

**Mare Island Technology Academy Before & After School
Program
Enrollment Form 2016-2017**

Attention parents/guardians:

This After School Program form **must be filled out completely.**

That includes: Contact info, Early release, Walk Home, and Rules. **If this form is not filled out completely, it will be returned to the parent/guardian and expected to be filled out completely.** The information is required for grant reporting purposes, as the After School Program is funded by several grants. I understand this may be an inconvenience, and if you have any questions, comments, or concerns, please feel free to contact me personally.

Gailyn Birkeland

Before School/After School Program Coordinator

MIT Academy

2 Positive Place

Vallejo, CA 94589

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Student Name: _____ **Grade going Into:** 6 7 8 9 10 11 12
(Last, First) (Circle One)

Date of Birth: ____/____/____ **Gender (circle):** male female

*Demographic information collected per grant reporting requirements; information is kept confidential.

Student Ethnicity: _____ Asian/Pacific Islander _____ Black/African American _____ Indian
_____ Latino/Hispanic _____ White _____ Multi-Racial Other: _____

Languages Spoken At Home (mark all that apply): _____ Arabic _____ Chinese _____ English _____ Hmong _____ Japanese
_____ Mien _____ Russian _____ Spanish _____ Tagalog _____ Vietnamese Other: _____

Address: _____
(Street # and Name, Apt. #)
(City) (Zip)

Lives with: mom ___ dad ___ both ___ other (please specify) _____

Parent/Guardian 1: Name: _____ Relation to student: _____

Address (if different from student): _____

Home Phone: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian 2: Name: _____ Relation to student: _____

Address (if different from student): _____

Home Phone: _____ Email: _____

Work Phone: _____ Cell Phone: _____

In case of an emergency call (name) _____ (number) _____

By circling "yes" and signing below, I am giving my permission for my student to sign him/her self out and/or leave campus.

May student sign him/her self out? Yes No **May student walk home?** Yes No

Parent/Guardian signature: _____

Please list ALL persons who are allowed to pick up your child. (Persons must be 16 or older.

More than one name may be entered on one line if persons are from the same household.)

1) Name: _____ Relation to student: _____ Number: _____

2) Name: _____ Relation to student: _____ Number: _____

3) Name: _____ Relation to student: _____ Number: _____

4) Name: _____ Relation to student: _____ Number: _____

5) Name: _____ Relation to student: _____ Number: _____

6) Name: _____ Relation to student: _____ Number: _____

7) Name: _____ Relation to student: _____ Number: _____

Early Release Policy

I understand my student _____, is required to attend the Afterschool Program 9 hours a week. Program hours operate from the end of the school day until 6pm daily and we encourage all students to stay and be a part of the program until approximately 5:45pm, but we also understand there will be times that students need to be released early.

But on (Please Circle Any That Applies) **Mon, Tues, Wed, Thurs, Fri** my student will be picked up for:

- Parallel Program, (sports, band, or other academics etc.)
- Family Schedule makes it difficult to stay until 6pm
- Medical/Dental Appointments, Illness
- Child has other non-program obligations
- Weather, Daylight Savings
- Others _____

Parent/Guardian Signature _____ Date _____

ASP Program Rules

Please Sign and return by first day of school

All School Rules apply

- 1. All students (middle and high) are NOT TO LEAVE CAMPUS AFTER SCHOOL ANY DAY DURING THE WEEK, INCLUDING WEDNESDAYS.**
2. Be to class on time. Regular Day 3:40pm, Minimum Day 2:22pm, no exceptions to this!
Multiple tardys may result in a phone call home and the student being sent home for the day
3. Before entering class, line up on the deck.
Students must be orderly and quiet before entering.
4. Must have Homework to work on, or a book to read daily if homework has been completed.
5. No Food or Drinks in Class.
6. No iPods or cell phones at any time.
7. No talking allowed unless you are permitted, or it is work related.
8. Act in a Respectful Manner towards your classmates and staff at all times.
9. Keep your hands to yourself, no chasing, rough play, or wrestling at any time.
10. Follow staff instructions at all times.

***Discipline for the ASP, depending on the severity of the incident, can and will be applied if the program rules are not followed. Discipline will be handled by ASP Coordinator and severe incidences will be dealt with by Behavior Intervention Specialist.**

Student Name _____ Student Signature _____

Parent Name _____ Parent Signature _____

Date _____