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

All Children Have the Intelligence, Enthusiasm and Values to Excel

Dear Parents/Guardians:

Welcome to ACHIEVE @ NHMS!

ACHIEVE is an Academic and Enrichment Program offering homework assistance, and a variety of enrichment activities and for Norwalk Public School students in grades K – 8. We are excited about our 2017-2018 programs and look forward to working with you and your children.

REGISTRATION:
$50 Annual Registration Fee - Per Family (Non-Refundable/Deductible)

MONTHLY FEES
*Fees are per child and are offered “A La Carte” to best fit your schedule!

<table>
<thead>
<tr>
<th>AFTERNOONS</th>
<th>5 Days</th>
<th>4 Days</th>
<th>3 Days</th>
<th>2 Days</th>
<th>1 Day</th>
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</thead>
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<tr>
<td></td>
<td>$225</td>
<td>$190</td>
<td>$165</td>
<td>$140</td>
<td>$70</td>
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We offer a Multi-Child Discount; accept Care 4 Kids, offer a Free and Reduced Sliding Scale Rate and a limited number of scholarships – please contact the office for details.

PROGRAM HOURS:
AM Program: 7:00 am until Start of School Day (Varies by school)
PM Program: Dismissal (Varies by school) until 6:00 pm

Please review the enclosed Registration Checklist which details the items required to register your child for the program. In addition to the application, we must have a copy of your child’s most recent Health Assessment (ALL 3 Parts) including immunizations.

We are committed to providing the best 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

Director
Email: twilliams.kidzachieve@gmail.com
A.C.H.I.E.V.E.
MEMBERSHIP APPLICATION

PLEASE PRINT:

CHILD’S FIRST NAME: ___________________________ CHILD’S LAST NAME: ___________________________ SEX: ______

AGE: _______ DATE OF BIRTH: _____ / _____ / _______ HOME PHONE: ________________________________

ADDRESS: __________________________________________ CITY: ___________________ STATE: ______ ZIP: ______

SCHOOL: ___________________________________ GRADE (2017-2018): ______

MEDICAL CONDITION(S) – GIVE DETAILS: _____________________________________________________________

PHYSICIAN NAME: ___________________________________________ OFFICE NUMBER: _______________________

HEALTH INSURANCE? □ NO □ YES COMPANY/POLICY # ________________________________

DOES APPLICANT HAVE A BROTHER/SISTER WHO IS ALREADY A MEMBER? __NO __YES (NAME) __________

ETHNIC ORIGIN: ___HISPANIC ___AFRICAN-AMERICAN ___ASIAN ___WHITE ___OTHER ______________________

FATHER’S NAME: ____________________________________________

FATHER’S EMPLOYER: _______________________________________

EMPLOYER ADDRESS _______________________________________

WORK PHONE: ________________________ CELL PHONE: ________________________

EMAIL ADDRESS: __________________________________________

MOTHER’S NAME: ___________________________________________

MOTHER’S EMPLOYER: _______________________________________

EMPLOYER ADDRESS _______________________________________

WORK PHONE: ________________________ CELL PHONE: ________________________

EMAIL ADDRESS: __________________________________________

PARENT/GUARDIAN WITH WHOM APPLICANT LIVES: ________________________________________________

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AUTHORIZED DROP-OFF/PICK-UP (In Addition To Parents/Guardians)

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>TELEPHONE #</th>
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<tbody>
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</tbody>
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MEDICAL TREATMENT CONSENT

This form should be completed and signed by the child’s parent or legal guardian.

Child’s Name:

In the event that the child named above becomes ill or injured, I understand that the ACHIEVE Staff will attempt to contact me, the other parent, or the legal guardian at the telephone number provided below.

Parent/Guardian #1:

Name:
Employer: Work Phone #:
Cell Phone #:

Parent/Guardian #2

Name:
Employer: Work Phone #:
Cell Phone #:

Emergency Contact Other than Parent/Legal Guardian

Name: Relationship:
Phone Number:

In the event that I or the others listed above are not available, I give permission to the ACHIEVE Staff to give basic First Aid for the child named above and to take appropriate measures including contacting the Emergency Medical Services (EMS) System and arranging for transportation to ______________ or the nearest appropriate medical facility. At no time will the ACHIEVE staff drive an ill or injured child to an emergency medical facility unless accompanied by another adult staff member.

Signature of Parent/Legal Guardian:

Date:
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MEDIA RELEASE

I hereby give my consent to all photographs, audio recordings, and/or video recordings taken of me or my minor child by ACHIEVE Enrichment Program staff or their designee. I understand that any such photographs, audio recordings, and/or video recordings become the property of ACHIEVE Enrichment Program and may be used by for educational, instructional, or promotional purposes in broadcast and electronic media formats now existing or in the future created.

Please check one of the options below:

_____ Yes, I give my consent.

_____ No, I do not give my consent.

Student’s Name: __________________________________________________________

School/Site Name: _______________________________________________________

Parent’s/Guardian’s Name: ________________________________________________
(Please Print)

Parent/Guardian Signature: ___________________________ Date: __________

Consent may be revoked at any time – please provide ACHIEVE with an updated Media Release form if you wish to change your consent on file.
Our Behavior/Discipline Policy was established with the knowledge that children need clear limits which are set in ways that do not negatively influence their self-esteem. We believe all students should experience success. In general, limits are set to keep children from hurting themselves or others, and to keep them from infringing on each other’s space and property. Limits are set positively and our goal is to prevent or minimize behavioral issues while creating a positive learning environment for all children.

The goal of the Behavior/Discipline Policy is to help the child develop inner controls so that he/she may move toward appropriate social behavior. Methods for resolving conflicts are:

- The use of positive guidance
- Redirection
- Setting Clear Limits
- Open discussion with the child and parent

When disputes arise among children or between a child and a staff member, staff will encourage a talking out process among those involved. The goal of this talking out process will be to acknowledge feelings of both parties and find solutions using children’s ideas whenever possible.

A child who may be overly aggressive or is repeatedly destructive of other’s children’s work/space may be asked to make an activity choice in another area if talking things through has not resulted in better self-control.

When disciplinary action is warranted, staff will continuously supervise children.

Staff shall not be abusive, neglectful, use corporal or humiliating or frightening punishment under any circumstances. No child shall be physically restrained unless it is necessary to protect the safety and health of the child or another child or staff.

Parents are asked to read and review with their children the Behavior/Discipline Policy.

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I HAVE RECEIVED, REVIEWED AND DISCUSSED WITH ACHIEVE PROGRAM STAFF
THE BEHAVIOR AND DISCIPLINE POLICY OF THE ACHIEVE ENRICHMENT PROGRAM

Name of Child(ren): ______________________________________________________________

Parent/Guardian Name (Please Print): ____________________________________________

Parent/Guardian Signature: ______________________________________________________
MONTHLY TUITION POLICY

IMPORTANT: Tuition is calculated on a full 181-day school year, divided by 10 school months. Tuition remains the same from month to month, even though some months have more school vacation days. Snow Days are automatically added to the end of the school year so you will never receive less than 181 days of services.

Example: 1 Student Attending 5 Days Per Week/Afternoons Only

<table>
<thead>
<tr>
<th>MONTH</th>
<th># SCHOOL DAYS</th>
<th>TUITION</th>
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<tbody>
<tr>
<td>August</td>
<td>2</td>
<td>$225 – First Month Due w/Registration</td>
</tr>
<tr>
<td>September</td>
<td>19</td>
<td>$225</td>
</tr>
<tr>
<td>October</td>
<td>22</td>
<td>$225</td>
</tr>
<tr>
<td>November</td>
<td>19</td>
<td>$225</td>
</tr>
<tr>
<td>December</td>
<td>16</td>
<td>$225</td>
</tr>
<tr>
<td>January</td>
<td>21</td>
<td>$225</td>
</tr>
<tr>
<td>February</td>
<td>17</td>
<td>$225</td>
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<td>March</td>
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<td>April</td>
<td>16</td>
<td>$225</td>
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<tr>
<td>May</td>
<td>22</td>
<td>$225</td>
</tr>
<tr>
<td>June</td>
<td>7</td>
<td>$0</td>
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TOTAL: 181 SCHOOL DAYS

In addition to a multi-child discount, we offer reduced rates for those who qualify for free or reduced lunch. You must fill out the free and reduced lunch form to qualify and we must have a copy of your determination letter to apply the reduced rate. You are responsible for the full tuition until we are provided this.

We also accept Care 4 Kids, however, you are responsible for the full tuition until Care 4 Kids is confirmed. In addition, you are responsible for any remaining balance not paid by Care 4 Kids payable through our normal payment options.

Monthly payments are due by the 3rd of each month. Payments will be due from September through June. Payments are payable by Monthly Bank or Credit Card Draft. We need this information updated with a new authorization ANNUALLY. If you require special arrangements please contact the office.

Monthly Tuition does NOT include Vacation Care Fees which are billed separately and on an as needed basis.

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

I HAVE RECEIVED AND REVIEWED THE MONTHLY TUITION POLICY OF THE ACHIEVE ENRICHMENT PROGRAM

Parent/Guardian Name (Please Print): ____________________________________________

Parent/Guardian Signature: ________________________________________________
WITHDRAWAL/CHANGE OF STATUS/ABSENCE POLICY

WITHDRAWAL/CHANGE OF STATUS POLICY:

Parents are required to give Two (2) Weeks Written Notice when planning to withdraw are change your child’s status. There will be no refund of fees for the month and tuition changes will take affect at the next monthly debit (3rd of Month).

ABSENCE POLICY:

Childcare fees are based on enrollment (a reserved space) NOT on attendance. To maintain your space, fees must be paid during the absence of a child due to illness, holidays, and/or family vacations during program hours, or any other reason.

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

I HAVE RECEIVED AND REVIEWED THE WITHDRAWAL/CHANGE OF STATUS/ABSENCE POLICY OF THE ACHIEVE ENRICHMENT PROGRAM

Parent/Guardian Name (Please Print): ____________________________________________

Parent/Guardian Signature: _____________________________________________________
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REGISTRATION CHECKLIST

☐ Completed Application/$50 Registration Fee
☐ Health Assessment Form
☐ Medical Treatment Consent
☐ Authorization To Administer Medication*
☐ Media Release Consent
☐ Behavior/Discipline Policy
☐ Monthly Tuition Policy
☐ Withdrawal/Change of Status/Absence Policy
☐ Bank or Credit Card Draft Form
☐ Student Status Form

All of the above items must be on file PRIOR to your child’s start date.

*Only if your child requires medication to be administered during ACHIEVE Program Hours. Please contact the office if required.

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>APPLICATION FEE</th>
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<tr>
<th>BANK DRAFT/CREDIT CARD AUTHORIZATION ENTERED</th>
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<table>
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<tr>
<th>PHYSICAL FORM RECEIVED</th>
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<table>
<thead>
<tr>
<th>CONSENTS/CODE OF CONDUCT/POLICY</th>
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<th>START DATE</th>
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Student Status Form

Parent: Please confirm the days your child will attend the program by placing an “X” in the designated space.

Student Name: ________________________________

School: ________________________________

PM Program

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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AUTO DRAFT PAYMENT PROGRAM

ACHIEVE offers an easy to sign-up Auto Draft Payment Program for your convenience. Each month, ACHIEVE will automatically deduct your tuition payment from your checking or savings account.

To sign up for Checking/Savings Auto Draft Payments:

1. Read the information below then complete the Automatic Payment Authorization Form
2. Submit form along with unsigned, voided check to:

ACHIEVE
9 Main Street
Norwalk, CT 06850
Attn: Tonya Williams-Peterson

*Monthly Drafts will be processed on the 3rd of each month. Any Auto Draft returned by your bank will be subject to a $30 fee. If an Auto Draft is returned by your bank, payment is due immediately in Cash or Certified Funds (i.e. Money Order, Bank Check).*

AUTO DRAFT AUTHORIZATION FORM

ACHIEVE Enrichment Program, LLC dba ACHIEVE is authorized to draft monthly tuition payments from my checking/savings account number shown below:

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY: (PLEASE PRINT OR TYPE)

Parent(s) Name: _____________________________________________

Child(s) Name: _____________________________________________

Address: ___________________________ City, State, Zip: ___________________________

Day Phone Number: ___________________________ Home Phone Number: ___________________________

Bank Name: ___________________________ Bank Phone Number: ___________________________

Branch & Address: _____________________________________________

Bank Routing Number: ___________________________

Checking/Savings Account Number: _____________________________

Account Holder's Signature: ___________________________ Date: ___________________________

Joint Account Holder's Signature: ___________________________ Date: ___________________________

Authorized Monthly Draft Amount: $ ________________

Please Attach an UNSIGNED, VOIDED Check
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CREDIT CARD PAYMENT PROGRAM

ACHIEVE offers an easy to sign up Credit Card Auto Draft Program for your convenience. Each month, ACHIEVE will automatically bill your credit card for payment of tuition. We accept most major credit cards - MasterCard, Visa, Discover, and American Express).

To sign up for Credit Card Auto-Draft Payments:

1. Read the information below then complete the Credit Card Authorization Form
2. Submit form along with a copy of your Credit Card (front and back) to:

ACHIEVE
9 Main Street
Norwalk, CT 06850
Attn: Tonya Williams-Peterson

Monthly Charges will be processed on the 3rd of each month. Any Credit Card payment declined by your issuer will be subject to a $30 fee.

CREDIT CARD AUTHORIZATION FORM

ACHIEVE, LLC dba ACHIEVE Enrichment Program is authorized to charge monthly tuition payments to the credit card account listed below:

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY: (PLEASE PRINT OR TYPE)

Parent(s) Name: ____________________________________________________________

Child(s) Name: ____________________________________________________________

Address: _______________________________ City, State, Zip: ______________________

Day Phone Number: ___________________________ Home Phone Number: _____________

Credit Card Issuer: _________________________________________________________

Credit Card Number: ___________________________ Exp. ______________

Account Holder's Signature: ___________________________ Date: ______________

Joint Account Holder's Signature: ___________________________ Date: ______________

Authorized Monthly Charge Amount: $ ____________

Please attach a copy of your credit card (Front and Back)