



Completed on: _____

Received by: _____

Notes _____

2021-22 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: _____

CLASP SCHEDULE

Site	Grades	Days/Times
Good Shepherd Lutheran	2nd - 4th	Monday 3:00 - 4:30, Wednesday 1:30 - 3:00
	2nd - 4th	Tuesday 3:00 - 4:30, Thursday 3:00 - 4:30
Claremont Presbyterian Church	5th - 6th	Tuesday 3:00 - 4:30, Thursday 3:00 - 4:30
Wheeler Park	2nd - 4th	Monday 2:45 - 4:15, Wednesday 1:15 - 2:45
	5th - 6th	Tuesday 2:45 - 4:15, Thursday 2:45 - 4:15
Online	4th - 6th	Monday 3:00 - 4:30, Wednesday 3:00 - 4:30
	4th - 6th	Tuesday 3:00 - 4:30, Thursday 3:00 - 4:30

Do you have a site preference? We will make every effort to accommodate your first choice.

HOW CAN I HELP?

CLASP accepts all eligible students without regard to ability to pay. No student is ever turned away for financial reasons, if space is available. Prior to CLASP Connect, the actual cost to provide homework help, recreation, enrichment activities, transportation and a healthy snack for each child was \$1,765 per year or \$220 per month. This covered approximately 24 hours per month of CLASP after-school programs for your child.

CLASP requests that families contribute \$100 per month per child toward the cost of CLASP services. Children who qualify for Free Lunch or Reduced Lunch, according to the guidelines established by the Claremont Unified School District, can obtain a fee waiver. CUSD documentation to verify Free Lunch or Reduced Lunch status must be given to CLASP staff upon enrolling.

_____ My child qualifies for the Free Lunch or Reduced Lunch Program. Before my child starts CLASP, I will provide the CUSD paperwork that verifies this.

_____ My child does not qualify for the Free Lunch or Reduced Lunch Program and does not qualify for a fee waiver.

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

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

For monthly credit card contributions, please complete the following:

I authorize \$_____ to be charged on the fifteenth day of each month (September - April, 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: _____

Privacy and transportation waivers

- 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.
- YES NO I give permission for my child to be driven by private vehicle by a CLASP employee.

ATTENDANCE POLICY

- YES My child will be able to attend CLASP both days of the program.
- YES If my child is not able to attend both days, he/she will not be able to continue in the program
- YES I will text or call my child’s site supervisor as soon as possible if my child will be absent from CLASP.
- YES If I do not contact the site supervisor prior to the start of CLASP, it is considered an unexcused absence. My child may be dismissed from the program after 3 unexcused absences.

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, work will be provided by the site supervisor for that day.
- If my child repeatedly does bring homework assignments, they will be dropped from CLASP.

- 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

Parent Signature: _____ Date: _____

ELIGIBILITY INFORMATION FOR POMONA STUDENTS ONLY

CLASP receives special funding from the City of Pomona that comes from the federal government. This grant requires CLASP to provide the following information that will be kept confidential.

Single Female-Headed Household (circle one) Yes No

Ethnicity (please circle one category) Hispanic Non-Hispanic

Race (please check ONE category, regardless of whether or not the student is also Hispanic)

- White
- Black/African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- American Indian/Alaskan Native and White
- Asian/White
- Black/African American and White
- American Indian/Alaskan Native and Black/African American
- Other Multi-Racial (greater than one percent)

Household Size and Income Range (please circle one category)

U.S. Department of Housing & Urban Development Income Limits (effective April 1, 2021)			
Household Size	Extremely Low	Very Low	Low/Moderate
1	\$0 - \$24,850	\$24,851 - \$41,400	\$41,401 - \$66,250
2	\$0 - \$28,400	\$28,401 - \$47,300	\$47,301 - \$75,700
3	\$0 - \$31,950	\$31,951 - \$53,200	\$53,201 - \$85,150
4	\$0 - \$35,450	\$35,451 - \$59,100	\$59,101 - \$94,600
5	\$0 - \$38,300	\$38,301 - \$63,850	\$63,851 - \$102,200
6	\$0 - \$41,150	\$41,151 - \$68,600	\$68,601 - \$109,750
7	\$0 - \$44,000	\$44,001 - \$73,300	\$73,301 - \$117,350
8	\$0 - \$46,800	\$46,801 - \$78,050	\$78,051 - \$124,900

Income Verification

Please attach proof of income such as check stubs, W-2, W-9, income tax from prior year or verification of assistance program. See next page for accepted forms.

Is your household or child on any type of assistance program? Yes No

If yes, what type? _____

Does your child participate in a free school lunch program? Yes No

If yes, attach copy of school lunch card or approval letter.

CITY OF POMONA
Community Development Block Grant Program
Income Documentation Forms

Source of Income	List Gross Monthly Income in Dollars	Type of Documentation (Please submit as noted 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		<p>(Information must not be older than 6 months)</p> <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 award check
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 • Investment statements indicating the amounts of dividends e
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; or • Copy of applicant's income tax return declaring earned rental income