

Welcome to the North Pole Elementary After School Program. We would like to invite your child, _____, to participate in this very special program.

The After School Program has been designed to enrich your child's academic growth in the areas of reading, writing, and math; in an exciting and enjoyable way. Activities and teachers have been carefully selected to meet the needs of the children in our program.

Our After School Program is funded by a 21st Century Community Learning Center grant, and is free to your family. Attached you will find the necessary registration forms. These forms must be completed before your child may participate. You will also find our program outline and important dates. Please keep this information handy throughout the year.

Each day, a wide variety of academic enrichment clubs, as well as fun and recreational activities, will be offered. There will also be a number of opportunities throughout the year, for families to join in on the fun. The North Pole Elementary After School Program promises to be an exciting and enriching experience for all who participate. This program runs Monday through Thursday, 3:30-5:30pm, with pick up no later than 5:30pm(late fees will be applied for late pick up).

Please complete the attached forms and return them to the After School Program Coordinator in the front office as soon as possible, slots are limited! Feel free to contact me with any questions or concerns. I look forward to working with your children throughout the school year!

Jennifer L. Taylor
After School Program Coordinator
jennifer.taylor@k12northstar.org
488-2286 ext 275
Program Hours cell phone (907) 378-1035

21st CCLC After School Program

Welcome to the NPE after school program! Following is a few items to help our program run smoothly all year. Feel free to contact me with any questions or concerns. I look forward to working with your families!

- **After school program begins right after school at 3:30pm, Mon-Thurs. Kids will meet in the gym when the bell rings. Young students will have staff members come to get them until they learn the routine. Teachers are notified which students are in the program.**
- **All students receive snack provided by Food Nutrition services. Please be sure to list all food allergies on the medical form attached. If your child has multiple allergies, feel free to pack them an additional snack to eat at this time.**
- **Students will have homework help, reading help, time to take Accelerated Reader tests and academic enrichment classes each day. We do not offer one on one tutoring, however, our groups are small and there is time for individual help.**
- **Attendance is key for ASP! Students enrolled are expected to attend all 4 days per week. If a student will be absent from program and NOT absent from school, please call 488-2286 ext 275 or email jennifer.taylor@k12northstar.org and let us know! Safety is our top concern and we don't want to send kids home without an adult present. Please do not relay messages of absence with your child!**
- **If you need to pick up your student early, please call our After School Program cell phone at 378-1035. We will have them ready for you!**
- **Our After School Program ends at 5:30pm. Students must be picked up by this time. Late pick up fees will apply. Please call 378-1035 in the event of an emergency.**
- **Parents must come in to sign out their students. This is for safety reasons. Please enter through the side doors (the parent drop off area). Students will be assembled in the commons/lunchroom area. Please call 378-1035 if there is an issue.**

Thank you and have a great school year!

**Jennifer L. Taylor
ASP Coordinator, NPE**

21st Century Community Learning Center After School Program Enrollment Form

Student ID# _____
Enrollment Year: _____

Student Information

First Name: _____ M.I. ____ Last Name _____
Birth date: _____
Grade: Teacher: _____ Enroll Date: _____
My child attended the After School Program last year: Yes No
If yes, which school _____

Parent/Guardian (1)

First Name _____
Last Name _____
Relationship _____
Home Phone _____
Work Phone _____
Other Phone _____
Street Address _____
City _____ Zip _____
Hm Email: _____
Wk Email: _____
Email preference: Home Work

Parent/Guardian (2)

Check here if address same

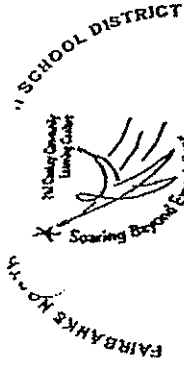
First Name _____
Last Name _____
Relationship _____
Home Phone _____
Work Phone _____
Other Phone _____
Street Address _____
City _____ Zip _____
Hm Email: _____
Wk Email: _____
Email preference: Home Work

Transportation

PLEASE CHOOSE ONE METHOD OF TRANSPORTATION:

My child will walk home: Yes No
My child will be picked up prior to 5:30 pm: Yes No
Person(s) permitted to pick child up: _____
Relationship: _____ Phone: _____
Person(s) NOT permitted to pick child up: _____
Relationship: _____

**FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT
 COMMUNITY AFTER SCHOOL PROGRAMS
 PARENT/GUARDIAN AND STUDENT
 ACTIVITY CONSENT/RELEASE FORM**



EMERGENCY MEDICAL FORM

PART A: I hereby give permission for my student, _____ to engage in Community After School Programs.

PART B: I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named student, by a physician, qualified nurse, and/or hospital. Further, I hereby waive, on behalf of myself and the above named student, any liability of the School District, its agents, or employees, arising out of such medical treatment.

PART C: I, named on this form as the parent or legal guardian of a participant in classes sponsored by the FNSBSD, recognize that some of the classes involve physical activities that have risks and injuries associated with participating in these classes including but not limited to those of bodily injury, partial or total disability, paralysis and death. Knowing these risks I, for myself, my heirs, administrators, executors and assignees, hereby waive, release discharge, covenant and agree that I will never institute any demand, claim, or suit against the FNSBSD, and/or their employees, agents, and volunteers for any bodily injury, partial or total disability, paralysis, death, or personal property damage that might occur from any cause whatsoever as a result of participation in the activities of the FNSBSD Community After School Programs. I accept full responsibility for the cost of treatment for any injury suffered while taking part in the FNSBSD Community After School Programs.

PART D: Please indicate (Yes) or (No) to allow your student to be photographed or interviewed.

- Student Photograph Yes / No (circle one)
- School Yearbook/Class Picture (name included) Yes / No (circle one)
- Public news media Yes / No (circle one)
- Student Interview Yes / No (circle one)
- Public news media Yes / No (circle one)

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

STUDENT NAME _____

PARENT/GUARDIAN NAME _____

MAILING ADDRESS _____

RESIDENCE ADDRESS _____

PARENT/GUARDIAN HOME PHONE _____

PARENT/GUARDIAN WORK PHONE _____

EMERGENCY CONTACT IF PARENT/GUARDIAN NOT AVAILABLE: _____ PHONE _____

NAME OF MEDICAL DOCTOR _____ PHONE _____

NAME OF DENTIST _____ PHONE _____

NAME OF INSURANCE COMPANY _____

INSURANCE COMPANY POLICY NUMBER _____

ANY MEDICAL CONDITIONS? _____

ANY MEDICATIONS? _____

ANY ALLERGIES? _____

IN CASE OF ANY MEDICAL EMERGENCY, I AUTHORIZE A SCHOOL DISTRICT EMPLOYEE TO TAKE MY SON/DAUGHTER TO THE NEAREST MEDICAL FACILITY FOR NECESSARY TREATMENT.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

North Pole Elementary After School Program Partnership Agreement



Student Responsibilities

- I will abide by all school rules.
 - I will be on time and attend all classes.
 - I will bring all materials needed for class.
 - I will participate in class activities.
 - I will ask for help when needed.
 - I will work hard, and take responsibility for completing and turning in all assignments.
 - I will treat staff, parents, other students, and visitors with respect.
 - I understand that the After School Program is a privilege and I am responsible for my behavior.
- I will comply with the above requirements, and understand that I may be removed from the program if I disregard this contract.**

Student Signature _____ Date _____

Family Responsibilities

- I understand that the After School Program takes place 2 full hours, Monday-Thursday, and that my child's daily attendance is necessary in order to remain in the program.
 - I will notify the After School Coordinator, in advance, of any changes in my child's daily attendance or transportation plan.
 - I realize my child may not complete all of his/her homework during the after school program, and will help my child complete and turn in all unfinished assignments.
 - I will support my child's educational goals and will communicate any questions or concerns with school staff.
 - I will try my best to participate in parent workshops and other family night events.
- I will support all After School expectations and responsibilities. I understand that my child may be removed from the program if I disregard this contract.**

Parent/Guardian Signature _____ Date _____

Staff Responsibilities

- Staff will treat all students and family members with respect.
- Staff will provide appropriate instruction based on school day & after school curriculum.
- Staff will communicate high standards for student performance and clear expectations for what students will learn.
- Staff will communicate regularly, and as needed, with families and regular school day staff to ensure student academic needs are being met.
- Staff will provide program news letters, parent workshops, and other fun ways to keep families involved and informed throughout the year.

Staff Signature _____ Date _____

2016-2017 After School Program

S M T W T F S

August 2016

	1	2	3	4	5	6
7	8	9				13
14				18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2016

				1	2	3
4	5	6	7	8	9	10
11	★	13	14	15	16	17
18	19	20	21	22	23	24
25		27	28	29	30	

October 2016

						1
2	3	4	5	6	7	8
9	10	11	12	13		15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

November 2016

			2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	NP	24	25	26
27	28	29	30			

December 2016

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	★		17
18			21	22	23	24
25	26	27	28	29	30	31

AUGUST

- 10 & 16 Teacher Work Days
- 11, 12, 15 Professional Development Days
- 16 First Day for ASP Coordinators
- 17 First Day for Students

SEPTEMBER

- 5 Labor Day Holiday
- 12 Program Start
- 26 Professional Development

OCTOBER

- 14 End of 1st Quarter
- 20 National "Lights On!" After School
- 31 Parent-Teacher Conferences

NOVEMBER

- 1 Parent-Teacher Conferences
- 7 & 8 State Conference
- 24-25 Thanksgiving Holiday

DECEMBER

- 15 Program - End
- 16-20 Early Dismissal-Students
- 20 End of 1st Semester
- 21 Winter Break - Begin

JANUARY

- 3 Winter Break - End
- 4 Teacher Work Day
- 17 Program - Start
- 18 Martin Luther King Jr. Holiday

FEBRUARY

- 3 Professional Development
- 20-21 Parent-Teacher Conferences

MARCH

- 10 End of 3rd Quarter
- 13-17 Spring Break

APRIL

- 1 "Lights On!" After School Event
- 3-7 Testing
- 10-14 Testing

MAY

- 4 Program - End
- 15-17 Early Dismissal - Students
- 17 Last Day for ASP Coordinators
- 17 Last Day for Students
- 18 Professional Dev. Day
- 19 Teacher Work Day

- School Start / End
- Coordinator Start / End
- ASP Start / End
- Parent-Teacher Conference
- Early dismissal
- Professional Development/No School
- Teacher Work Day/No School
- Vacation/Holiday

NP No Program

S M T W T F S

January 2017

1	2	3		5	6	7
8	9	10	11	12	13	14
15	16	★	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2017

			1	2		4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19			22	23	24	25
26	27	28				

March 2017

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16		18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April 2017

						1
2	T	T	T	T	T	8
9	T	T	T	T	T	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May 2017

	1	2	3	★	5	6
7	8	9	10	11	12	13
14						20
21	22	23	24	25	26	27
28	29	30	31			