A.C.H.I.E.V.E.

All Children Have The Intelligence, Enthusiasm and Values to Excel



9 Main Street Norwalk, Connecticut 06851 Phone: 203-354-2753 Fax: 203-354-2856 Web: www.kidzachieve.com

"Building Success For Norwalk's Future ... One Student At A Time"

A.C.H.I.E.V.E.

All Children Have the Intelligence, Enthusiasm and Values to Excel

Dear Parents/Guardians:

Welcome to the ACHIEVE!

ACHIEVE is an Academic and Enrichment Program offering tutorial assistance, adult supervision, mentoring, a variety of extracurricular activities and cultural enrichment for Norwalk Public School students in grades K - 8. We are excited about our 2010-2011 programs and look forward to working with you and your children.

REGISTRATION:

\$50 *per family* (non-refundable/deductible)

MONTHLY FEES

* Fees are p/child

MORNINGS					AFTERNOONS				
5 Days	4 Days	<u>3 Days</u>	<u>2 Days</u>	<u>1 Day</u>	<u>5 Days</u>	<u>4 Days</u>	<u>3 Days</u>	<u>2 Days</u>	<u>1 Day</u>
\$100	\$90	\$75	\$60	\$50	\$210	\$175	\$150	\$125	\$100

Monthly Fees are due/payable on the 3^{rd} of each month

All Payments Are Collected Via Bank Draft or Credit/Debit Card – No Checks, Money Orders or Cash (however, you may use these forms of payment for the initial Registration Fee and Vacation Care Fees) A \$30 fee will be assessed for any returned bank drafts or declined credit cards

We accept Care 4 Kids, however, fees must be paid in advance until reimbursed by Care 4 Kids. We also offer Free and Reduced sliding scale rates – please contact the office for details.

In addition to the application, we must have a copy of your child's most recent physical form on file. Your child will not be allowed to attend until all the necessary forms have been submitted.

We are committed to providing the <u>best</u> in before and after-school care for your children so please feel free to contact us with any suggestions, a talent to share - anything! Our doors are always open!

We thank you for choosing ACHIEVE and look forward to serving you and your children.

Sincerely,

Tonya Williams-Peterson

Director Email: twilliams@kidzachieve.com

Iaramial Lee

Director of Program Operations Email: jlee@kidzachieve.com

MEMBERSHIP APPLICATION

CHILD'S LAST NAME:	SEX:			
CITY:	STATE:ZIP:			
EMAIL ADDRESS:				
GRADE (Fall 2010):				
5:				
OFFI	CE NUMBER:			
COMPANY/POLICY #				
TER WHO IS ALREADY A MEMBER	?NOYES (NAME)			
AN-AMERICANASIANWHIT	EOTHER	-		
MOTHER'S NAME:				
MOTHER'S EMPLOY	/ER:			
ADDRESS:				
WORK PHONE:				
CELL PHONE:				
CANT LIVES:				
<u>ME, RELATIONSHIP & TELEPHON</u>	<u>NE NUMBER</u>):	••••		
/2	<u>//</u>			
	///////			
TMENT:				
	CITY: EMAIL ADDRESS: SCHOOL:OFFI COMPANY/POLICY #OFFI COMPANY/POLICY #OFFI TER WHO IS ALREADY A MEMBER AN-AMERICANASIANWHIT MOTHER'S NAME: MOTHER'S EMPLOY ADDRESS: KELATIONSHIP & TELEPHON 2	CHILD'S LAST NAME: STATE: ZIP: CITY: STATE: ZIP: EMAIL ADDRESS: GRADE (Fail 2010): S SCHOOL: GRADE (Fail 2010): S OFFICE NUMBER:		

In case of emergency, I (parent/guardian) hereby authorize the ACHIEVE Enrichment Program, to treat and/or send my child to a physician or hospital and authorize the necessary treatment. I also authorize the physician or hospital to release my child after treatment to a representative of ACHIEVE. All information on this form is complete, true and accurate to the best of my knowledge. PARENT/GUARDIAN SIGNATURE:

PROGRAM RULES & REGULATIONS

See Attached

AUTHORIZATION TO PHOTOGRAPH/VIDEOTAPE

I give permission for my child to be photographed/videotaped during the ACHIEVE Enrichment Program. I understand that the photographs/videotapes may be used by ACHIEVE for the purpose of publicizing and promoting the program, and may be used on brochures, flyers, and on the A.C.H.I.E.V.E. website. I also understand that no compensation will be offered to the child or the family. If I no longer wish to allow the A.C.H.I.E.V.E. Program to utilize photos/images of my child, I will notify the program in writing.

PARENT/GUARDIAN SIGNATURE: _____

I do NOT wish for my child to be photographed/videotaped during the ACHIEVE Enrichment Program.

PARENT/GUARDIAN SIGNATURE: _____



All Children Have the Intelligence, Enthusiasm and Values to Excel



FOR OFFICE USE ONLY

DATE RECEIVED	
APPLICATION FEE	
BANK DRAFT/CREDIT CARD	
AUTHORIZATION	
PHYSICAL FORM	
START DATE	

A.C.H.I.E.V.E.

All Children Have the Intelligence, Enthusiasm and Values to Excel

PROGRAM RULES AND REGULATIONS BEHAVIOR POLICY

- 1. Fighting is Prohibited Zero Tolerance Policy; IMMEDIATE TERMINATION
- 2. Do Not Touch Any Other Student In Any Way Unless Their Personal Safety Is In Jeopardy
- 3. Profanity/Use of Bad Language is Prohibited
- 4. Theft of Property is Prohibited
- 5. Possession or Use of Weapons is Prohibited
- 6. Smoking/Drinking is Prohibited
- 7. Toys, Games, and Electronic Devices are Prohibited. <u>We will not be responsible for</u> <u>any items lost, damaged, or stolen.</u>
- 8. Parents are responsible for the actions of their child(ren) and are <u>liable</u> for any damaged property, windows, equipment, etc., belonging to the school or ACHIEVE.
- 9. Students are to respect and pay attention to teachers AT ALL TIMES and are to be respectful to their peers as well.
- 10. Students are to remain on campus at all times
- 11. Late Fees are \$1 per minute per child and is payable within 24 hours or the child will not be accepted the following day. After 30 minutes (without a call) Norwalk Police Department will be notified.
- 12. Students must be signed in and out daily by an authorized adult.

VIOLATION OF ANY OF THE ABOVE RULES AND REGULATIONS WILL RESULT IN SUSPENSION AND POSSIBLE TERMINATION <u>THERE WILL BE NO REFUNDS ISSUED!</u>

I HAVE RECEIVED THE PROGRAM RULES/REGULATIONS/BEHAVIOR POLICY OF THE ACHIEVE ENRICHMENT PROGRAM

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Name of Child(ren): _____