



After Care Registration Form

STUDENT'S NAME (Last name, First name)		STUDENT'S GRADE	DATE OF BIRTH	HOME PHONE NO.	
STUDENT'S ADDRESS		CITY		STATE	ZIP
PARENT/GUARDIAN'S NAME (Last name, First name)		DATE OF BIRTH	HOME PHONE		CELL PHONE
HOME ADDRESS		CITY, STATE, ZIP		E-MAIL ADDRESS	
DRIVER'S LICENSE #	PLACE OF EMPLOYMENT			WORK PHONE NO.	
PARENT/GUARDIAN'S NAME (Last name, First name)		DATE OF BIRTH	HOME PHONE		CELL PHONE
HOME ADDRESS		CITY, STATE, ZIP		E-MAIL ADDRESS	
DRIVER'S LICENSE #	PLACE OF EMPLOYMENT			WORK PHONE NO.	
EMERGENCY CONTACT (IF PARENTS CANNOT BE REACHED)		RELATIONSHIP		PHONE NO.	
EMERGENCY CONTACT HOME ADDRESS		CITY		STATE	ZIP

I AUTHORIZE SOMERSET ACADEMY BETHANY TO RELEASE MY CHILD TO THE ADDITIONAL FOLLOWING PEOPLE; INCLUDING THE EMERGENCY CONTACT ABOVE.			
Last Name, First Name	Relationship to student	Cell Phone	Authorized to receive academic and behavioral information
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent's Acknowledgements: This is to acknowledge that Somerset Academy Bethany (SAB) has provided me with access to the online Parent Guide/Handbook or provided me with a copy of the Parent Guide/Handbook. I agree to read and adhere to the information included.

PARENT/GUARIDAN'S SIGNATURE: _____ **DATE:** _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event that I cannot be reached, I give consent for necessary emergency treatment for my child.

_____ **YES** _____ **NO**

Are there any court orders affecting custody of this child? **CUSTODY/ COURT ORDERS** _____ Yes _____ No
(If yes, you MUST provide a copy of these orders)

Are there any restraining orders? _____ Yes _____ No
(If yes, you MUST provide a copy of these orders)

Who has Primary custody of this child? _____

Child may be released to: () FATHER () MOTHER () OTHER/NOTES: _____

EMERGENCY PASSWORD: _____ Updated 10/04/2024

Health History:

Health History

Please list any **DIETARY** or **PHYSICAL** restrictions:

Please list any known **ALLERGIES**:

Treatment to be given when in contact with stated **ALLERGIES**:

Please check all the following that apply to your child's **HEALTH HISTORY**:

- ADD ADHD EXISTING ILLNESS
 DIABETES TAKES DAILY MEDICATION
 ASTHMA OTHER: Please explain: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event of an emergency, I authorize SAB staff and administration to contact emergency services.

Please list your student's primary physician information below and preferred hospital:

NAME OF LICENSED PHYSICIAN: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME OF HOSPITAL OR CLINIC: _____

ADDRESS: _____

PHONE NUMBER: _____

I give consent for necessary emergency treatment while my child is in the care of this physician and/or hospital/clinic.

Parent/Guardian's Signature: _____

Date: _____

I HAVE READ THIS RELEASE:

Parent/Guardian's Signature if Participant is legally a minor

Printed Name

Parent's E-Mail Address

Date: ____/____/____



Somerset Academy Bethany
ET EXCELLENTIAE SUPERBIA



Dear Parents/Guardians,

Thank you for choosing Somerset Academy Bethany Aftercare Program for your childcare needs. We are looking forward to providing a positive experience for your family. This handbook contains information about our Aftercare policies and procedures. Refer to this handbook throughout the year to help answer any questions that may arise. If you should have any questions, please contact Nelia Tavarez, at tavarez.nelia@somersetacademybethany.org. Our mission is to provide a safe, affordable, and quality childcare environment for our children and families.

Monday through Friday, Somerset Academy Bethany Aftercare provides after-school care from dismissal to 6:00 PM on all days that school is open. There is no Aftercare on days when students are off from school. The program will operate from August 12, 2024, through June 02, 2025. Research from the National Center for Education Statistics and the RAND Corporation indicates that children who are engaged in learning and educational activities after school behave better in school, exhibit improved work habits, develop higher educational aspirations, improve their attitude towards school, have a greater sense of belonging in the community, and improve their relationships with parents. We hope that you take advantage of our Aftercare program. If we can answer any further questions, please do not hesitate to ask.

Sincerely,

Somerset Academy Bethany
Aftercare Program

Somerset Academy Bethany Enrichment Aftercare Program Expectations and Behavior Plan

Dear Parents and Guardians,

We are glad that you have chosen to enroll your child in Somerset Academy Bethany Aftercare Program. We would like for all of our families to understand the expectations that our staff will have and the behavioral plan that will be in place for your child. These expectations were developed to help your child have a positive and successful experience while participating in the Aftercare Program.

EXPECTATIONS

1. **BE PREPARED:** Each student is expected to bring homework and all resources needed to work on homework, such as handouts, textbooks, paper, pencils, etc.
2. **BE RESPECTFUL:** Each student is expected to be respectful and kind to all staff, peers, and property.
3. **FOLLOW BASIC RULES:**
 - a. Walking feet while inside
 - b. INSIDE voices, while inside
 - c. **Absolutely NO CELL PHONE (or tablet) usage in aftercare**
 - d. All Kindergarten students going to the restroom will travel in pairs.
4. **WORK QUALITY:** During homework time, students should work quietly to complete their work and if they finish early, should provide other students with the same opportunity for a quiet work time. If homework is finished before time is called, other quiet work may be completed (i.e.: reading, coloring, etc.).

In the event that your child is having a difficult time meeting the program expectations, the following behavioral plan will be implemented to help create the best possible environment for your child and the other students in the program.



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BEHAVIORAL PLAN

1. **WARNING:** If your child is not following the directions of a staff member, a verbal warning will be given to your child, indicating they have a choice to follow directions or "take five," where they will sit apart from the group for five minutes. Sometimes a little break from the activity will help students regroup and regain focus.
2. **TIME OUT:** If your child continues to choose not to follow the directions of a staff member, the staff member will let your child know that he or she needs to take an age-appropriate time out. Age = minutes apart from the group, I.E., 7 years old = seven minutes of time out.
3. **INCIDENT REPORT (TRY AGAIN TOMORROW):** If the behavior continues after the Time Out, your child will not be able to participate in any group activities that are occurring for the remainder of the day. They will be sent to the main office, while the office calls the parent/guardian to inform. Student will remain in the office until a parent/guardian arrives. Student will also receive an Incident Report to be signed by the parent/guardian. We hope that your child will learn from the consequences and will have a better day tomorrow.
4. **SUSPENSION:** If the behavior continues after the above consequences, the student will be suspended from the after-school care program, starting with one day and progressive from there.
5. **DISMISSAL:** If your child chooses to continue to not follow directions, and receives more than 3 Incident Reports, they risk being dismissed from Somerset Academy Bethany After Care Program.

Our goal is to provide a supportive environment for all children. Please be assured that every effort will be made by staff to encourage positive choices by your child, and all staff members hope to work with you to create the best possible experience for your child in the Aftercare Program. Thank you for your support and the opportunity to work with your child during the 2024 - 2025 school year.

Sincerely,

Somerset Academy Bethany

After School Program

Please sign and return the attached acknowledgment to the main office.

I _____ understand and support the above expectations
(Parent/Guardian Name)
and behavioral plan for my child, _____.
(Name of student)

Parent/Guardian Signature

Date