



Received by: _____

Site:

EN RC PW SIB

2023-24 New Student Enrollment Form

Student Name:

Date of Birth:

Address:

City:

Zip:

School:

Grade this year:

Teacher:

Allergies (including drugs, foods): _____

Medication(s) _____ Known health problem(s): _____

Does your child have an IEP? Yes No

Does your child receive Special Education Services? Yes No

PARENT/GUARDIAN – PRIMARY CONTACT INFORMATION: (who should CLASP call first?)

Name:

Relationship to Child:

Cell Phone Number:

Email Address:

Address if different from student:

Primary Language Spoken by Parent/Guardian:

PARENT/GUARDIAN – SECONDARY CONTACT INFORMATION: (who should CLASP call next?)

Name:

Relationship to Child:

Cell Phone Number:

Email Address:

Address if different from student:

ADDITIONAL EMERGENCY CONTACT INFORMATION

In case of an emergency, parent/guardian(s) listed above will be contacted first. If unavailable, please contact:

Name: _____ Phone: _____

Relationship to child: _____

Exact instructions in the event of emergency related to health problem or medication:

Physician/Medical Advisor: _____ Phone: _____

CLASP Schedule

Site	Grades	Days/Times
Good Shepherd Lutheran MW or TTh	1 st – 3 rd	Monday, Tuesday, Thursday 3:00 - 4:30 Wednesday 1:15 – 3:00
Claremont Presbyterian Church MW or TTh	4 th – 6 th	Monday, Tuesday, Thursday 3:00 - 4:30 Wednesday 1:15 – 3:00
Wheeler Park	1 st – 3 rd	Monday 2:45 - 4:15, Wednesday 1:15 – 2:45
Wheeler Park	4 th – 6 th	Tuesday & Thursday 2:45 - 4:15
Online	1 st – 6 th	Monday – Thursday, After School (Times Vary)

HOW CAN I HELP?

CLASP accepts all eligible students without regard to ability to pay. No student is ever turned away for financial reasons if space is available. Students will be provided with a healthy snack and recreation time for approximately 15 minutes followed by 75 minutes of tutoring.

CLASP requests that families contribute \$100 per month per child toward the cost of CLASP services. Children who qualify for Free Lunch or Reduced Lunch, according to the guidelines established by the Claremont Unified School District, can obtain a fee waiver. A copy of the CUSD Eligibility Notification to verify Free Lunch or Reduced Lunch status must be given to CLASP staff upon enrolling.

_____ My child qualifies for the Free Lunch or Reduced Lunch Program. Before my child starts CLASP, I will provide the CUSD Eligibility Notification that verifies this.

_____ My child does not qualify for the Free Lunch or Reduced Lunch Program and does not qualify for a fee waiver.

I agree to contribute \$_____ per month to assist CLASP with the cost of the after-school program.

Cash or check payments can be given directly to the Site Supervisor each month in a sealed envelope. Checks can also be mailed to: CLASP, 1111 N. Mountain Avenue, Claremont, CA 91711

For monthly credit card contributions, please complete the following:

I authorize \$_____ to be charged on the fifteenth day of each month.

(September - April, except December)

Card Number _____ Visa MasterCard

Expiration Date _____ Card Code _____ Zip Code of Billing Address: _____

Name as it appears on your card: _____

I understand that this charge may be revoked by me at any time.

Signature: _____ Date: _____

PRIVACY AND TRANSPORTATION WAIVERS

- YES NO I give permission for CLASP to obtain test scores, report cards, and other information from the Claremont Unified School District regarding my child. I understand that this information will be used to tailor programming to better meet the needs of my child.
- YES NO CLASP may share my student's progress information with the Claremont Unified School District to ensure that my student's educational goals/needs are being met.
- YES NO I authorize members of CLASP to take photographs of my child to be used only in CLASP press releases to the media or in CLASP publications.
- YES NO I consent to my child's participation in surveys conducted on behalf of CLASP. Survey results are used to improve CLASP program performance to better serve our students.
- YES NO I give permission for my child to be driven by private vehicle by a CLASP employee. Only in the case of an emergency.

ATTENDANCE POLICY

Please initial that you agree to each of the following:

- _____ My child will be able to attend CLASP both days of the program.
- _____ If my child is not able to attend both days, he/she will not be able to continue in the program.
- _____ I will text or call my child's site supervisor as soon as possible if my child will be absent from CLASP.
- _____ If I do not contact the site supervisor prior to the start of CLASP, it is considered an unexcused absence. My child may be dismissed from the program after 3 unexcused absences.

CLASP POLICIES AND PROCEDURES

Please read and discuss the following agreement with your child.

- My child is expected to bring his/her assigned homework and agenda to the program every day.
- If my child does not have homework, work will be provided by the site supervisor for that day.
- If my child repeatedly does not bring homework assignments, they will be dropped from CLASP.
- I understand that I will be contacted if my child is not cooperating with academic expectations or is behaving in an inappropriate manner.
- I understand that upon a second parent contact, my child may be suspended or dismissed from the program.

Your signature below indicates that you have read the Policies and Procedures above, have received the CLASP Parent Handbook, and agree to the following policies and procedures in the handbook:

- CLASP Student Agreement
- CLASP Student Attendance
- CLASP Bus Rules and Regulations
- CLASP Procedures for Late Pick-up by Parents
- CLASP Student Discipline Guide

Parent Signature: _____ Date: _____
