

21st Century CLC, Afterschool Enrichment Program

Paauiilo School, SY 18-2019



Second Quarter 10/22/18 to 12/14/18 **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
Mon thru Fri	Healthy Living in the Garden, all grades	Garden	2:30 to 3:30	Mrs. Brown	\$20.00	
			1:30 to 2:30 WED only			
Gardening will take you from the basics of plants and how they are important. Students will also learn about the importance of healthy living. STUDENTS CAN PICK DAYS TO ATTEND please specify these on form						
Tues & Thurs	Art, all grades	A 3	2:30 to 4:00	Ms. Jose	\$20.00	
Arts and crafts are 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						
Tues & Thurs	Homework and then SUM, grades 2 & up	PSAP	2:30 to 4:00	Ms. Tomita	\$20.00	
Help with homework and other fun stuff!						
Tues & Thurs	Learn to Sew, grades 3 & up	TBA	2:30 to 4:00	Mrs. Crawford	\$20.00	
Learn the basics of sewing with a machine. Create fun projects for all sewing levels.						
Thursday	Kid's Yoga, grades 2 & up	Gym	2:30 to 3:30	Ms. Backus	\$10.00	
Enjoy kid inspired yoga poses like rocket ship, butterfly, cat & down dog poses. Kids learn body awareness and gain strength and flexibility while having fun.						

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: YES/NO
 Do you qualify for Free/Reduced Lunch? YES/NO Email: _____
 Parent/Guardian (1) Full Name: _____ Cell Phone: _____
 Parent/Guardian (2) Full Name: _____ Cell Phone: _____
 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 afterschool 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 Paauiilo School office

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

Deadline to register: October 17th, 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