



Dear ASAP Parents:

Thank you for choosing to enroll your child in the After School Activity Program (ASAP) for the 2011-2012 school year. We're already looking forward to a great year with those who have been part of our program in the past, and we want to welcome newcomers to our ASAP family. The purpose of ASAP is to ensure that children whose parents cannot be home after school have a safe, nurturing, stimulating and enjoyable time after their academic day. Thank you for giving us the opportunity to partner with you in your child's growth and development.

We are especially grateful to District 112 and superintendent, Dr. David Behlow, along with principals Sandy Anderson and Craig Keer, for continuing to provide the space needed to provide our quality programming at Oak Terrace and Indian Trail.

**Please take the time to carefully read over the attached information.** The list of forms to be returned to our office is listed below. Please **READ** and refer to the Parent Handbook as needed during the school year. You can also access the handbook at: [www.familynetworkcenter.org](http://www.familynetworkcenter.org) anytime.

We ask that you please return all forms by **August 1**. **Returning families need only fill out the Consent and Emergency Contact form and the Tuition Policy form.** It is our policy to have the following forms signed and on file before your child may officially start in our program. Forms are also available on our Family Network website.

1. **ASAP Discipline Procedures**
2. **Consent Form and Emergency Contact Information** (Please be certain you sign in the appropriate place on the Consent Form to give us permission to get a copy of your child's medical form from the school nurse. Please note that the medical form should include evidence of a physical exam, current immunizations, TB skin test, lead screening test and a Hepatitis B immunization within six months of your child's ASAP start date.
3. **Tuition Policy Form/Invoice Preference Form**
4. **Parent Observation Survey**
5. **Family Demographic Form**

Forms are due back to the Family Network office by August 1. Please drop off or send by mail to:

**Family Network  
330 Laurel Avenue  
Highland Park, IL 60035  
Attn: Bobbie Hinden**

You will receive a tuition bill by mail the first week of August. **Tuition for the first month is due by the 15<sup>th</sup> of August.** For convenience, we offer a credit card auto-pay option. This is, by far, the easiest payment option. Please indicate if you wish to use this option for the remainder of the year by

## **After School Activity Program Policies and Procedures**

**Oak Terrace School** • 240 Prairie Avenue, Highland Park, IL 60035 • 847-433-0930  
**Indian Trail School**, Room 122 • 2075 St. Johns Avenue, Highland Park, IL 60035 • 847-432-9257

### **ASAP Discipline Procedures**

A primary goal of our program is that the children develop appropriate social skills. Through modeling appropriate practices, re-directing behaviors and guiding conflict resolution, we help the children learn to cooperate, share space and work out their differences. The following methods are used to help achieve this goal:

1. Maintain consistent routines and rules for the program.
2. Provide a wide variety of activities and materials with ample opportunities for interaction.
3. Speak to a child at his/her eye-level using a soft voice.
4. Use positive language and praise appropriate behaviors.
5. Re-direct a child in conflict to another activity or area of the room.
6. If necessary, ask a child to "take a break" and think about the inappropriate behavior in which he/she engaged.
7. Informal parent/staff conferences will be held for repeated use of inappropriate behaviors.
8. A child may be dismissed from ASAP when the health, safety and welfare of the child or any other member of our group is at risk.

**A child shall not be subject to any corporal punishment or verbal abuse by any staff member employed by ASAP.**

### **Rules of Conduct**

In order to provide a safe, constructive, enjoyable atmosphere for everyone in our program, the following rules have been established:

1. Everyone will be respectful to staff and other participants.
2. Everyone works together to keep our room orderly and each one cleans up after themselves.
3. Rough play will not be allowed. Bullying or intimidation between students will not be tolerated. If such behavior occurs, it is the ASAP Director's right to remove the student from the program immediately, without notice.
4. No one may leave the room or any area of play without permission from staff.
5. Everyone will keep their hands to themselves.
6. No inappropriate language is permitted.

**I have read and understand this policy.**

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

completing the invoice preference form. Also indicate where you prefer your invoices to be sent (address for mail or email).

**Please be advised that the tuition policies will be strictly adhered to. I recognize the impact that our current economic conditions have on families and I empathize with the struggles we all face. Late payments, bounced checks, not adhering to agreed payment installments and complete non-payment of tuition when a child leaves the program impacts our programming, our ability to pay quality staff and to provide the top notch programming we strive to provide.**

**Consequently, payments received after the 15<sup>th</sup> of the month due date will incur a \$20 late charge. Checks returned for non-sufficient funds will incur a \$25 fee. Payments not received prior to the first of the month will necessitate the child(ren) staying home until the overdue balance has been paid. Please feel free to contact me to discuss any issues regarding timely payment. I will do my best to provide alternatives to suit your needs and ours.**

Upon receipt of the above forms and the first month's tuition payment, your child will be able to start attending the program. Should you have any questions or concerns, please call Bobbie Hinden at 847-433-0377 or email at [bobbie.hinden@family-focus.org](mailto:bobbie.hinden@family-focus.org).

Sincerely,

Bobbie Hinden, MEd  
Family Network  
After School Activity Program Director

**Consent Form and Emergency Contact Information**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 School Attending: Indian Trail Lincoln Oak Terrace Ravinia Wayne Thomas

Grade in 11-12 School Year: \_\_\_\_\_

Enrolled for (Circle Days): Monday Tuesday Wednesday Thursday Friday

Parent/Responsible Party

Parent/Responsible Party

Name
Relationship to Child
Home Phone
Business Phone
Cell Phone
Email Address
Home Address
Business Address
Working Hours

Legal Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Step Parent: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY and RELEASE INFORMATION:** The following information is for use in case of emergency and for everyday pick-up release information. We will attempt to notify parents first. Please list in order of priority, people willing to pick-up your child during the program hours. Please complete all sections. Contact us with any changes in writing. In case of serious illness, parents will be called and instructed to meet their child and a staff member at the nearest hospital.

Child **CAN** be released to (Please list individuals other than parents/legal guardian and step parent listed above):

Name	Relationship to Child	Address	Phone (Home & Cell)
1.			( ) ( )
2.			( ) ( )
3.			( ) ( )
4.			( ) ( )

Child **CANNOT** be released to:

Name	Relationship to Child	Address	Phone
1.			( )
2.			( )
3.			( )

Please turn over to complete consent information →

**Consent Form and Emergency Contact Information**

I give permission for my child \_\_\_\_\_ to receive emergency medical treatment which may include, but is not limited to, first aid by staff, care by paramedics, physician or local hospital. I understand that I am responsible for any costs incurred.

_____ Signature	_____ Date
_____ Print Name	_____ Relationship to Child

Doctor(s) Name/Practice: _____	Phone: _____
Address: _____	Hospital Affiliation _____
<u>Child's Dentist</u> _____	Phone: _____

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**I give permission to the school nurse to provide a copy of my child (ren's) medical and emergency information. (Please Print) Names: 1.** \_\_\_\_\_ **2.** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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Allergies (include food, medication, insects, etc.): \_\_\_\_\_

Any additional physical/mental health information you feel we need to know: \_\_\_\_\_

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**PHOTO**

I give the Family Network After School Activity Program (ASAP) permission to use photos of (child's name) \_\_\_\_\_ or other family members (parent and sibling names) \_\_\_\_\_ in publications or for publicity informational purpose. I understand that Family Network owns rights to the photos.

**EXCURSIONS and Field Trips**

I/We authorize ASAP staff or agents to take my child (ren) on walking trips, excursions and field trips. They may travel in any vehicle leased by ASAP. I understand that I will receive notification prior to any fieldtrip and have the right to refuse authorization for my child to go on the fieldtrip.

**ATHLETIC PARTICIPATION**

I/We authorize ASAP to allow my child to participate in athletic activities provided at ASAP.

**RELEASE OF LIABILITY FOR MINORS**

I understand that Family Network's After School Activity Program (ASAP) is attempting at all times to exercise reasonable caution and I do not hold them responsible for accidental injury occurring while my child is attending the program. I hereby expressly forever waive, release and discharge the Family Network After School Activity Program (ASAP) and their representatives from all such liabilities, claims, demands, injuries, damages, rights of action, or cause of action, whether the same be known or unknown, anticipated or unanticipated.

_____ Signature One	_____ Date
_____ Print Name	_____ Relationship to Child
_____ Signature Two	_____ Date
_____ Print Name	_____ Relationship to Child

## MONTHLY TUITION AND FEES POLICY FORM

### Application

A \$25 application fee for returning families and a \$50 application fee for new ASAP families is due at time of registration.

### Monthly fee

- The monthly fee is based upon a **total yearly cost and divided into nine equal monthly payments** as listed below. Please note, ASAP is closed for winter and spring breaks, Thanksgiving break, Labor and Memorial Day holidays, however, **the monthly tuition remains the same.**
  - \$320/5 days per week
  - \$270/4 days per week
  - \$210/3 days per week

Tuition is payable on the 15<sup>th</sup> of the previous month (first payment due August 15<sup>th</sup> for September).

### **The August 15<sup>th</sup> payment must be received before your child can attend ASAP.**

- Last payment is May's tuition (due April 15<sup>th</sup>), except for full day charges incurred after April 1.
- Fee adjustments will not be made for early pick up.
- A sliding fee scale is available for families needing assistance.
- All required forms must be completed prior to the first day of attendance.

### Full Days, Early Dismissal Days, and No Show Fees

- Full Day fees must be paid the month following the full day; it will appear on the invoice.
- If full day fees are not paid, your child will not be able to attend the next available full day.
- Early dismissal days do not incur an extra charge. They are included in the monthly tuition.

### **DELINQUENT PAYMENTS**

- Monthly tuition is due by the 15<sup>th</sup> of the month prior to the month of attendance.  
(For example, September tuition is due by August 15<sup>th</sup>).
- If current tuition is not received at that time, a **\$20 late fee will be charged.** Parents are responsible for paying tuition for the entire period during which their child is enrolled.
- **Fees not paid by the end of the month will result in your child missing ASAP until arrangements for payment have been made- NO EXCEPTIONS. Please call director to discuss payment issues.**

### Refunds

- If a child is absent from school (illness, vacation, etc) that does not coincide with times when the ASAP program is closed, the parent is still responsible for tuition payments during that period of time.
- To withdraw your child from the program, Family Network must receive notification either in writing or by phone to the ASAP Director. Refunds will be issued in full if the request to withdraw is made prior to the beginning of the month.

### NSF Checks

- A \$25 fee will be assessed for each check returned due to non-sufficient funds.

The fee policy has been established in an effort to keep up with program costs and to provide a quality after school program with qualified staff.

I have read and agree to comply with this policy.

Name (Please Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please turn over to complete invoice preference information 



## INVOICE PREFERENCES

Name(s) of child or children \_\_\_\_\_

### AUTHORIZATION TO CHARGE CREDIT CARD FOR TUITION

Please charge my  Visa  Master Card  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

**Please automatically charge tuition to my credit card on the 15<sup>th</sup> of the month  
(August 15, 2011 – July 15, 2012, if necessary):**

Signature: \_\_\_\_\_

### BILLING ADDRESS

Please mail invoices to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Please email invoices to:

Name \_\_\_\_\_

Email \_\_\_\_\_

**FAMILY NETWORK - AFTER SCHOOL ACTIVITY PROGRAM (ASAP)**  
**Oak Terrace School • 240 Prairie Avenue, Highland Park, IL 60035 • 847-433-0930**  
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**DEMOGRAPHIC INFORMATION**

This information is required in order for us to obtain grants to help fund our programs. We will keep all information confidential. Thank you for your cooperation.

**Family Last Name:** \_\_\_\_\_

**Household Type:**

- Two-Parent
- Single Parent – F
- Single Parent - M

**Marital Status:**

- Single       Separated
- Married       Divorced
- Living w/ significant other
- Widowed

**Number in Household:** \_\_\_\_\_

**Please complete the following information for all members of your family.**

**Parent 1/ Guardian Name:** \_\_\_\_\_

**Parent 2/ Guardian Name:** \_\_\_\_\_

**Other Adult Name:** \_\_\_\_\_

**Sex:**    M      F

**Sex:**    M      F

**Relationship:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Sex:**    M      F

**Race/Ethnicity:**

- African American
- Caucasian
- Hispanic/Latino
- Mexican
- Puerto Rican
- Cuban
- Haitian/Dominican
- Central American
- South American
- Other Hispanic/Latino

**Race/Ethnicity:**

- African American
- Caucasian
- Hispanic/Latino
- Mexican
- Puerto Rican
- Cuban
- Haitian/Dominican
- Central American
- South American
- Other Hispanic/Latino

**Birth Date:** \_\_\_\_\_

**Race/Ethnicity:**

- African American
- Caucasian
- Hispanic/Latino
- Mexican
- Puerto Rican
- Cuban
- Haitian/Dominican
- Central American
- South American
- Other Hispanic/Latino

- Native American
- Asian/Pacific Islander
- Bi/Multi Racial
- Other
- Unknown

- Native American
- Asian/Pacific Islander
- Bi/Multi Racial
- Other
- Unknown

- Native American
- Asian/Pacific Islander
- Bi/Multi Racial
- Other
- Unknown

**Primary Language:**

- English
- Spanish
- Other

**Primary Language:**

- English
- Spanish
- Other

**Primary Language:**

- English
- Spanish
- Other

**Highest Grade Completed:**

- Below High School
- High School
- College
- Post Graduate

**Highest Grade Completed:**

- Below High School
- High School
- College
- Post Graduate

**Highest Grade Completed:**

- Below High School
- High School
- College
- Post Graduate

**Please turn over to complete children's information** 

**Child's Name**

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**Sex:** M F**Birth Date:**

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**Race/Ethnicity:**

African American  
 Caucasian  
 Hispanic/Latino  
 Mexican  
 Puerto Rican  
 Cuban  
 Haitian/Dominican  
 Central American  
 South American  
 Other Hispanic/Latino  
 Native American  
 Asian/Pacific Islander  
 Bi/Multi Racial  
 Other  
 Unknown

**Primary Language:**

English  
 Spanish  
 Other

**Child's Name**

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**Sex:** M F**Birth Date:**

---

**Race/Ethnicity:**

African American  
 Caucasian  
 Hispanic/Latino  
 Mexican  
 Puerto Rican  
 Cuban  
 Haitian/Dominican  
 Central American  
 South American  
 Other Hispanic/Latino  
 Native American  
 Asian/Pacific Islander  
 Bi/Multi Racial  
 Other  
 Unknown

**Primary Language:**

English  
 Spanish  
 Other

**Child's Name**

---

**Sex:** M F**Birth Date:**

---

**Race/Ethnicity:**

African American  
 Caucasian  
 Hispanic/Latino  
 Mexican  
 Puerto Rican  
 Cuban  
 Haitian/Dominican  
 Central American  
 South American  
 Other Hispanic/Latino  
 Native American  
 Asian/Pacific Islander  
 Bi/Multi Racial  
 Other  
 Unknown

**Primary Language:**

English  
 Spanish  
 Other

**Child's Name**

---

**Sex:** M F**Birth Date:**

---

**Race/Ethnicity:**

African American  
 Caucasian  
 Hispanic/Latino  
 Mexican  
 Puerto Rican  
 Cuban  
 Haitian/Dominican  
 Central American  
 South American  
 Other Hispanic/Latino  
 Native American  
 Asian/Pacific Islander  
 Bi/Multi Racial  
 Other  
 Unknown

**Primary Language:**

English  
 Spanish  
 Other