

AFTER SCHOOL LEARNING LAB SCHOOL YEAR 2016-17

Child Name: _____, Date of Birth: _____

Program Hours: Monday - Friday 2:45pm-6:30pm

Program is not in session on CPS non-school days.

Quarter	Number of Days	Total Price	Payments*
Fall September 6 – December 23	72	\$1512	4 x \$378
Winter January 9 – March 31	57	\$1197	3 x \$399
Spring April 3 – June 16	47	\$987	3 x \$329

***Payments due by the 5th of each month.** 5% discount for full-session payment, 10% sibling discount
\$50 registration fee for new families only. \$250 deposit required per child (or one month's co-pay if utilizing IAC).
Deposit may be applied to last month's tuition.

Refund policy: After School Learning Lab tuition refunds are available if parents/guardians provide written notice of withdrawal at least one week in advance of the desired withdrawal date. If written notice is received less than one full week in advance of the desired withdrawal date, one full week tuition will be forfeited. Written notice may be by traditional mail, fax, or e-mail (preferred). Non-attendance does not constitute an official withdrawal and will not result in cancellation or refund of tuition or fees. After School Learning Lab deposits are non-refundable regardless of circumstances. **Sorry, no make-ups or refunds for any days missed.**

Obligations and Waivers

I hereby give permission for my child to: *(please initial next to each item)*

_____ participate in the After School Learning Lab

_____ participate in the indoor and outdoor activities of the Program. Including those held in the HPNC Gym, local parks, and while on field trips.

_____ leave the premises of HPNC, unsupervised, to walk home at the end of the day (**5th grade and above** only).

I agree that participation in HPNC's After School Learning Lab is without assumption or responsibility of any kind by HPNC, In consideration of the acceptance of this registration, I do hereby release and forever discharge the HPNC, their officers, directors, employees, agents, and assigns, of and from any and all injuries, damages, claims, and demands, of any kind which may be suffered or sustained in connection with the above activities. All claims of any kind or nature whatsoever are hereby waived and I covenant not to sue. I have read and reviewed HPNC's Refund Policy.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

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Photography/ Media Release

From time to time, we update our printed materials, website, and social media sites with images of children participating in activities here at HPNC. We'd like your permission to use images that include your child. Please fill in the appropriate line below.

I give permission for my child, _____,

(Child's Name. Please Print)

to be photographed and/or videotaped and for these images to be used on HPNC's print materials, website and social media sites (i.e. Facebook, Twitter, Flickr, Google+, etc).

Parent / Guardian Printed Name: _____

Consent for Emergencies

Parent/Guardian Consent and Agreement for Emergencies:

As a parent/legal guardian, I give consent for my child to receive first aid by HPNC staff and, if necessary, transported to receive emergency care. I give consent for the HPNC staff to act for me in the event that my child needs emergency medical care. I understand I will be responsible for all medical emergency charges.

Parent(s)/Guardian(s) Signature

Date

Allergies, medications, special medical conditions, or medical information for emergency situations of which we should be aware:

Transportation Policy

I give permission for the Hyde Park Neighborhood Club to transport my child(ren) from Bret Harte, Kozminski, Lab School, Murray, Ray, or Shoemith (please circle one).

Parent(s)/Guardian(s) Signature

Date

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Tuition Payment Authorization Form

***Families who enroll in auto-pay will not be charged a 3% finance fee.**

Student(s) Name: _____

Parent/Guardian Name: _____

Parent Email Address: _____

Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Program Name: _____

Automatic Credit/Debit Card Charge

I authorize the Hyde Park Neighborhood Club to charge my credit card indicated below and to add late or NSF fees to my account in accordance with HPNC's financial policies. I understand my card will be charged the monthly tuition fees on 5th of each month until my balance is paid in full.

- Visa
- MasterCard
- American Express
- Discover Card

Name as it appears on the card _____

Credit Card #: _____ Expiration Date: _____ / _____ (M/Y)

Billing Address: _____

Validation Code (# on back of card) ___ ___ ___

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CFS 581
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services
VERIFICATION OF RECEIPT

I/ We, _____
Please Print Name(s)

parent(s) of _____
Name(s) of Child(ren)

hereby certify that I/we have received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

SIGN AND RETURN TO HPNC FRONT DESK

I/we _____ acknowledge receipt of the HPNC Parent/Guardian Handbook and understand that I/we am/ are responsible for reviewing the information in this booklet.

Child(ren) Name(s) _____

Parent/ Guardian Signature _____ Today's Date _____

Parent/ Guardian Signature _____ Today's Date _____

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Parent Demographic Survey

Every year the Hyde Park Neighborhood Club pursues a variety of funding sources (including government grants) to maintain financial sustainability. Many grant applications ask for detailed reports on the demographic make-up of our population. For that reason, we are attaching a questionnaire asking for detailed information about your family's social and financial circumstances. Many of the questions may seem awkward or strangely laid out but please bear with us as they are worded in a manner that corresponds to US Census reports.

Confidentiality: Your answers to the attached Demographic Survey will be held strictly confidential. You will not be asked to include your name on the forms and the completed survey will be stored separately from your identified registration materials

If you have any questions or concerns please feel free to contact Sarah Diwan at 773-643-4062 or sdiwan@hpclub.org .

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SCHOOL YEAR 2016-17

1. Today's Date: ___ / ___ / _____
2. How many people currently live in your household? _____
3. Please check the category that best describes your household income in the past 12 months: (When answering this question please include all sources of income including: wages, salary, self-employment income, rental & investment income, SSI, retirement or disability pensions, interest, dividends, child support, alimony, and any public assistance or welfare payments you may have received).
 - ___ Less than \$10,000
 - ___ \$10,000 to \$14,999
 - ___ \$15,000 to \$24,999
 - ___ \$ 25,000 to \$34,999
 - ___ \$35,000 to \$49,999
 - ___ \$50,000 to \$74,999
 - ___ \$75,000 to \$99,999
 - ___ \$100,000 to \$149,999
 - ___ \$150,000 to \$199,999
 - ___ \$200,000 or more
4. Please check the category that best describes your primary source of household income:
 - ___ Permanent job /independent business owner(s)
 - ___ Temporary job(s)
 - ___ Retirement, disability pension, SSI
 - ___ Public aid, TANF, or other government-sponsored income
 - ___ Child support
 - ___ Other: _____
5. What is your *highest* level of education?
 - ___ Less than high school graduate
 - ___ High school graduate
 - ___ Some college or associates degree
 - ___ Bachelor's degree
 - ___ Graduate or professional degree
6. (If applicable) What is the *highest* level of education of your child's other parent/guardian?
 - ___ Less than high school graduate
 - ___ High school graduate
 - ___ Some college or associates degree
 - ___ Bachelor's degree
 - ___ Graduate or professional degree
7. What is *your* ethnicity / race? (Please check all that apply)
 - ___ Hispanic / Latino Origin
 - ___ White
 - ___ Black or African American
 - ___ American Indian or Alaska Native
 - ___ Asian
 - ___ Native Hawaiian & other Pacific Islander
 - ___ Other: _____
8. (If applicable) What is the ethnicity / race of your child's *other parent/ guardian*? (Please check all that apply)
 - ___ Hispanic / Latino Origin
 - ___ White
 - ___ Black or African American
 - ___ American Indian or Alaska Native
 - ___ Asian
 - ___ Native Hawaiian & other Pacific Islander
 - ___ Other: _____

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Child Information:

9. Please complete for each child enrolling in HPNC's ASLL Program:

<p>Child One: Child's current age? ___ grade? ___</p> <p>Child's race/ethnicity? (Please check <u>all</u> that apply)</p> <p><input type="checkbox"/> Hispanic / Latino origin <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian & other Pacific Islander <input type="checkbox"/> Other: _____</p> <p>Who does this child live with? (check all that apply):</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Aunts/Uncles <input type="checkbox"/> Cousins <input type="checkbox"/> Other: _____</p>	<p>Child Two: Child's current age? ___ grade? ___</p> <p>Child's race/ethnicity? (Please check <u>all</u> that apply)</p> <p><input type="checkbox"/> Hispanic / Latino origin <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian & other Pacific Islander <input type="checkbox"/> Other: _____</p> <p>Who does this child live with? (check all that apply):</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Aunts/Uncles <input type="checkbox"/> Cousins <input type="checkbox"/> Other: _____</p>
<p>Child Three: Child's current age? ___ grade? ___</p> <p>Child's race/ethnicity? (Check <u>all</u> that apply)</p> <p><input type="checkbox"/> Hispanic / Latino origin <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian & other Pacific Islander <input type="checkbox"/> Other: _____</p> <p>Who does this child live with? (Please check all that apply):</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Aunts/Uncles <input type="checkbox"/> Cousins <input type="checkbox"/> Other: _____</p>	<p>Child Four: Child's current age? ___ grade? ___</p> <p>Child's race/ethnicity? (Check <u>all</u> that apply)</p> <p><input type="checkbox"/> Hispanic / Latino origin <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian & other Pacific Islander <input type="checkbox"/> Other: _____</p> <p>Who does this child live with? (Please check all that apply):</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Aunts/Uncles <input type="checkbox"/> Cousins <input type="checkbox"/> Other: _____</p>

Program Priorities:

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10. What were your primary reasons (please rank mark all that apply) for enrolling your child in an out-of-school-time program at the Hyde Park Neighborhood Club?

- HPNC provides assistance with homework completion (ASLL)
- Safety (hpnc provides a safe place for my child when not in school)
- To keep my child out of trouble
- HPNC's after-school pick-up service (ASLL)
- I want my child to be exposed to a variety of extracurricular activities.
- Recommendation of a friend/acquaintance
- Price / cost compared to other programs
- Quality of the program
- Hours / convenience with our family schedule
- Social diversity of the other children enrolled
- Other: _____

11. What would your child be doing if not attending an HPNC Out of School Time Program?

- Staying at home alone
- Staying at home with a sitter
- Staying with relatives
- Attending an in-school program
- Attending another community-based out-of-school-time program

Safety Concerns:

12. Do you have concerns regarding this child's everyday safety?

- On his/her school grounds? If yes, please specify: _____
- In your home neighborhood? If yes, please specify: _____