

**21st Century Community Learning Center, After School Enrichment Program**  
 Paaulo School, SY 2018-2019



First Quarter **08/20/18 to 10/5/18**

**Supply Fee is \$20.00/\$10.00 per Quarter, checks made to "Friends of the Future"**

**You must register for classes to participate!**

**Scholarships available to students who qualify for free/reduced lunch**

days	class	room	times	teacher	fee	choice
<b>Tues &amp; Thurs</b>	<b>Art, all grades</b> Arts and crafts is an exploration in creativity and the arts. In class we will watch some Brain Pop videos to learn art concepts and use that information to help us create our projects. Some mediums we use are, collage, painting, bead making, macramé, pattern exploration, and just good fun	<b>A 3</b>	<b>2:30 to 4:00</b>	<b>Ms. Jose</b>	<b>\$20.00</b>	
<b>Tues &amp; Thurs</b>	<b>Homework help, grades 2 &amp; up</b> Help with homework and other learning opportunities	<b>A2</b>	<b>2:30 to 4:00</b>	<b>Ms. Tomita</b>	<b>\$20.00</b>	
<b>Tuesday</b>	<b>Basketball, all grades</b> Physical education with a focus on basketball skills. Class will always start with phys ed type activities and team building exercises and then bring a focus to specific basketball skills.	<b>GYM</b>	<b>2:30 to 4:00</b>	<b>Ms. Ratzlaff</b>	<b>\$10.00</b>	

**PLEASE MAKE SURE TO CHECK YOUR STUDENTS CHOICE OF CLASS**

Students Legal Name: \_\_\_\_\_

Grade: \_\_\_\_ Gender: M/F Ethnicity: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Enrolled in A+: YES/NO Special Need or Concern: \_\_\_\_\_

Do you qualify for Free/Reduced Lunch? YES/NO

Parent/Guardian (1) Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian (2) Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Emergency Information

Health insurance: Yes or No QUEST  Medicaid  HMSA  KAISER  TRICARE  UHA  OTHER

Primary Doctor's name: \_\_\_\_\_ Medical condition: \_\_\_\_\_ Medications: \_\_\_\_\_

**EMERGENCY CONTACTS:** If a child becomes ill or is injured while attending the after school program and parent/guardian cannot be contacted, the following people have permission to be contacted and released to:

Name	Relationship	Phone (1)
1. _____		
2. _____		

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for staff to take appropriate action for the safety and welfare of my child.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Photos are taken occasionally and may be posted on the website/Facebook page of Baby STEPS to Stronger Big Island Families. Children and parents will not be identified by name.

**Consent given to take photos of child: Yes or No**    **Parent initials:** \_\_\_\_\_

Return to PO Box 6376, Kamuela HI 96743 or Paauilo School office

Any questions call Chelsea LaFrance (808)937-0768, email clafrance@babystepshawaii.org

**Deadline to register: August 16<sup>th</sup>, 2018 – classes have a size limit, first come first serve basis for enrollment**

Scholarships available, inquire with Chelsea or Christy

**Make CHECKS for Supply Fee payable to Friends of the Future**

www.babystepshawaii.org