

After-School Plus (A+) Program Registration Form

For official use only. ____ Checked eligibility status.	
Signature of Site Coordinator	Date

STUDENT INFORMATION

1st Child's Name _____ Age ____ Sex ____ Birthdate _____ Grade ____

Other educational/health information about student: _____

2nd Child's Name _____ Age ____ Sex ____ Birthdate _____ Grade ____

Other educational/health information about student: _____

3rd Child's Name _____ Age ____ Sex ____ Birthdate _____ Grade ____

Other educational/health information about student: _____

School _____ Phone _____ Circle Days Attending M Tu W Th F

Language spoken at home: _____ Ethnicity (optional) _____

Child Resides with: _____

FAMILY INFORMATION

Mother/Legal Guardian's Name _____ Home Phone _____

Mother's Mailing Address _____
Street City Zip Code

Mother's E-Mail Address _____

Mother's Employer/School _____ Work/Cellular Phone _____

Mother's Employer/School Address _____
Street City Zip Code

Mother is authorized to pick-up: Yes _____ No _____

Father/Legal Guardian's Name _____ Home Phone _____

Father's Mailing Address _____
Street City Zip Code

Father's E-Mail Address _____

Father's Employer/School _____ Work/Cellular Phone _____

Father's Employer/School Address _____
Street City Zip Code

Father is authorized to pick-up: Yes _____ No _____

**List below adult individual(s) authorized to pick-up your child from the facility and their phone numbers.
(The child will not be released to any individual not listed below.)**

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any changes in departure authorization must be received in writing from the parent/legal guardian.

After-School Plus (A+) Program Registration Form

The After-School Plus (A+) Program, the first program of its kind in the nation, provides statewide after-school services for public elementary students at affordable rates. The program addresses the “latchkey” child problem by providing a high quality after-school program to children of working parents/legal guardians or children whose parent/legal guardian is engaged in job training or attending school during the hours of A+ operations. If your child qualifies and you want to enroll him/her, please complete both sides of this registration form and return it to your child’s school.

Fee: Due Monthly

The monthly fee covers regular program activities. **The fee will be adjusted for those who qualify if acceptable supporting documentation about their income or DHS 728 Form is submitted.**

Hours: After school - 5:30 p.m.

The program hours are from after school to 5:30 p.m. on regular school days. The program will not operate during school vacations, state holidays, weekends, Teacher Institute Day, Teachers’ work day and school half days.

Supervision: Staff to Student Ratio of 1:20

At each school, the staff will consist of a Site Coordinator and a group leader team supported by aides to maintain a staff to student ratio of 1:20. Staff recruitment may limit the number of students that a school can serve.

Activities: A variety of scheduled activities

Children usually begin the afternoon with free play time and a snack period (children bring their own snacks from home). This period is followed by other activities including homework time, enrichment and physical fitness. Site Coordinators will have the flexibility to adapt scheduled activities to meet the conditions at your child’s school.

Eligibility: K-6 public elementary school latchkey children

Your child is considered latchkey if he/she is living with you and **during the hours of A+ operations** you are employed, attending school, engaged in a job training program, or working as an employee of the A+ program. A parent/legal guardian who is “self-employed” must verify their status by: a) Submitting a copy of their general excise tax license; and b) submitting a copy of one of the following: 1) income tax return for the past year including Schedule C; or 2) printed business checking account.

Starting Date: Child’s first full day of school

Starting date for your child is usually the first full day of school. However, the starting date of the A+ Program at your child’s elementary school may depend on the after-school enrollment of at least 20 children and the ability to recruit necessary staff.

Parent/Legal Guardian’s Name (please type or print)	Parent/Legal Guardian’s Name (please type or print)
Marital status (circle one): Single Married Divorced Separated Widowed	Marital status (circle one): Single Married Divorced Separated Widowed
Please check as appropriate: ___ working ___ job training ___ attending school Work/school schedule (Please circle am and/or pm): Mon. _____ am/pm to _____ am/pm Tues. _____ am/pm to _____ am/pm Wed. _____ am/pm to _____ am/pm Thurs. _____ am/pm to _____ am/pm Fri. _____ am/pm to _____ am/pm <input type="checkbox"/> Check this box if you work rotating shifts or your work hours vary. Submit a sample schedule to Site Coordinator.	Please check as appropriate: ___ working ___ job training ___ attending school Work/school schedule (Please circle am and/or pm): Mon. _____ am/pm to _____ am/pm Tues. _____ am/pm to _____ am/pm Wed. _____ am/pm to _____ am/pm Thurs. _____ am/pm to _____ am/pm Fri. _____ am/pm to _____ am/pm <input type="checkbox"/> Check this box if you work rotating shifts or your work hours vary. Submit a sample schedule to Site Coordinator.
_____ I would like to apply for subsidized monthly tuition. I give my permission to the Hawaii State Department of Education (HIDOE) and its contracted private providers to use information in HIDOE files or files from other state agencies to verify my child’s eligibility for subsidized monthly A+ fees.	
_____ I have attached the required supporting documentation. (Refer to List of Acceptable Income Documentation for the After-School Plus (A+) Program on the back of form, Application for Subsidized Monthly Fee (A+ Program) or check with your school’s A+ Site Coordinator.)	
I certify that I am eligible for the A+ Program because I am working, job training, and/or attending school during the hours of A+ operations. I further certify that the information I have provided on both sides of this application form is correct and I hereby authorize the HIDOE and its contracted private providers to contact the appropriate parties to verify this information. I understand that changes on this registration form must be given to the A+ Site Coordinator in writing by the parent/legal guardian. Registration in the A+ Program is pending completion of this application and approval of the Site Coordinator.	
_____ Parent/Legal Guardian	_____ Date
_____ Parent/Legal Guardian	_____ Date

AFTER-SCHOOL PLUS (A+) PROGRAM REGISTRATION AGREEMENT

1st Child's Name _____ School _____

2nd Child's Name _____

3rd Child's Name _____

Parent/Legal Guardian _____

PARENT/LEGAL GUARDIAN'S RESPONSIBILITIES AND BILLING PROCEDURES

Parent/Legal Guardian's Responsibilities/Agreements: Please initial each of the following to indicate that you have read, understand, and agree with each item.

I understand and agree that:

- _____ 1. My child(ren) is not allowed to come and go freely from the A+ Program site.
- _____ 2. My child(ren) must sign-in each day and I (or authorized adult) must sign him/her out each day.
- _____ 3. My child(ren) will be released only to adult(s) listed on the registration form.
- _____ 4. I must maintain communication with the Site Coordinator/Group Leader about my child(ren) and keep him/her informed of pertinent changes.
- _____ 5. I must notify the Site Coordinator/Group Leader of daily departure changes.
- _____ 6. I must contact the A+ Program when my child(ren) will be absent on any of his/her scheduled days of attendance, regardless of whether he/she was absent from school. I realize this is for my child(ren)'s protection.
- _____ 7. If a medical emergency arises, the A+ Program will first attempt to contact me. If I cannot be reached, the A+ Program will attempt to contact adults authorized by me in case of emergency, and that if no authorized adults can be reached, appropriate treatment will be secured at the nearest medical facility. If a major illness or injury is involved, my child(ren) will be transported by ambulance to a designated site and/or physician and I am financially responsible for any medical care or transportation incurred on my child(ren)'s behalf.
- _____ 8. The A+ Program will operate from close of school to 5:30 p.m. each school day or at another designated time as determined by the site. The program will not operate during school vacations, state holidays, Teacher Institute Day, and school half-days.
- _____ 9. Transportation to and from the A+ Program will not be provided. If my child(ren) attends an A+ Program at a school other than his/her regular school, I must make transportation arrangements and assume responsibility for getting my child(ren) to the other school.
- _____ 10. It is my responsibility to see that my child(ren) is picked up by the designated closing time.
- _____ 11. If my child(ren) is having problems in the program, a conference will be arranged between myself, the staff, and the Site Coordinator.
- _____ 12. The A+ Program reserves the right to terminate A+ Program services if it is determined that placement is unsatisfactory.
- _____ 13. If weather or other emergency forces the closing of regular school, the A+ Program will also be closed.
- _____ 14. If my work/school schedule changes, I must notify the A+ Site Coordinator about the changes.
- _____ 15. I am aware and authorize that my child(ren) may participate in physical development/coordination activities during A+.
- _____ 16. I understand that my child(ren) will be given an option of alternative activities if they choose not to participate in physical development/coordination activities during A+.

Fee Procedures: Please initial each of the following certifying that you have read, understand and agree with each item.

I understand and agree that:

- _____ 1. I am responsible for monthly A+ Program tuition.
- _____ 2. **I shall pay the monthly tuition when it is due or it must be postmarked before the first school day of each month. Payment for December/January combined months will be paid in December.**
- _____ 3. I must not send payments to school with my child(ren), but must bring or mail them to the A+ Program at the school.
- _____ 4. The monthly tuition I pay for my child(ren) is a flat rate, and that it does not depend on the number of days my child(ren) actually attends the program.
- _____ 5. The A+ Program will make no refunds once tuition is paid for the month even if my child(ren) has attended only part of the month, e.g., even for one day.
- _____ 6. I must pay a \$25.00 service charge (cash or money order) for checks that I write to the program that are returned by the bank because of insufficient funds.
- _____ 7. I understand that the monthly A+ Program tuition is due on or before the first school day of each month. I shall pay a \$5.00 late charge per family for each school day a payment is overdue. If I do not pay the monthly tuition within the first five (5) A+ Program days of the month, it will result in my child(ren)'s immediate termination from the A+ Program on the sixth (6th) A+ Program day.
- _____ 8. Failure to pay any outstanding fees by the end of the month shall result in my child(ren)'s termination from the program.
- _____ 9. My child(ren) may re-enroll if I pay all outstanding fees, and a penalty fee of \$25 for reinstatement. If I have more than one child enrolled in the A+ Program, my family is penalized a flat reinstatement fee of \$25.
- _____ 10. I will arrange for another authorized adult to pick up my child(ren) if the adult responsible for my child(ren)'s pick-up is to be late. If no other arrangements can be made, I will make every effort to call the school to notify A+ staff of my expected tardiness.
- _____ 11. If my child(ren) is picked up late, I will pay a \$5.00 late fee per child for every 15 minutes beyond the closing time, (that is, 1-15 minutes late – \$5.00; 16-30 minutes late – \$10.00, etc.) and that chronic tardiness may result in my child(ren)'s termination from the A+ Program.

I understand and agree to abide by the above parent responsibilities and billing procedures. I understand and agree that my failure to do so may result in termination of my child(ren)'s enrollment in the A+ Program.

Signature of Parent/Legal Guardian

Date

A+ PROGRAM EMERGENCY FORM

(This form needs to be completed every school year.)

Father's ID No. _____
Mother's ID No. _____

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M F Birthdate

Month	Day	Year				

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Child resides with _____

Mailing Address _____ Zip Code _____

Father/ Legal Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____	Mother/ Legal Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____
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EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Family Physician _____ Phone _____ Dentist _____ Phone _____

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 school authorities to take appropriate action for the safety and welfare of my child.

Parent/Legal Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

My child has health insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, check: <input type="checkbox"/> QUEST <input type="checkbox"/> Medicaid OR <input type="checkbox"/> Private If private, check your plan: <input type="checkbox"/> HMSA <input type="checkbox"/> Kaiser <input type="checkbox"/> Tri-Care <input type="checkbox"/> Other

- My child receives regular care for the following medical conditions:
 - No medical condition
 - Yes. **Please check below:**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Chronic Cough/Wheezing	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> JRA Arthritis	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Rheumatic Heart	<input type="checkbox"/> Skin Problems
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Problems
 - Allergies:** Bee Sting Food Medications Other _____
Date and type of last reaction _____
 - Other Health Concerns: _____
- Takes medications (LIST) _____

• Other children in the household:

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Office Use Only

Date Rec'd _____
Initials _____
Time: _____
Start Date: _____

MOILIILI COMMUNITY CENTER

2535 SOUTH KING ST.
HONOLULU, HI 96826
PHONE: 955-1555

Accounting Use Only

Date Rec'd _____
Initials _____
Accounting _____

**AFTER-SCHOOL PLUS (A+) PROGRAM
REGISTRATION FORM**

1 Form Per Child

1 Form Per Child

IMPORTANT: PLEASE FILL IN THE FOLLOWING INFORMATION COMPLETELY!

*****PRINT IN BLACK OR BLUE INK ONLY*****

SCHOOL SITE: QUEEN KAAHUMANU ELEMENTARY SCHOOL

CHILDS NAME: _____ SCHOOL YEAR: 2023-2024

Monthly fees due on 1st A+ day of each month: Total

1 CHILD _____ per month \$120

2 CHILDREN _____ per month \$240

3 CHILDREN _____ per month \$360

(Fees are subject to change; late fees and terminations will apply)

GRADE ENTERING: _____

1st & 2nd CHOICE BY PRIORITY

____ Study Hall ____ Activities

AT THE END OF THE DAY, MY CHILD WILL:

____ Be Picked-Up; Time _____ ____ Walk Home; Time _____ ____ Bus Home; Time _____

HEALTH INFORMATION

Name of Physician _____ Phone # _____

Address _____ City _____ Zip Code _____

Hospital _____ Phone # _____

Dentist (For Dental Emergencies) _____ Phone # _____

Name of Medical Insurance Coverage _____ Membership No _____

1. Does your child need special accommodations (due to special needs, ADHD, physical disability, etc)? **Y N**

If yes, explain: _____

2. Does your child have any physical or other limitations that may hinder your child's participation? **Y N**

If yes, explain: _____

3. Are there any special requirements or conditions we need to be aware of (such as medications, diet, etc.)? **Y N**

If yes, explain: _____

4. List any and all allergies your child is known to have (such as foods, drugs, insect bites, etc.).

5. List any and all unusual fears your child is known to have (such as water, darkness, animals, etc.).

6. List any and all personality characteristics that may be helpful for our staff to know about your child.

7. Date of Last Tetanus Shot: _____ 8. TB Clearance Date: _____

**AFTER-SCHOOL PLUS (A+) PROGRAM
PARENT/GUARDIAN INFORMATION FORM**

USE BLACK OR BLUE INK ONLY

1. This certifies that (child's name) _____ has had a health examination within the current year and that his/her general health permits participation in all activities.
2. I consent to the Moiliili Community Center (MCC) staff to take appropriate action for the safety of my child.
(NOTE: Staff will first try to contact you. If unable to reach you, staff will contact the person/agencies listed on the front of this form. In the event of an emergency, an emergency unit will be contacted first, with a call to others thereafter.)
3. I consent to the above listed physician, dentist, hospital, or other emergency unit to provide all necessary emergency care.
4. I understand that **NO** MCC staff personnel can, or will, dispense any kind of medication to my child. Epi-Pen is the only exception.
5. I consent to my child participating in all excursions (if any) that are part of the MCC program for which he or she is registered.
6. If a photograph/video of my child is taken while he or she participating in an MCC program activity, I hereby give MCC authorization to display or publish any such photograph (but without identifying my child by name) in any report or promotional materials by MCC concerning its program activities.
7. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY MCC OF ANY CHANGES REGARDING THIS REGISTRATION FORM (i.e. address, telephone numbers, physician, etc.)
8. I understand that reasonable efforts are being done to ensure the safety of my child. However, I agree to hold MCC harmless for any accidents or injuries that may occur while my child is at or under the care of MCC.
9. **I UNDERSTAND PAYMENTS ARE DUE ON OR BEFORE THE FIRST (1ST) PROGRAM DAY OF EACH MONTH.**
10. I understand that the program promptly ends at 5:30 p.m. and if I pick up my child later than 5:30 p.m., **a late pick-up fee of \$5.00 for every fifteen (15) minutes** (or a fraction thereof **per child**) will be assessed.
11. I understand there will be a \$25.00 charge for returned checks.
12. **I understand that if my employment and/or school status changes resulting in ineligibility for the A+ program, I will notify the Moiliili Community Center office IMMEDIATELY.**
13. **I HAVE RECEIVED AND READ THE PARENT INFORMATION BOOKLET AND UNDERSTAND AND AGREE ON ALL THE INCLUDED PROGRAM POLICIES.**
14. If I should bring a lawsuit or claim against MCC and MCC is required to incur expenses in defending itself, and if MCC prevails, I agree to reimburse MCC for its attorney's fees, court cost, and related expenses.
15. The use of "I" includes myself, personal representatives, executor, heirs, or assigns.

Please Sign & Return _____

PARENT/GUARDIAN SIGNATURE

DATE



MOILIILI COMMUNITY CENTER

Children & Families Program Participant and/or Volunteer Assumption of Risk, Release of Liability, Indemnification, Medical Release, and Media Waiver Agreement

Participant & Teen Volunteer _____

I understand that Moiliili Community Center (“Center”) offers through its Children & Families Program (“Program”), a variety of activities throughout the year for students ranging from elementary school through secondary school, including but not limited to After-School Plus (A+), fall intersession, holiday, Teens In Action programs. I further acknowledge that parents and legal guardians may wish to participate in some or all of those activities with their child. The specific risks vary from one activity to another, but the risks range from 1) damaged or lost property, 2) minor injuries such as scratches, cuts, bruises, and strains, 3) major injuries such as broken bones, concussions, paralysis, up to and including death, to 4) exposure to or infection by COVID-19¹ which may result in personal injury, illness, permanent disability, and death, despite all preventative measures employed by the Center. I understand and acknowledge that participation by me and my child in the Center’s programs is strictly voluntary. For purposes of this agreement, “child” includes a minor who is in the care of a legal guardian.

Activities Assumption of Risk, Release, and Indemnity:

In consideration of my child’s and/or my participation in the Program, on behalf of my child and myself, our personal representatives, heirs, and assigns, I

1. Assume any and all risk of injury, loss, or damage up to and including death which may arise out of my child and/or my participation in any activity occurring anywhere when participating/volunteering in the Program;
2. Waive and release any and all claims against the State of Hawaii, Department of Education A-Plus, and the Center, its trustees, board of directors, employees, agents, and representatives, in their personal and professional capacities, collectively referred to as “MCC,” for any and all injuries, losses, or damages up to and including death that my child and/or I sustain in connection with or arising out of such participation;
3. Waive, release, and hold harmless MCC from any responsibility for injuries, liabilities, losses, or damages up to and including death connected with or arising out of my or my child’s transportation in a vehicle provided or used in connection with such participation; and
4. Agree to indemnify, defend, and forever hold harmless MCC from and against all claims by the third parties that may arise out of such participation, including the rendering of first aid to me and/or my child. While MCC may provide first aid to me or my child, final and complete responsibility for our health is mine.

¹ The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The Center has put in place preventative measures to reduce the spread of COVID-19; however, the Center cannot guarantee that you or your child will not become infected with COVID-19. Further, attending the Center could increase your risk and your child’s risk of contracting COVID-19.



Medical Release

I understand that in the event of illness or injury to my child and/or me, MCC may, but is not obligated to provide available first-aid care or treatment. I hereby authorize all necessary medical care or treatment to my child and/or me, with or without my prior consent, and understand that the Center will make reasonable attempts to notify me, or the person whom I designate as an emergency contact, as soon as possible of illness or injury to me and/or my child. I acknowledge and agree that it is my responsibility to provide MCC with the necessary information to use to reach me or the person whom I designate as the emergency contact. I further authorize the Center to refer my child such physician(s) or facilities, as are deemed necessary or appropriate, and my preference of physician or facilities in the event of such consultation or referral is on my child's registration/application form.

Media Waiver

I further consent to the making of visual and/or sound recordings (materials) of my child or me by MCC. I consent to MCC's use of materials in any manner and purpose deemed appropriate by MCC, and waive both my or my child's right to approve the materials and I understand that MCC is not obligated to use any of the materials.

I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THIS ENTIRE DOCUMENT, THAT I UNDERSTAND ITS TERMS AND PROVISIONS, THAT I UNDERSTAND THAT IT AFFECTS MY CHILD'S AND MY LEGAL RIGHTS, THAT IT IS A BINDING AGREEMENT, AND I SIGN IT KNOWINGLY AND VOLUNTARILY.

Signature of Parent or Legal Guardian

Date





MOILIILI COMMUNITY CENTER

COVID-19 ACKNOWLEDGEMENT

I hereby acknowledge that, _____, (check one: ___ Child ___ Staff ___ Volunteer) to the best of my knowledge have not experienced COVID-19 symptoms during the past fourteen (14) days nor has any person(s) living in the same residence experienced any symptoms of COVID-19 during the past fourteen (14) days.

Symptoms of COVID-19 as stated by the CDC may include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

By signing below, I acknowledge the information above is true and correct to the best of my knowledge. Furthermore, should I or any member of my household contract COVID-19 or display any symptoms, I will immediately notify MCC of the situation and follow any guidelines deemed appropriate.

Print Name

Signature

Date



SCHOOL _____

Site Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Application for Subsidized Monthly Fee (A+ Program)

Note: Application for each household if there is joint custody

If you are currently receiving financial assistance from Department of Human Services (FTW) Program, you do **NOT** have to complete Section 2 below, however, **you must provide the A+ Program with Form DHS 728 from the FTW Program office.**

1. Child(ren)'s Name(s) in A+ Program:

_____	_____	_____	_____
Last	First	Last	First
_____	_____	_____	_____
Last	First	Last	First

2. MONTHLY INCOME OF PARENT/LEGAL GUARDIAN LIVING IN HOUSEHOLD

To figure/convert to monthly income: Weekly income x 4.33, Income every 2 weeks x 2.15, Twice a month income x 2

List the names of all children and parent/legal guardian living in your household. Include yourself and the children listed above.	Gross MONTHLY Earnings (Before deductions)	MONTHLY Welfare, Alimony, Child Support & Social Security	MONTHLY Pension or Retirement Payments	Any OTHER MONTHLY Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL number of household members: _____
Zero Income. You must explain how your living expenses are being met. _____

3. The information on this form and the attached documentation may be used to assist the determination of eligibility for the After-School Plus (A+) Program's subsidized monthly fee. A+ Program staff may verify all the information on this form and the attached documentation. I give up my rights to confidentiality for this purpose only. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made. I also certify that all of the above information is true and correct and all income is reported. I understand that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. If any information has been falsified, I understand that this may result in a loss or reduction of benefits, legal claims, and dismissal of my child(ren) from the After-School Plus (A+) Program.

Parent/Legal Guardian's Signature _____ Date _____ Home Phone _____

Parent/Legal Guardian's Printed Name: _____ Work Phone _____

4. _____ I have attached a copy of **one** of the documentation for **every type of income we receive** to show that I qualify for a subsidized monthly fee. See **Sources of Acceptable Income Documentation** listed on the back of this application.

Attach the supporting documentation to this **Application for Subsidized Monthly Fee**. Submit with the **A+ Program Registration Form** to your A+ program Site Coordinator.

LIST OF ACCEPTABLE INCOME DOCUMENTATION FOR THE AFTER-SCHOOL PLUS (A+) PROGRAM

As stated on the application form, **you must submit supporting documentation. If you would like to apply for subsidized tuition**, acceptable documentation is listed below.

For each **“Type of Income”** you receive, send **one** of the following documents from the **“Suggested Sources of Acceptable Written Evidence”**.

Type of Income	Suggested Sources of Acceptable Written Evidence
Earnings/Wages/Salary	1. For each type of income received, send one of the following: <ul style="list-style-type: none"> • Current paycheck stub (for one month) • Letter from employer on official letterhead stating gross wages paid and how often they are paid; or 2. Self-employed, business or farming documents, such as ledger books, last quarterly tax estimates, last year’s tax return; or 3. Last year’s tax return (gross income) with copy of W-2.
Cash Income	A letter from employer stating wages paid and frequency.
Social Security (all types)	1. Social Security Benefit Award letter; or 2. Statement of benefits received.
Pension/Retirement	1. Statement of benefits received; or 2. Pension award notice.
Unemployment Compensation/Disability or Worker’s Compensation	1. Benefit Award letter; or 2. Check stub.
Financial Assistance Payments	Benefit statement from DHS (Do not include SNAP).
First to Work	DHS Form 728 from First to Work unit.
Child Support/Alimony	1. Copies of checks or proof of payment received; or 2. Court order decree or agreement.
All other income	Documents showing the amount, how often, and date received.
No Income	Provide a brief note explaining how you provide food, clothing, and housing for your household and when you expect income.

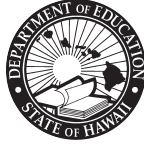
A+ INCOME ELIGIBILITY TABLE
SY 2023-2024

Maximum Gross Income Eligibility - 300% of the 2021 Federal Poverty Level

Household Size (HHS)	Max. Annual Gross Income	Max. Monthly Gross Income	Max. Semi-Monthly Gross Income	Max. Bi-Weekly Gross Income	Max. Weekly Gross Income
2	\$60,120	\$5,010	\$2,505	\$2,312	\$1,156
3	\$75,780	\$6,315	\$3,158	\$2,915	\$1,457
4	\$91,440	\$7,620	\$3,810	\$3,517	\$1,758
5	\$107,100	\$8,925	\$4,463	\$4,119	\$2,060
6	\$122,760	\$10,230	\$5,115	\$4,722	\$2,361
7	\$138,420	\$11,535	\$5,768	\$5,324	\$2,662
8	\$154,080	\$12,840	\$6,420	\$5,926	\$2,963
9	\$169,740	\$14,145	\$7,073	\$6,528	\$3,264
10	\$185,400	\$15,450	\$7,725	\$7,131	\$3,565
11	\$201,060	\$16,755	\$8,378	\$7,733	\$3,867
12	\$216,720	\$18,060	\$9,030	\$8,335	\$4,168
13	\$232,380	\$19,365	\$9,683	\$8,938	\$4,469
14	\$248,040	\$20,670	\$10,335	\$9,540	\$4,770
15	\$263,700	\$21,975	\$10,988	\$10,142	\$5,071

*For families/HHS with more than 15 members, add for each HH member:
 \$5,220 to the maximum yearly gross Income, and
 \$435 to the maximum monthly gross income*

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*A+ Request for Accommodation Form
(For parent/guardian to complete)*

Date of Request: _____

School: _____

Child's Name: _____

Child's Age: _____

Parent/Guardian Name: _____

Telephone: _____

Accommodation being requested:

Reason for the request for accommodation:

Other comments:

Parent/Guardian Signature

Date