



Alameda Education Foundation After School Enrichment Program

This is your Registration & Emergency Form. Please complete all sections of this 3-page form and return with your attached check to the AEF box located in the school office.

If you have questions, please contact your school site Enrichment Coordinator by emailing, yourschoolenrichment@AlamedaEducation.org (e.g. BayFarmEnrichment@AlamedaEducation.org)

REGISTRATION INFORMATION

- Please use a separate form for each student
- Write separate checks for each class
- Write the check payable to AEF
- **Please include your child's name on the check in the Memo Section**
- Additional registration forms are available in the office
- **PLEASE CHECK CLASS AGE REQUIREMENTS AND SESSION DATES CAREFULLY**
- If your selection(s) are over-enrolled, your check(s) will be returned
- There is a \$12 processing fee for registration cancellations done prior to the first day of class. No additional refunds will be available after the first class date.

School _____ Student Name (Print) _____ Grade _____

Day Room No. _____ Teacher's Name _____

List classes desired in order of preference:

Note: I would like to enroll my child in no more than _____ classes.

Class Name	Tuition \$	Your check #
1.		
2.		
3.		
Yes, I will donate to our school's Scholarship Fund in the amount of \$ _____ (optional)		
Total		

Does your child attend after school child care on site: Yes No

Parents are responsible for getting child to & from After School Enrichment classes. Whenever possible, class escorts will be utilized to pick up and drop off student participating in onsite after school care. Please note, Kindergarten students will only be released to parent or guardian named on the emergency form at the end of after school enrichment classes.

Scholarships are available for enrichment classes where enrollment is sufficient and space is available. If you would like to apply for a scholarship please check the box below. You will be contacted by your school parent volunteer of acceptance of scholarship. Full or partial scholarships may be available. One scholarship per family, per session. You may be asked to provide documentation of free & reduced lunch program status for your student.

SCHOLARSHIPS: CHECK BOX YES, I AM INTERESTED IN SCHOLARSHIP ASSISTANCE.



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Continue - REGISTRATION INFORMATION

Class Escorts

It is the policy of Girl's Inc./Island Kids Day care that any child who is enrolled in their program be escorted to and from our enrichment classes by a parent volunteer.

WE MUST PROVIDE A VOLUNTEER ESCORT FOR ANY CLASS THAT HAS A CHILD ENROLLED IN DAYCARE. IF WE CANNOT FIND AN ESCORT AND THE TEACHER CANNOT ESCORT, THEN THE CLASS MAY BE CANCELLED

Since parent volunteers are such an important part of our programs, we have the following incentives given to a parent who volunteers to escort children to/from Girl's Inc/Island kid's daycare.

- For a 4-6 week class a class credit towards a **future** class will be \$ 25.00
- For a 7-10 week class a class credit towards a **future** class will be \$ 40.00
- For an 11-24 week class a class credit towards a **future** class will be \$ 60.00

If you are a 5th grade parent or do not wish to take advantage of the class voucher from providing the service of Class Escort, your Class Escort incentive may be applied towards a scholarship for other students.

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Alameda Education Foundation Enrichment Program Personal Agreement

1. AEF will make reasonable attempts to notify parents/guardians of changes in class schedules. While we do not anticipate any changes, they sometimes do come up. This communication will be made via an E-mail or phone call at least one day prior to the class.
2. AEF reserves the right to drop a student (without a refund) from any class under the following conditions:
 - o The student does not follow the school and building rules.
 - o The student is not picked up in a timely fashion, or
 - o The student does not maintain good citizenship during class time.
 - o The student engages in dangerous, distracting or disruptive behavior, whether during class time, while waiting for class to begin, or while waiting to be picked up or escorted after class.
 - o The student and parents/guardians resist efforts by staff and volunteers to correct problem behaviors.
3. AEF Refund policy:
 - o In the event that a class is canceled for low enrollment or for other reasons deemed by AEF, prior to the first class date, participants will receive their full tuition refund.
 - o Participant will receive a full tuition refund, less processing fee, if they notify the Enrichment Coordinator at the registrants school site, prior to the first class date, that their child will not be attending.
 - o If you need to cancel prior to the first day of class, a \$12 processing fee will be deducted from your refund.
 - o Due to vendor/instructor agreements, no refunds are allowed after the first day of class.
4. Full information of AEF's general policies and procedures are available from the volunteer site coordinator and the AEF web site: www.AlamedaEducationFoundation.org. This information includes scholarships, refunds, participants behavior, class pricing, and parent escorts for classes. All Enrichment program participants will be expected to adhere to these policies and procedures.

I have read, understand and agree to the above rules:

Student signature

Parent signature

Alameda Education Foundation • a 501(c)(3) nonprofit • TAX ID: 94-2867769
P.O. Box 1363 • Alameda CA 94501 • tel: 510.337.7189
info@AlamedaEducation.org • www.AlamedaEducationFoundation.org



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EMERGENCY INFORMATION

Please provide a copy of this form for each class your child is registered for.

Student Name (Print)	Grade			
(1) Parent/Guardian Name (Print)	Work Phone	Cell Phone	Home Phone	Email Address
(2) Parent Guardian Name (Print)	Work Phone	Cell Phone	Home Phone	Email Address

In case of an emergency, if parent/guardian(s) listed above are not available, teacher may release student to the person listed below:

Name (Print)	Work Phone	Cell Phone	Home Phone	Relationship
Name (Print)	Work Phone	Cell Phone	Home Phone	Relationship
Name (Print)	Work Phone	Cell Phone	Home Phone	Relationship

Emergency Medical Authorization:

I authorize AEF and its Enrichment Program faculty to obtain emergency medical/dental assistance for my child if this is needed while he/she is in our charge. I understand that my child's doctor (listed below) and I will be notified as quickly as possible of any medical/dental emergency, and that I am responsible for the costs of emergency/dental services.

Parent/Guardian Signature Dated

Physician Name	Phone Number
Dentist Name	Phone Number

Known allergies or other health information the Class Provider should know about your child:
