Dear Parents!

Welcome to a new and exciting time with the Learning 2 Mastery program. The hours of operation during the program are 3:15 p.m. thru 4:15 p.m. Monday thru Thursday.

Attached to this letter is a full program enrollment packet.

Below is a checklist and enrollment instructions, please go through this list carefully, and call us if you have any questions.

Pages 2-4 Program Registration Form
Please complete these pages in full and submit the form on the first day of the program. This will enroll your child into our program.

Page 5 Medical Form
Please make sure that an updated medical form is on file at the program before your child starts the first day of the program.

Page 6 Behavior Policy
Please make sure the behavior policy form is signed by each parent / legal guardian acknowledging the procedure for addressing any behavioral issues.

Page 7 Acknowledgement and Waiver of Liability
Please make sure that the acknowledgement and Waiver of Liability form is signed by each parent / legal guardian and is on file at the program office before your child starts the program.

Page 8 Program Calendar
Our program length is 10 weeks. The spring program begins on the first Monday of February. The fall program begins on the first Monday of October.
Learning 2 Mastery
JSU Center for Behavioral Studies
After-School Reading and Math Program
2014 – 2015 Program Application
Phone: (256) 782-8442

REGISTRATION FORM

Child's Name ______________________ Birth Date ___/___/ ___ Sex: F  M

Address ______________________________ Zip _____ Phone __________

School Name _________________ School Address ______________________

School Phone _________ Current Grade ______ Teacher Name ____________

Parent's Information:

Father's Name ______________________ Work Phone ___________________

Cell phone ______________________ E-mail ______________________

Mother's Name ______________________ Work Phone __________________

Cell phone ______________________ E-mail ______________________
Family Information:

Child lives with: ___ Both parents ___ Father ___ Mother ___ Guardian(s)

Parents are: ___ Together ___ Separated ___ Divorced ___ Single

Is there a court order protecting the custody of this child? ___ Yes ___ No
If yes, a copy of the court order must be included in this registration.

Child Pick Up Form:

Please list all persons allowed to pick up your child from the program. Please note a person picking up a child will be required to show a photo ID before the child will be released to the person.

Please note siblings under age of 16 will not be allowed to pick up the child.

I ______________________ (Name of Parent / Guardian), give my child / children ____________________ (Name of Child / Children) permission to leave ONLY with the people listed below.

Please Print:

Name ___________________ Phone ______________ Relationship _________

Name ___________________ Phone ______________ Relationship _________

Name ___________________ Phone ______________ Relationship _________

Signature _____________________ Date _____________
Learning 2 Mastery
JSU Center for Behavioral Studies
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Consent / Release Form

Child’s Name ____________________ Date _____________

Parent / Legal Guardian’s Name ___________________________

Photo and Media Recording Release

I hereby grant permission, without reservation, to Learning 2 Mastery after-school reading and math program to take photographs and to make recording of my child and to use them in original or modified form in all media now or hereafter known, with or without my child’s name or information about my child, for the promotion, public education, and / or fundraising activities of the organization. I understand and agree that I am entitled to receive no compensation for the above.

I release the Learning 2 Mastery after-school reading and math program staff, volunteers, independent contractors, consultants, certified behavior analysts, and funding agencies from all claims that I now have or in the future may have relation to the above.

I agree that the Learning 2 Mastery after-school reading and math program will be the sole owners of all tangible rights in the above mentioned photographs and recording, willful power of disposition.

I am the parent or guardian of the minor named above, and I hereby consent to the foregoing on behalf of the minor and myself.

Signature ______________________
Medical Information / Administration of Medicine

Based on Office of Children and Family Services regulations, our staff can not administer medication at any time. If your child needs to take medication during program hours, YOU must make other arrangements. Students may not carry their own or other medication to the program. Students are permitted to store an inhaler for asthma at the site, provided inhaler is in original box with instructions.

Signature _______________________

Allergy Information

My child ____________________________, has serious life-threatening allergies to_____________________________________________________.

Life threatening reactions may include______________________________________________________________
______________________________________________________________
______________________________________________________________

If my child can not breathe call 911 immediately

Our phone numbers in case of emergency are:

Parent’s Name _________________________________

Home # _____________________________________

Cell # _______________________________________

Alternative Cell ____________________________
ACKNOWLEDGEMENT OF BEHAVIOR POLICY

I ________________________ the parent of _______________________
understand that it is the primary goal of Learning 2 Mastery after-school reading
and math program to ensure that the learning environment is safe for everyone in
attendance of the accelerated learning program.

The policy concerning any safety issues are as follows:

First offense = verbal warning

Second offense = written warning

Third offense = possible expulsion from the program

Behaviors that are deemed to threaten anyone’s well-being include but are not
limited to: hitting others with open or closed fist, kicking others, biting others,
throwing items, property destruction, spitting on others, or continuous disruption.

If my child is expelled from the program due to repeated behavioral offenses, I
understand that I relinquish any funds that I have paid for enrollment in the
program.

By signing below, I am consenting to this policy and understand the procedures to
address behaviors.

____________________________   Date: __________
Signature

____________________________   Date: __________
Witness Signature
ACKNOWLEDGEMENT AND WAIVER OF LIABILITY

In agreeing to receive educational services provided in the Learning 2 Mastery after-school reading and math program, I acknowledge and understand the services provided to my child and release Learning 2 Mastery after-school reading and math program’s: agents; affiliates; consultants; counselors; staff; independent contractors; board certified behavior analysts; Board of Directors; volunteers; student assistants; funding agencies; and all team leadership members from any legal liability, claim, or litigation arising from participation in this voluntary program.

As a parent or legal guardian of _______________________ (name of child), I execute and deliver this Acknowledgement and Waiver of Liability freely and voluntarily and without duress or coercion and with full knowledge of the representations contained herein and the rights relinquished, surrendered, released and discharged hereunder.

Signature (Parent / Legal Guardian) _____________________     Date _______

Signature (Parent / Legal Guardian) _____________________     Date _______
Each spring program begins on the first Monday of February and lasts for 10 weeks. Each fall program begins on the first Monday of October and lasts for 10 weeks. The holidays scheduled in the program coordinate with the JSU holiday schedule. Assessment dates are conducted during the first week of intake, quarterly progress monitoring, and during the last week of the program. Each parent receives progress reports for each assessment.

An end of the program ceremony is conducted on the last day of the program at 5 p.m. (the regularly scheduled 3:15 to 4:15 class meeting will not meet but rather the ending ceremony will replace this meeting day). During the ending program ceremony, students will receive certificates of completion, awards, and there will be light snacks for students and parents to celebrate the students’ successes.

Thank you for your interest in Learning 2 Mastery and we look forward to working with you and your child.

Sincerely,

Carrie Kirk, MS, BCBA
Coordinator for Academic Readiness and Behavioral Services
Jacksonville State University
256-782-8442
ckirk@jsu.edu