



Completed on: _____

Received by: _____

Notes _____

2019-20 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

Address: _____ City: _____ Zip: _____

School: _____ Grade this year: _____ Teacher: _____

Allergies (including drugs, foods): _____

Medication(s): _____

Known health problem(s): _____

Does your child have an IEP? Yes No Does your child receive Special Education Services? Yes No

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

Name: _____ Is this the _____ parent or _____ guardian

Cell Phone Number: _____ Landline Number: _____

Email Address: _____

Address if different from student's: _____

PRIMARY LANGUAGE Spoken by Parent/Guardian: _____

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

Name: _____ Is this the _____ parent or _____ guardian

Cell Phone 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

Depending on the school, the site, and enrollment order, CLASP may be able provide one-way and/or round-trip bus service for students who live in Claremont or Pomona. If this service is available:

- YES NO My child will need bus service from school to the CLASP site.
 YES NO My child will need bus service from the CLASP site to home.

I would like my child dropped off at:

- 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: _____

HOW CAN I HELP?

CLASP accepts all eligible students without regard to ability to pay. CLASP, however, asks parents to help share the cost of our program in accordance with their means, preferably on a monthly basis. Last year, parents were able to pay for 10% of our total expenses. Other funding is raised from the community. No student is ever turned away for financial reasons, if space is available.

The actual cost to provide homework help, recreation, enrichment activities, transportation and a healthy snack for a single child is **\$1,304 per year or \$163 per month**. This covers approximately **24 hours per month** of CLASP after-school programs for your child.

A CLASP child who qualifies for Free Lunch or Reduced Lunch can obtain a fee waiver. Income documentation, as explained in the Student Enrollment Packet, must be returned to the CLASP office staff, in order to qualify for this waiver. Organizations which provide grants to CLASP recognize that CLASP serves many children who might not otherwise be able to afford private tutoring, and they require that this documentation be collected and kept on file.

Families who do not qualify for a fee waiver or do not provide income documentation are asked to contribute \$125 per month per child toward the cost of CLASP services.

I agree to contribute \$_____ per month to assist CLASP with the cost of the after-school program.

My monthly contribution will be paid by: **Check** **Cash**

Cash or check payments can be given directly to the Site Supervisor each month in a sealed envelope. A receipt will be given. Checks can be mailed to: CLASP, 1111 N. Mountain Avenue, Claremont, CA 91711

My monthly contribution will be paid by: **Credit Card**

For monthly credit card contributions, please complete the following:

I authorize \$_____ to be charged on the fifteenth day of each month (Sept-Apr, except December)

Card Number _____ Visa MasterCard

Expiration Date _____ Card Code _____ 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 FOR FEE WAIVER REQUEST

CLASP receives special funding from the City of Pomona that comes from the federal government and requires proof of income for students who live in Pomona. Please fill out this form and provide *one* of the required documents listed below.

YES NO My child qualifies for the Free Lunch or Reduced Lunch Program. Before my child starts CLASP, I will provide to CLASP the CUSD paperwork that verifies this

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

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

Name of Student Enrolled: _____

Parent/Guardian Signature: _____ Date _____

OTHER REQUIRED INFORMATION

CLASP receives funding from various cities and foundations that required the information below. 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 is expected to attend all three days of CLASP. I will text or call my child's site supervisor if my child will be absent from CLASP. No parent contact before an absence will be considered unexcused.
- 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 a **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.
- YES I will text or call my child's site supervisor as soon as possible if my child will be absent from CLASP.

Permission to Transport

- YES In case my child misses the Get About bus from school to the CLASP site, my child has permission to be driven by private vehicle from school to the CLASP site by a CLASP employee.

Parent Signature: _____ Date: _____

PARENT 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	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
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