



Family Focus Highland Park 2018-2019 Registration

Welcome to ASAP/BSAP

a quality before/after-school program for your child.

It's time to register for next year's ASAP!

During the 2018-2019 school year, the After School Activity Program (ASAP) will be in its fifteenth year of providing quality after school programming. **Family Focus Highland Park offers this affordable, educational, nurturing program in collaboration with North Shore School District 112**, meeting the needs of working families with children in kindergarten through fifth grade. **District 112 provides us with space for our program and buses to our sites. For our fifteenth year we will, again, be located at:**

- Oak Terrace School, with bus service from Wayne Thomas School, and
- Indian Trail School, with bus service provided from Ravinia, Red Oak, and Sherwood Schools.

The program goals are to:

- Offer a school-based home-like after school environment.
- Provide a setting that promotes social, emotional, physical and intellectual development.
- Encourage sensitivity to others and a sense of group belonging.
- Foster curiosity, independence, cooperation, and responsibility.
- Present enriching, motivating, fun afternoons.

As of April 13th, registration is open to District 112 families with children attending the schools mentioned above. Spots in ASAP are not reserved until your registration form has been received and your deposit has been submitted! Registration is on a first-come, first-served basis, so get your form in ASAP (as soon as possible). Additional information and registration forms are available on our website: www.familynetworkcenter.org.

Please contact Bobbie Hinden, ASAP Director, at 847-433-0377 or bobbie.hinden@family-focus.org if you have any questions or need additional information. We look forward to hearing from you soon.

Sincerely,

Bobbie Hinden, MEd
Center Co-Director
bobbie.hinden.hinden@family-focus.org

2018-2019 Tuition and Schedule

After School Activity Program (ASAP)

Dates: School days beginning 8/21/18 through 6/5/19 – 3:17pm to 6:00 pm

There is a three-day per week minimum enrollment requirement.

Days	Tuition
Three Days/Week	\$220/Month
Four Days/Week	\$284/ Month
Five Days/Week	\$336/Month

Before School Activity Program (BSAP) – held only at Oak Terrace

Dates: School days beginning 8/20/18 to 6/3/19 – 7:00am to 8:15am

BSAP Tuition - \$10 per day

Tentative 2018-2019 Calendar

Early Dismissal Days

Friday, August 31, 1:00pm
Friday, September 7, 1:00pm
Friday, October 5, 1:00pm
Friday, January 18, 1:00pm
Thursday, February 14, 1:00pm
Friday, March 1, 1:00pm
Thursday, March 21, 1:00pm
Thursday, April 18, 1:00pm
Friday, May 24, 11:40am
Tuesday, June 4, 1:40pm
Wednesday, June 5, 1:40pm

Full Days (8am to 6pm)

Monday, September 10, Rosh Hashanah
Wednesday, September 19, Yom Kippur
Monday, November 12, Institute Day (Veterans Day)
Monday, November 19, Conferences
Tuesday, November 20, Conferences

Tuesday, February 19, Institute Day
Monday, March 4, Pulaski Day
Friday, March 22, Conference
Monday, April 22, No School

ASAP Holidays (closed)

Monday, August 20, no ASAP
Monday, September 3, Labor Day
Wednesday-Friday, November 21-23, Thanksgiving
Monday, December 24-Friday, January 4, Winter Break
Monday, January 21, MLK Day
Friday, February 15, No School
Monday, February 18, Presidents Day
Monday, March 25-Friday, March 29, Spring Break
Friday, April 19, Good Friday
Monday, May 27, Memorial Day



**Family Focus Highland Park
After School Activity Program (ASAP)/Before School Activity Program (BSAP)
Student Enrollment Form**

Student Information

Name: _____

Date of Birth: _____ **Age:** _____ **Sex:** M F **Grade Level (fall 2018):** _____ **Home School:** _____

Race/Ethnicity: Latino/Hispanic African-American Caucasian Asian/Pacific Islander Native American Other

Student Home Address: _____

Enrollment: ASAP- Monday Tuesday Wednesday Thursday Friday

BSAP (only Oak Terrace/Wayne Thomas): Monday Tuesday Wednesday Thursday Friday

Is your child an English Language Learner or currently enrolled in a bilingual program? **Yes No**

Does your child have an individual education plan (IEP) or have other special needs? **Yes No**

(if your answer is yes, additional information will be requested)

Does your child receive free or reduced lunch? **Yes No**

Is there any information you would like to share about your child's special needs or bilingual education?

(This is kept confidential and used to provide supportive services for your child.)

Parent/Guardian Information

Parent/Guardian Name: _____ **Relationship to Student:** _____
First Last

Address (if different from the student): _____

Place of Employment: _____ **Occupation:** _____

Daytime Phone # _____ cell work home **Evening Phone #** _____ cell work home

Email: _____ **Preferred Language:** _____

Is this parent/guardian a primary emergency contact? **Yes No**

Parent/Guardian Name: _____ **Relationship to Student:** _____
First Last

Address (if different from the student): _____

Place of Employment: _____ **Occupation:** _____

Daytime Phone # _____ cell work home **Evening Phone #** _____ cell work home

Email: _____ **Preferred Language:** _____

Is this parent/guardian a primary emergency contact? **Yes No**

Payment

ASAP fees are due by the 15th of each month. Late payment may result in a \$20 late fee. Enrollment in ASAP is contingent upon all payments being current.

I am interested in completing a fee assistance application.

Payment Method for Deposit: \$50 per child for new families or \$25 per child for returning families

MasterCard Visa American Express Cash Check (payable to Family Focus HP)

Account #

Expiration Date

Signature

Print Signature

Cardholder Address (street, city, state, zip code)

Additional Emergency Contact Information

Emergency Contact: _____ **Relationship to Participant:** _____

Phone # _____ cell work home **Alternate Phone #** _____ cell work home

Medical Information

Does your child have any medical conditions that would impact their participation in any activities? **Y** **N**

If yes, please describe: _____

Please list any allergies your child has: _____

Is your child taking any medications that need to be given during program hours? **Y** **N**

If yes, please describe the plan approved by the school to administer the medications: _____

Child's Doctor(s) (name and practice): _____ Phone: _____

Address: _____ Hospital Affiliation: _____

Child's Dentist: _____ Phone: _____

Parental Consents

Safe Passage Home – please choose all options your child has for traveling home after the program.

If this safe passage plan changes, please notify the ASAP staff immediately.

My child has permission to walk home alone. **Yes** **No**

My child has permission to walk home with other children. **Yes** **No**

My child is **only** to be dismissed into the care of an adult. **Yes** **No**

Please list the adults who have your permission to pick up your child from the program.

1. _____ 2. _____

3. _____ 4. _____

Please list the adults who are **NOT** permitted to pick up your child from the program.

1. _____ 2. _____

CPR, First Aid and Emergency Response Release

I give Family Focus staff permission to provide first aid or CPR and/or to call emergency services in the case of an emergency.

I grant permission **I do not grant permission**

Photography, Video and Social Media Release

As the legal parent/guardian of the enrolled student, I authorize Family Focus to photograph and/or take video of my child for publication purposes or posting in social media. Images are used to publicize Family Focus services as well as publically recognize student accomplishments. No names are ever used publicly.

I grant permission **I do not grant permission**

My signature confirms that I have read the payment information on this form. I understand the provisions, and I agree to the payment obligations stated.

Signature

Date

My signature confirms that I have read the above information and indicated my preferences, and grant my permission for the child listed to participate in the program.

Parent/Guardian Signature

Printed Name

Date

Release of Liability for Minors

I understand that Family Focus Highland Park's After School Activity Program (ASAP) is always exercising reasonable caution and I do not hold them responsible for accidental injury occurring while my child is attending the program. I hereby expressly forever waive, release and discharge the Family Focus After School Activity Program (ASAP) and their representatives from all such liabilities, claims, demands, injuries, damages, rights of action, or cause of action, whether the same be known or unknown, anticipated or unanticipated.

Parent/Guardian Signature

Relationship to Child

Date

Return To: Bobbie Hinden, Co-Director

Family Focus Highland Park – 330 Laurel Avenue – Highland Park, IL 60035

Email: bobbie.hinden@family-focus.org - Phone: 847-433-0377