

# ALCS

## Middle School Academics & After School Program Enrollment Form

Name of student \_\_\_\_\_ Grade \_\_\_\_\_

Name of 2<sup>nd</sup> student \_\_\_\_\_ Grade \_\_\_\_\_

Mother's name \_\_\_\_\_ Best contact # \_\_\_\_\_

Email Address \_\_\_\_\_ Work # \_\_\_\_\_

Father's name \_\_\_\_\_ Best contact # \_\_\_\_\_

Email Address \_\_\_\_\_ Work # \_\_\_\_\_

Please **circle** your selected enrollment option and return completed form with your payment.

**Option 1: UNLIMITED Monthly, \$175.00.** Billing will be the middle of each month.

**Option 2:** Billed Weekly on Mondays for the previous week. Please indicate days and times students will attend:

**Monday** From \_\_\_\_\_ To \_\_\_\_\_

**Tuesday** From \_\_\_\_\_ To \_\_\_\_\_

**Wednesday** From \_\_\_\_\_ To \_\_\_\_\_

**Thursday** From \_\_\_\_\_ To \_\_\_\_\_

**Friday** From \_\_\_\_\_ To \_\_\_\_\_

**TOTAL HOURS SCHEDULED PER WEEK** \_\_\_\_\_

### Late Pickup Fee

Any pickup after **5:30 PM** will be charged per child according to the following schedule:

Pickup between 5:31-5:40 PM will be charged **\$10.00**

5:41-5:50 PM will be charged **\$25.00**

5:51-6:00 PM will be charged **\$50.00**.

After 6:00 PM you will be charged **\$60.00 for each additional hour**.

The teacher's cell phone will determine time. Late pickup fees must be paid within one week. Consistent late pickup is cause for dismissal from the Academic Program. Please plan ahead when weather conditions are poor.

**List any people who may be picking up your child or who we could contact in case of an emergency:**

1. \_\_\_\_\_

Best contact # \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

2. \_\_\_\_\_

Best contact # \_\_\_\_\_ Email Address \_\_\_\_\_

Continued 

Relationship to child \_\_\_\_\_

3. \_\_\_\_\_

Best contact # \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

List any person or persons **NOT** allowed to pick up your child:

\_\_\_\_\_

**Please fill in answers to the questions below so we may best support your student.**

In what areas does your child need help academically?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what areas does your child feel successful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What extracurricular activities is your child participating in and how often do they occur?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any social/peer skills you would like your child to grow in this year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's organizational skills?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's work habits?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your child(ren) will be enrolled into the Academics Program upon receipt of this enrollment form. If the program has been filled prior to receiving your enrollment form, you will be contacted by telephone.

Parent name (Please print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_