



Completed on: \_\_\_\_\_

Received by: \_\_\_\_\_

Notes \_\_\_\_\_

## 2017-18 Student Enrollment Form

### STUDENT INFORMATION:

Grade Student Started with CLASP: K 1 2 3 4 5 6

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*first and last names (no nicknames)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade this year: \_\_\_\_\_ Teacher: \_\_\_\_\_

Allergies (including drugs, foods): \_\_\_\_\_

Medication(s): \_\_\_\_\_

Known health problem or disability: \_\_\_\_\_

### PARENT/GUARDIAN – PRIMARY CONTACT INFORMATION *(who should CLASP call first?)*:

Name: \_\_\_\_\_ Are you the \_\_\_\_\_ parent or \_\_\_\_\_ guardian

Cell Phone Number: \_\_\_\_\_ Landline Number: \_\_\_\_\_

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

Address if different from student's: \_\_\_\_\_

### PARENT/GUARDIAN – SECONDARY CONTACT INFORMATION *(who should CLASP call next?)*

Name: \_\_\_\_\_ Are you the \_\_\_\_\_ parent or \_\_\_\_\_ guardian

Cell/Mobile Number: \_\_\_\_\_ Landline Number: \_\_\_\_\_

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

Address if different from student's: \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACT INFORMATION

In the case of an emergency, parent/guardian(s) listed above will be contacted first. If unavailable, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Exact instructions in the event of emergencies related to health problem or medication:

\_\_\_\_\_

Physician/Medical Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**TRANSPORTATION: CLASP can provide one-way and/or round-trip bus service for students who live in Claremont or Pomona to / from SOME of our sites.**

YES       NO      My child will need bus service from school to the CLASP site. (\$100/yr)

YES       NO      My child will need bus service from the CLASP site to home. (\$100/yr)

(There is no cost for students who qualify for Free Lunch or Reduced Lunch and provide documentation of this)

**AFTER CLASP BUS TRANSPORT DROP OFF LOCATION**

Home Address      **OR**       at the address provided below (not home):

Name of Person at this Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Drop Off Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell/Mobile Number: \_\_\_\_\_ Landline Number: \_\_\_\_\_

**COST FOR CLASP: PARENT INFORMATION NEEDED**

CLASP accepts all eligible students without regard to ability to pay. CLASP, however, asks parents of children receiving its services to donate as they are able to help meet the costs of CLASP operations. No student is ever turned away for financial reasons, if space is available.

The cost of the CLASP program is approximately \$875 per child, or \$109 per month.

For the after-school program, I agree to contribute \$ \_\_\_\_\_ per month.

For the bus service, I agree to pay a one-time fee of \$ \_\_\_\_\_ round trip (\$200) or  
I agree to pay a one-time fee of \$ \_\_\_\_\_ one-way trip (\$100)  
I agree to pay monthly a fee of \$ \_\_\_\_\_ round trip (\$25) or one-way (\$12.50)

YES       NO      My child is on the Free Lunch or Reduced Lunch Program.  
Fees will be waived when qualification for either lunch program is received.

YES       NO      I will provide income documentation to verify qualification. *(next page)*

YES       NO      CLASP has my permission to verify this information with the school district.

My monthly donation will be paid by:     Check       Cash       Credit Card (fill out information below)

Your cash or check payment can be given directly to the Site Supervisor each month. A receipt will be given.  
Your check payment can be mailed to: CLASP, 1111 N. Mountain Ave, Claremont, CA 91711

You may pay by credit card:

I authorize \$ \_\_\_\_\_ to be charged on the first day of each month (September through May).

Card Number \_\_\_\_\_  Visa     MasterCard     Discover

Expiration Date \_\_\_\_\_ Zip Code of Billing Address: \_\_\_\_\_

Name as it appears on your card: \_\_\_\_\_

I understand that this charge may be revoked by me at any time.

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

**INCOME VERIFICATION**

CLASP receives funding from the City of Pomona through special money that comes from the federal government. This money allows CLASP to offer a high quality program for your child.

In order to receive the funding from this grant, we must have proof of income for students who live in Pomona.

Also, proof of income must be provided order to qualify for CLASP program donation waivers/bus fee waivers.

Please fill out this form and provide ONE of the required documents listed below.

SOURCE OF INCOME	LIST GROSS MONTHLY INCOME IN DOLLARS	DOCUMENTATION TYPE
Salary		<ul style="list-style-type: none"> <li>• Copies of last 3 paychecks; or</li> <li>• Employment and salary documentation form; or</li> <li>• Federal or State income tax returns or W-2 forms (not older than 1 year)</li> </ul>
SSI/SSD- Supplemental Security Income/Disability		(Information must not be older than 6 months) <ul style="list-style-type: none"> <li>• Copy of applicant’s monthly award check; or</li> <li>• Form SSA-2458. (Request from Social Security Office); or</li> <li>• Copy of applicant’s award letter; or</li> <li>• Bank statement showing direct deposits of applicant’s benefit amount</li> </ul>
Pension		<ul style="list-style-type: none"> <li>• Copy of applicant’s most recent pension check; or</li> <li>• Copy of pension award letter showing monthly benefits; or</li> <li>• Bank statement showing direct deposit of applicant’s award check</li> </ul>
Aid for Families with Dependent Children (AFDC) or General Relief		<ul style="list-style-type: none"> <li>• Award letter stating the amount of applicant’s benefit; or</li> <li>• Copy of applicant’s most recent check; or</li> <li>• Written statement from Caseworker stating the applicant’s benefit amount</li> </ul>
Alimony or Child Support		<ul style="list-style-type: none"> <li>• Copy of applicant’s weekly or monthly check; or</li> <li>• Court decree establishing payments, (divorce papers); or</li> <li>• Affidavit of child support signed by applicant</li> </ul>
Unemployment Insurance		<ul style="list-style-type: none"> <li>• Copy of award notice stating applicant’s benefit; or</li> <li>• Payment booklet; or</li> <li>• Unemployment affidavit signed by applicant</li> </ul>
Self-Employed Profits		<ul style="list-style-type: none"> <li>• Account records; or</li> <li>• Most current quarterly income tax return (not older than 6 months)</li> </ul>
Interest from Bank Accounts and Cash Funds		<ul style="list-style-type: none"> <li>• Letter from bank manager stating interest earned; or passbook; or</li> <li>• Bank statements showing last 12 months of interest; or</li> <li>• Most recent Federal income tax return showing interest earned; or</li> <li>• Investment statements indicating the amounts of dividends earned</li> </ul>
Rental Property Income		<ul style="list-style-type: none"> <li>• Copy of recent tenant/rent check received; or rent receipt book; or</li> <li>• Copy of property rental agreement signed by current tenant showing monthly rent; or</li> <li>• Copy of applicant’s income tax return declaring earned rental income (not older than 1 yr)</li> </ul>
Other Income not shown above		<ul style="list-style-type: none"> <li>• Attach documentation to support declaration</li> </ul>

Name of Student Enrolled: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**REQUIRED INFORMATION**

CLASP receives federal funding through the City of Pomona and the City of Claremont. CLASP is required to collect the information below to meet federal regulations. This information is kept private and shared only with our funding sources with no identity attached. *In order for your student(s) to be accepted into CLASP, the following information must be filled out completely:*

Ethnic Category:

- Hispanic
- Non-Hispanic

Race Category:

- American Indian or Alaskan Native
- Black or African American
- White
- Black or African American *and* White
- American Indian or Alaskan Native *and* White
- American Indian or Alaskan Native *and* Black or African American
- Asian
- Asian *and* White
- Native Hawaiian or Other Pacific Islander
- Other \_\_\_\_\_

Female Single Head of Household:

- YES       NO

Total Household Monthly Income: \_\_\_\_\_

Number of Family Members Living at Home: \_\_\_\_\_

**RIGHT OF PRIVACY WAIVER**

- YES       NO      I give permission for CLASP to obtain test scores, report cards, and other information from the Claremont Unified School District regarding my child. I understand that this information will be used to tailor programming to better meet the needs of my child.
- YES       NO      CLASP may share my student’s progress information with the Claremont Unified School District to ensure that my student’s educational goals/needs are being met.
- YES       NO      I authorize members of CLASP to take photographs of my child to be used only in CLASP press releases to the media or in CLASP publications.
- YES       NO      I consent to my child’s participation in surveys conducted on behalf of CLASP. Survey results are used to improve CLASP program performance to better serve our students.

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

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

## CLASP POLICIES AND PROCEDURES

Please read and discuss the following agreement with your child.

- My child is expected to bring his/her assigned homework and agenda to the program every day.
- If my child does not have homework, academic worksheets will be provided by the site supervisor.
- My child will spend at least 20 minutes on academic work **and** 20 minutes reading if homework and/or academic work is completed.
- I understand that attendance is a crucial component to my child's academic success. My child may be dismissed from the program after 3 unexcused absences.
- My child will participate in the scheduled recreational component of the program, even if homework has not been completed.
- I understand that I will be contacted if my child is not cooperating with academic expectations or is behaving in an inappropriate manner.
- I understand that upon **second** parent contact, my child may be suspended or dismissed from the program.

Your signature below indicates that you have read the Policies and Procedures above, have received the CLASP Parent Handbook, and agree to the following policies and procedures in the handbook:

- CLASP Student Agreement
- CLASP Student Discipline Guide
- CLASP Busing Rules and Regulations
- CLASP Procedures for Late Pick-up by Parents

## ATTENDANCE POLICY

Preference will be given to those students who can attend CLASP full time (three days a week)

- YES My child will be able to attend CLASP all three days each week of the program
- YES My child will be able to attend both hours each day and will not be dropped off late or picked up early for other tutoring, sports practice, games, music lessons, etc.
- YES I understand that if my child is not able to attend 3 days a week for 2 hours each day, he or she will not be able to continue in CLASP.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT SURVEY

This survey is aimed to support improvements to CLASP so your child can receive a quality program. Your answers to these questions will not have any impact on entry to the program and will remain confidential. Thank you for your honest responses.

Student's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Please rate how strongly you disagree or agree with the following statements by ***circling one number*** that best represents your child's attitude or behavior at this time.

Statement	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
1. My child completes homework assignments regularly.	1	2	3	4	5
2. My child concentrates on his/her school work.	1	2	3	4	5
3. My child likes going to school.	1	2	3	4	5
4. My child is eager to participate in school activities.	1	2	3	4	5
5. My child is confident in his/her ability to succeed.	1	2	3	4	5
6. My child thinks he/she generally does things well.	1	2	3	4	5
7. My child does not tease others.	1	2	3	4	5
8. My child voluntarily helps others who need it.	1	2	3	4	5
9. My child exercises regularly.	1	2	3	4	5
10. My child gets good grades.	1	2	3	4	5
11. My child completes all assigned work.	1	2	3	4	5
12. My child attends school regularly.	1	2	3	4	5
13. My child can concentrate on one activity for a long time, if necessary.	1	2	3	4	5
14. If my child is distracted from an activity, he/she can return to the topic quickly.	1	2	3	4	5
15. My child observes rules and follows directions without needing repeated reminders.	1	2	3	4	5
16. My child does not fight or argue with playmates.	1	2	3	4	5
17. My child is healthy.	1	2	3	4	5