

Crispin's House Afterschool Program at MVMS Registration Form

Fill out and return to the office at MVMS or mail to Crispin's House, P.O. Box 411, Goffstown, NH 03045. A \$300 (\$150 in September and January) is due by Aug. 31 or at time of registration. **It is possible that tuition could increase, depending on the level of fundraising we are able to do. To ensure the rate of \$300 per year, please pay in full by August 31!**

Checks may be made out to Crispin's House and delivered with the registration. No student will be allowed to attend the program without a registration form. If payment is an issue, please request a financial aid form and you will be contacted. Once you have turned in this form with payment, your child may report to room 119 after school to participate. You do not need to wait for any confirmation before participating.

CHILD INFORMATION	Today's Date:
Child's first name:	Home phone:
Last name:	Date of birth:
Address:	Age:
City, State, Zip:	Grade:
GUARDIAN INFORMATION	
Name:	Name:
Address:	Address:
Home phone:	Home phone:
Work phone:	Work phone:
Cell phone:	Cell phone:
Email address:	Email address:
Employer name:	Employer name:
Employer phone:	Employer phone:
EMERGENCY CONTACTS (close by) other than guardian listed above:	
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Alternative phone:	Alternative phone:

Homework and Activities:

For Homework help, the student reports directly to Homework Help room where attendance is taken, agenda stamped and snack given. Child is dismissed only upon a check of any homework by the homework help teachers. These students will then report to room 119 to participate in any afterschool activities.

- I want my child to **participate** in homework help **EVERYDAY**
 I want my child to **decide whether to** go to homework help or not each day
 I do **not** want my child to participate in homework help at all

Parent's signature: _____ Student's signature: _____

**Afterschool Program
Registration (continued)**

Consent to Emergency First Aid & Transportation:

I give permission for my child, _____ to be given emergency first aid treatment by a staff member at Crispin's House Afterschool Program at Mountain View Middle School. I also give permission for my child to be transported by emergency officials and to hold Crispin's House and employees harmless.

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and I will hold Crispin's House Inc. and its employees harmless.

Parent's Signature: _____ **Date:** _____

Emergency Information:

Child's Physician:	Phone:
Preferred Hospital:	Phone:
Insurance Company:	Policy No.:
Regular medications:	Blood Type:
Medicine allergies:	Food allergies:
Other allergies:	Special health conditions:

Photo Release

I give permission for Crispin's House Inc. to use my child's photo for the purposes of publicity for the Crispin's House Afterschool Program at MVMS and the programming of Crispin's House Inc.

Youth's Name: _____

Parent's Name: _____

Address: _____

Phone: _____

Parent's Signature: _____ **Date:** _____

Program cost information:

The Crispin's House Afterschool Program at MVMS is provided for all MVMS students at a cost of \$150 per half year, or \$300 for the year, per family. **Scholarships and financial aid is available but must be applied for through Crispin's House Inc. (497-3499).** Payment is due before August 31 and January 15 or with the receipt of this registration form. **While no child will be turned away from the program for failure to pay, we rely on timely payments from all families in order to continue providing our services at a low cost.**

I have read the program cost information above and understand that payment is due at the beginning of each trimester. If I choose, I may make a lump-sum payment of \$300 for the year.

Parent's Signature: _____ *Date:* _____

**Crispin's House Afterschool Program at MVMS
Scholarship Form**

Parents Name: _____

Students Name: _____

Number of children in household: _____

Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Amount you are able to pay per semester: _____

Or

Amount you are able to pay monthly: _____

Please explain the current circumstances that have caused you to apply for a scholarship:

Would you be able to donate in any way to the program?

___ Volunteer ___ snacks ___ drinks ___ supplies ___ other

Crispin's House

P.O. Box 411
Goffstown, NH 03045
(603) 497-3499

Crispin's House Inc
Afterschool Program, MVMS Campus
Registration information

Dear Parent or Guardian:

We are so glad that you're considering registering your child for the Crispin's House Afterschool Program, MVMS Campus.

The Afterschool Program includes many beneficial activities at the MVMS campus during Afterschool hours, including homework help, enrichment projects, physical recreation, and positive social interaction. We are funded, in part, by the Governor's Commission on Alcohol and Drug Abuse Prevention and Recovery and by Hillsborough County's Incentive Fund. The program costs us about \$950 per year, per student, but we are able to offer it to parents for only \$300 a year, thanks to this support and to other fundraising efforts.

It is our belief that every child deserves to be safe and supervised Afterschool, even when they are "too old for daycare". That's why we program our activities to resemble a club or recreation center, and give kids several options each day. No child will ever be denied access to this program due to ability to pay for our services. Scholarships and financial aid are available through Crispin's House Inc. Please let us know if you have a need so we can arrange to try to help.

When you are ready to register your child for our program, please complete and return the following paperwork to our office: *(Please note: A medical health release is required and may take your doctor's office a few weeks to complete. Once your child is registered, you have 30 days to turn the health form in to our office.)*

- Registration, medical and photo release form
- Information sharing release form
- Medical Health Release (to be completed by your primary health care provider)
- Scholarship Application (if needed)

If you have any questions regarding the Afterschool program or other Crispin's House efforts, please contact Annette McLean at 660-2105.

Warmest Regards,

Laurie Hambleton
Executive Director

Crispin's House Afterschool Program, MVMS Campus

Information sharing release form

A release of information form is requested to access student school records, to include attendance records, health forms, IEPs, progress reports, teacher feedback and report cards. The information is used to track data on students who attend the program in order to evaluate program effectiveness.

Crispin's House Inc. is committed to preserving the confidential nature of this information and will never identify a student by name to any outside source. By having this pertinent information, the program is able to help your child succeed academically and socially. If you have any questions regarding this information, please do not hesitate to contact the Program Director at: 660-2105.

Release of Information

I hereby give permission for the staff of the Crispin's House Afterschool Program, MVMS campus, to access my child's student school records, to include attendance records, progress reports, grades, and IEPs. I also give permission for the Crispin's House staff to communicate directly with the school faculty to get updates about school performance.

This information is to be used for the purpose of determining the Afterschool program's effectiveness and in assisting with student academic achievement and school attendance. All records are kept strictly confidential.

Student's Name