

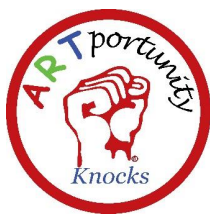


2018-19 ASP Registration Packet



Mrs

Artportunity Knocks ASP



Dear Parents & Scholars:

We are pleased that you have joined the Artpportunity Knocks family! Artpportunity Knocks, Inc. is the fastest growing Youth Arts development organization in the state of Georgia serving ages 5 to 18 years old. Parents, your scholar's involvement will benefit them greatly now and in the future. Here are some of the reasons why:

Core Areas of Activity Involvement:

- *Artist and Leadership Development*
- *Education and Learning Development*
- *Life Skills*
- *Mentorship and Guidance*

Parents, we encourage you to visit the site at any time. Spend time with your scholar in our classrooms, play games, or join us for one of our specialty classes. Parent volunteers are welcomed. Take advantage of the activities that are planned especially for families, as well as parent workshops that are scheduled throughout the year. Your involvement, as well as your suggestions are valuable to our organization.

It is our goal to make your scholar's experience in the Artpportunity Knocks programs a positive experience. Please take a few moments to review the enclosed **Guidelines Governing the After-School/Summer Program** and become familiar with its contents. Parents, since we serve youth of all ages, we ask that you sit down and explain its content to your scholar. If you have any further questions, please contact the Site Director immediately and discuss your questions with him or her. Prior to starting our program, we ask that you sign the statement acknowledging that you have received a copy of the *Parent/Scholars Handbook*.

Again, welcome to Artpportunity Knocks! We are looking forward to working with you and your scholar.

In Service to Others,

A handwritten signature in cursive script that reads "Ty Woods".

Ty R. Woods
Executive Director



Before & After Care Registration Form

PROVIDER LEGAL NAME: Artportunity Knocks ASP @ Atlanta Heights Charter School (a licensed program with Bright from the Start)

SCHOOL/SITE NAME: Atlanta Heights Charter School

CHILD INFORMATION		(Please print name exactly as it appears on the birth certificate.)	
CHILD'S LAST NAME:			
CHILD'S FIRST NAME:			
CHILD'S MIDDLE NAME:		NAME SUFFIX:	(i.e. Jr, Sr, II,III)
CHILD'S SOCIAL SECURITY#:		D.O.B. (MM/DD/BY):	SEX: []M []F
HOME ADDRESS (Do not enter PO Box Info):		COUNTY:	
CITY:	STATE: GA	ZIP:	HOME PHONE: ()

If the Student is transferring from another school/asp, please provide the following:
 Previous School Name: _____ Last Date in Attendance: _____

***Please do not skip any sections.

PARENT/GUARDIAN INFORMATION		
Parent/Guardian #1 - LAST NAME:	FIRST:	MIDDLE INITIAL:
Home Address (If different from child):		
City:	State:	Zip:
Home Phone: ()	Cell Phone: ()	
Email Address:		
Place of Employment:	Work Phone: ()	
Address:		
City:	State:	Zip:
Parent/Guardian #2 - LAST NAME:	FIRST:	MIDDLE INITIAL:
Home Address (If different from child):		
City:	State:	Zip:
Home Phone: ()	Cell Phone: ()	
Email Address:		
Place of Employment:	Work Phone: ()	
Address:		
City:	State:	Zip:

EMERGENCY CONTACT INFORMATION (Persons to contact in the event that either parent/guardian cannot be contacted)				
NAME	CELL PHONE	ADDRESS	EMAIL	RELATIONSHIP
1.				
2.				

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in ASP. If my child is placed in Artportunity Knocks ASP, I agree that my child will adhere to the rules and guidelines set forth by the program. I understand that failure to comply with these requirements could result in disenrollment. I understand that I cannot register my child without all the required documentation. I understand that my child is not enrolled until I have paid the \$20/per child registration fee and tuition for the first week.

Signature Parent/Guardian: _____ **DATE:** _____

CHILD MAINTENANCE

CHILD'S LIVING ARRANGEMENTS: BOTH PARENTS MOTHER FATHER OTHER

CHILD'S LEGAL GUARDIAN: BOTH PARENTS MOTHER FATHER OTHER

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
1.			
2.			
3.			
4.			

CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____.

*DATE OF LAST FULL HEALTH SCREENING: _____ PHONE: () _____

MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):

THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:

MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:

**GENERAL
RELEASE**

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Bright from the Start Department of Early Care and Learning (DECAL), and the United States Department of Agriculture (USDA for the purpose of the CACFP food program).

SIGNATURE
(Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for Artportunity Knocks to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily ASP activities for the purposes of news releases, reporting, and assessing the progress of children and the program. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for the purpose of social media and/or web site usage.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Artportunity Knocks, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

**NAME/ADDRESS: Artportunity
Knocks, ASP 1755 The Exchange
SE Ste 126, Atlanta, GA 30339**

SIGNATURE (Parent/Guardian): _____

DATE: _____

Parental Agreements with Child Care Facility

Artportunity Knocks ASP @ Atlanta Heights Charter School
(Name of Facility)

agrees to provide child care for _____
(Name of Child)

on _____, beginning at _____ AM/PM
(Days of Week)

and ending at _____ AM/PM from _____ to _____.
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Afternoon Dinner
Snack



Please Initial:

___ Before any medication is dispensed to my child, I will provide a written authorization, which includes: Date, Name of Child, Name of Medication, Prescription Number (if any), Dosages, and Date and Time of Day to be given to child. Medicine will be in the original container with my child's name marked on it.

___ My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel.

___ I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

___ The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Artportunity Knocks agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

___ I authorize the child care facility to obtain emergency medical care for my child when I'm not available.

I have received a copy and agree to abide by the policies and procedures for the above-named facility.

SIGNED: _____ Date _____ Parent/Guardian

SIGNED: _____ Administrator / Authorized Person _____ Date Facility

Artportunity Knocks – ASP Parent Agreement

Artportunity Knocks After School Program is designed to reinforce the Core Standards in education with a model called

Arts Integration. We provide a safe environment for scholars to develop, grow and create their future. Artportunity Knocks is a Non-Profit Organization whose mission is to empower youth to excel in **POSITIVE ARTS** Self-Expression(PASE), Education, Community Service and Bridging the cultures through arts & entertainment.

Artportunity Knocks is a fully explored S.T.E.A.M. organization. **STEAM education** incorporates the “A” for the arts – recognizing that to be successful in technical fields, individuals must also be creative and use critical thinking skills which are best developed through exposure to the arts. For more information visit: www.ArtportunityKnocks.org.

Parent Handbook Overview (place a check next to each box after it's read, write n/a if it doesn't apply)

Rates/Tuition/Refund Policy

- Standard rate is \$65/wk (\$20 Registration Fee) for the After-School program tuition is **due Friday before the next week.**
- If payment is not posted by the start of the school day on Monday (6:45am), **a \$25 late fee** will be applied to your account (\$10 late fee if you are in the **Before Care only** program).
- Scholars will not be permitted to stay for the After Care program without a payment on their account.
- There is \$1 per minute/per scholar charge for pick-up after 6:30 p.m. (There is no grace period)
- Scholars will be removed from the program after 3 consecutive late payments.

Behavior Policy

- Scholars are expected to show respect to staff and fellow After-School Program Scholars at all times.
- Use of profanity, name-calling, or other disrespectful behaviors will not be tolerated. A verbal warning will be given, following a written notice for parent to sign. If negative behavior continues, the scholar will be expelled from the program.
- Artportunity Knocks has a zero tolerance for bullying and fighting which will lead to a minimum of a two - five day suspension or termination depending on severity. Multiple violations will result in termination from the program.
- Violation of Code of Conduct may lead to suspension from the program (without refund).

Phone Usage

- Use of cell phones and other electronic devices are not allowed without the permission of the Site Director
- No cell phone usage during homework time, tutorials, activity or instruction time.
- Violation of this policy will result in the device being held until the parent/guardian arrives.

Computer Usage

- Use of computers are for the purpose of learning *ONLY*.
- Scholars are not allowed on any social media website during the program. This is to avoid cyber bullying and exposure to inappropriate music/video content (ie., YouTube, Instagram, Vine, Spotify, etc).

Dress Code

- The Dress code remains upheld by the standard of your school requirements. *Also see our Parent Handbook.*

Medication

- Staff cannot administer any medications with the exception of EpiPen in an allergic reaction case.
- No child should be brought to the program if they are sick, have been sick, or there is a reasonable assumption they are going to be ill without a doctor's notice to return to school.
- A child will not be accepted nor allowed to remain in the program if the child has the equivalent of one hundred and one (101 degrees) or higher oral temperature and another contagious symptom such as: rash, diarrhea, vomiting, severe coughing, sore throat, or pink eye (conjunctivitis).

Injuries

- Parents are responsible for notifying Artportunity Knocks for any Injuries sustained outside of school time.
- Artportunity Knocks is not responsible for any injury that occurs as a result of violations of the Behavior Code of Conduct.

I give permission for my child to be signed into the Before/After School program by their Teacher or ASP Staff member. I have read and fully understand the terms of the Artportunity Knocks After-School Program.(one per family)

Name of Child: _____ Date: _____

Name of Parent: _____ Signature: _____

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Name of Parent: _____ Signature: _____