parent Enrichment opportunities. We ask all parents and guardians to make their best effort to attend these events as often as possible in support of your child's participation and for their overall benefit. We will also ask parents to complete surveys about your child's progress and for input regarding activities and services.

### Attendance

- Please note that the Riverview – Biddeford Excel Program is not a "drop-in program."
- Riverview – Biddeford Excel Program participants are expected to attend the program days during the sessions they enroll for, in fairness to other participants wanting to join the program.
- **If students cannot attend due to illness or other reasons, please contact RF staff with the reason for the absence, or inform the main office and they can relay the message.**

### Pick-Up

Main program activities will conclude by 5:00 pm, and students may be picked up until 5:15pm. Students will be supervised and have the option to do homework or games during the pick-up time. If students need to be picked up early for a specific occasion, please provide a note signed by a guardian for Riverview – Biddeford Excel Program Staff. If a child needs to be released on a regular basis, please complete an "Early Release Form" signed by a parent or guardian, available upon request.

## Student Enrollment Form 2011/2012

## BIDDEFORD EXCEL After School Program

### Late Policy Pick-Up:

The Riverview – Excel Program operates Mondays and Wednesdays, starting at school dismissal until 5:00 PM. The program has a policy that all students must be picked up no later than 5:15PM. While we understand and are sympathetic to unplanned circumstances parents may encounter, we also must maintain consistent pick-up policies in order for the program to operate smoothly and effectively. In the event that a student is picked up later than 5:15 PM, Parent/Caregivers will be given a Late Warning Form. If a student receives three (2) Late Warning Forms, the student risks being able to attend the Riverview – Biddeford Excel Program. Upon receiving the third Late Warning Form, students may be asked to leave the program.

### Follow School-Day Rules

Riverview – Biddeford Excel Program is a positive, courteous and non-competitive environment. Participants are expected to show and display respect and cooperation with all program staff, instructors, volunteers, and students at all times and abide by school-day rules of behavior and conduct.

- **Please Arrive On-Time:** All students are asked to arrive on time. Please bring a written note from a parent, guardian, or teacher if you are arriving late to the Riverview – Biddeford Excel Program.
- **Sign-In / Sign-Out and Daily Announcements:** All students are required to sign-in and sign-out each day. Students should report to the after school program site as they are dismissed from the regular school day and be present for Daily Announcements.
- **Stay on school grounds:** Students are not permitted to leave school grounds during or before program.
- **Remain in Program Location:** If students wish to leave the classroom, cafeteria, gym or other program location within the school, they will need to seek permission from Program Staff and will be given a hall pass for appropriate requests.
- **Please leave cell phones, video games, and other electronics at home, in your locker or turned off and stored in your bag.** Personal electronics are not to be used during program time without the expressed permission of Riverview – Biddeford Excel Program Staff.

### Homework

- Students will have the opportunity to complete their homework at the Riverview – Biddeford Excel Program. Please bring all of their materials needed to complete homework to the site each day, or a book to read during quiet time.
- Parents should be aware that not all students finish all of their homework during the after school program. Please check in with your child to assure that they have completed homework every night.

### Dismissal

- If a student has a special circumstance and needs to leave early, a student will need to bring a note from home and present it to the Riverview – Biddeford Excel Program Staff. If your child must be released early on a regular basis, please fill out an "Early Release Form" and return it to the Riverview – Biddeford Excel Program Coordinator. Otherwise they will stay the duration.
- Participants picked up early by a parent or guardian will be asked to sign their child out with an after-school program staff member prior to leaving the program.
- For safety reasons, students may not be picked up from the program by anyone that is not listed on the Enrollment Information Form

### Medication/Illness

- Riverview – Biddeford Excel Program Staff will notify parents if your child appears to be ill during the session and needs to be released early, however if students do not feel well at the end of the school day, they should go home as scheduled at school dismissal via regular bus or pick-up.
- Medication will not be administered to a student by Riverview – Biddeford Excel Program Staff. This includes headache medication or antibacterial medication for cuts.
- If a student experiences a minor cut, staff will wash out the wound with soap and water and apply a Band-Aid.
- If medication is needed, it must be registered with the school and also with the Riverview – Biddeford Excel Program Coordinator with special instructions for administration. These forms are available upon request.

## Student Enrollment Form 2011/2012

## BIDDEFORD EXCEL After School Program

### Student Accountability

- For the benefit of all participants, the After School Enrichment Program does have a discipline policy that gives positive guidance, allows for redirection and sets clear behavior limits. The discipline policy has been designed to assist participants and staff in developing self-control, self-respect, respect for others, and consideration for the rights and property of others.
- Students that do not follow the above listed requirements and policies may receive a detention, a phone call home, suspension, etc.
- Chronic lateness or absences from the after school program may result in the student being dropped from the after school program.

### Participant Termination Policy

Participants will forfeit their space in the program for any of the following reasons:

- Regular and excessive absences or lateness.
- Behavior that threatens physical or emotional safety of others.
- The express written request of a parent or guardian.
- Breaking any School rules that are deemed worthy of Termination.

By signing by below, I as the parent or guardian of the student understand and agree to the terms and expectations of participation in the Riverview – Biddeford Excel Program as outlined on pages 6, 7, and 8.



\_\_\_\_\_  
PARENT/ LEGAL GUARDIAN SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

# EXCEL

## STRIVING FOR EXCELLENCE

Student Enrollment Form 2011/2012

BIDDEFORD EXCEL After School Program

## Financial Assistance

Participants Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status:  Married  Single  Divorce  Widowed

Guardian #1: \_\_\_\_\_ Guardian #2: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

# of Adults in Household: \_\_\_\_\_ Work Phone: \_\_\_\_\_

# of Children in Household: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Salary (Gross): \_\_\_\_\_ Salary (Gross): \_\_\_\_\_

Salary is:  Hourly  Weekly  Monthly

Salary is:  Hourly  Weekly  Monthly

Social Security Income (Monthly): \_\_\_\_\_ Social Security Income (Monthly): \_\_\_\_\_

Child support, Alimony, and Misc. Income (monthly): \_\_\_\_\_

Unemployment Income (monthly): \_\_\_\_\_

Have you applied for a scholarship in the past?  Yes  No

Did you receive the scholarship?  Yes  No

Do you still owe money from your last scholarship?  Yes  No

When did you last apply? (year or school semester) \_\_\_\_\_

I certify that all information on this form is correct and true. By signing this application, I agree to promptly report any changes in the above information.

**X** Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

=====For Office Staff Only=====

Date received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Scholarship Awarded: \_\_\_\_\_

Date notified: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_