Dear Parents,

The first day for Winter Session After-School Enrichment is Monday, November 28th. Registration materials are enclosed as well as information on program policies and course offerings. If emergency forms and contact information have been completed this year, new forms do not need to be filled out for this session unless information has changed. Please read the information carefully to determine which classes are appropriate for your child. Students may register for one or more enrichment classes.

The After-School Program is an incredible deal for our students and families. The estimated cost per day is approximately $30, and if students stay until the end of program’s day, then the cost is approximately $10 per hour. Parents who have Flex Spending Accounts for child care may also receive a receipt to submit for reimbursement. Please note that a $15.00 supply fee is already included in all of classes. This money is used to purchase materials specifically for a class.

Enrollment: After school enrollment is offered three times during the school year for fall, winter, and spring sessions. Class sizes are limited, so we encourage you to register early to guarantee a space for your child. Enrollment will be on a first-come, first-served basis. When a class size is full your child will be waitlisted, and you will be notified if a space becomes available.

Fees: Full tuition is due at time of registration.

Refunds: If a class is cancelled due to low enrollment you will receive a full refund or move to another class. If you withdraw your child from a class before December 2, 2011 you will receive a full refund. Thereafter, no refunds will be given for withdrawal from a class.

If you have questions concerning the After-School Program or need additional information, please feel free to call me. I look forward to working with your children in another educational and fun-filled After-School program this year. Thanks again for all of your feedback and support for our programs!

Sincerely,

Ken Cressman
 Coordinator for After School Enrichment & Summer Programs
404-233-5332 or kcressman@atlpschs.org
Atlanta Speech School
After School Enrichment Program Policies

Fall Session Dates: August 29, 2011 to November 18, 2011
Winter Session Dates: November 28, 2010 to February 24, 2012
Spring Session Dates: February 27, 2012 to June 1, 2012

The After School Enrichment Program is designed to offer after school options for Atlanta Speech School Students in grades K - 6th levels. Students must be 5 years old by September 1st to participate in the program. Operating as an extension of the school day, the program exists to develop the whole child through recreational activities. Students enrolled in the program have snack, enjoy recreational classes, spend time with friends, and play outdoors or in the gym.

The program follows the Wardlaw School calendar and operates daily until 6:00 p.m. The program does not operate during Wardlaw planning days, Wardlaw conference days, or school wide holidays. Parents may pick up their children promptly at 6:00 p.m. or any time before 6:00 p.m. However, late fees are charged for pick up after 6:00 p.m. at the rate of $2.00 per minute.

The After School teachers are responsible for the safety and well being of students under their care. Students will not be allowed to leave the school without being escorted by a parent or staff member. Parents should park in the parking lot, enter the main lobby and sign-out at the front desk. Parents may then return to the cafeteria or playground to pick up their children. Parents must provide a note each time a child is to leave school with anyone other than a parent. If a child will not be attending his/her after school class, parents should call, email, or send a note to the After School Office.

Only those students who are registered for an after school class may participate in the class. Drop-ins are not available.

Behavior during after school classes will be according to the standard indicated in the handbook for regular school hours. Respect for teachers, property, and other students is expected at all times.

After School Enrichment fees are non-transferable and non-refundable after the first week of class.
After School Enrichment Program
Winter Session 2011 Nov.28- Feb. 24

Child’s Full Name_________________________________________ Name _________________________

Grade _________________________ Teacher ____________________________________________

Parent’s Name_______________________________________ Home Phone__________________________

Business Phone_____________________________ Cell Phone_________________________________

Email address________________________________________________

I am enrolling my child in the After School Enrichment Program for the classes checked below:

| Monday – American Girl Class (For Grades K-6) | Cost is $345 payable to Atlanta Speech School |
| Monday – Lego Sculpture (For Grades K-6) | Cost is $345 payable to Atlanta Speech School |
| Monday – Webkinz (For Grades K-6)  | Cost is $345 payable to Atlanta Speech School |
| Monday – Webkinz (For Grades K-6)     (3Weeks Only) | Cost is $205 payable to Atlanta Speech School |
| Tuesday – Holiday Cooking (For Grades K-6)  | Cost is $205 payable to Atlanta Speech School |
| Tuesday – Holiday Cooking/Cooking (For Grades K-6) | Cost is $345 payable to Atlanta Speech School |
| Tuesday – Sound Stage Stories (For Grades K-6) | Cost is $345 payable to Atlanta Speech School |
| Wednesday – Webkinz (For Grades K-6)  | Cost is $345 payable to Atlanta Speech School |
| Wednesday – Inside Out Adventures (For Grades K-6) | Cost is $345 payable to Atlanta Speech School |
| Thursday- International Paper Crafts (For Grades K-6) | Cost is $345 payable to Atlanta Speech School |
| Thursday- Drummin’ and Strummin’ (For Grades K-6) | Cost is $345 payable to Atlanta Speech School |
| Thursday- It’s a Play Thing (For Grades 1-6) | Cost is $345 payable to Atlanta Speech School |
| Friday – Chess Club (For Grades K-6) | Cost is $345 payable to Atlanta Speech School |
| Friday - Yo Jump Juggle (For Grades K-6) | Cost is $345 payable to Atlanta Speech School |

*Please note that in an effort to keep cost down for our families each class includes a $15.00 Supply Fee integrated into the total cost. Discounts are given in tuition for students who are enrolled in more than three classes. See fees below if you are registering for more than three classes/days per week and check the appropriate box to determine your tuition. Make checks payable to the Atlanta Speech School. All fees are non-transferable and non-refundable after the first week of class.

1 day/class per week:  

- Mon.-Thurs. 3-6 or Fri. 1-4 $345  
- Fri. with extended hrs to 6:00 $410

2 days/classes per week:  

- Mon.-Thurs. 3-6 or Fri. 1-4 $690  
- Fri. with extended hrs to 6:00 $790

3 days/classes per week:  

- Mon.-Thurs. 3-6 or Fri 1-4 $970  
- Fri. with extended hrs to 6:00 $1035

4 days/classes per week:  

- Mon.-Thurs. 3-6 or Fri 1-4 $1,250  
- Fri. with extended hrs to 6:00 $1,315

5 days/classes per week:  

- Mon.-Thurs. 3-6 or Fri 1-4 $1,475  
- Fri. with extended hrs to 6:00 $1,540
The After School Enrichment Program of the Atlanta Speech School agrees to provide care for:

Child’s Name: __________________________________________

Parental Responsibility

1. I acknowledge the responsibility to keep my child’s records current to reflect any significant changes as they occur (e.g. telephone numbers, work locations, emergency contacts, child’s physician, child’s health status, immunization records, etc.)
2. My child will not be allowed to enter or leave the facility without being escorted by a parent, person authorized by parent, or facility personnel.
3. The facility agrees to keep me informed of any illnesses or injuries pertaining to my child. The Department of Human Resources requires that the Director “report any case of communicable diseases or suspected child abuse, neglect, exploitation or deprivation to the proper authority”.
4. My child may be released ONLY to the persons signing this agreement and to the persons listed below. Changes must be submitted in writing by the parents/guardians.

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<th>Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Relationship</th>
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Please list persons to whom your child may NOT be released. (If any of those listed are parents of the child, a copy of the court order limiting that parent’s access to the child must be on file with the school.)

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Illness/Injury

Should your child become ill or suffer an injury of any nature during the time that he/she is in the care of the After School Enrichment Program, the facility shall attempt to contact the parents immediately. In the case of severe illness or injury, 911 shall be called and the child transported by ambulance to Piedmont Hospital, which shall be authorized to provide necessary medical treatment. The parents shall assume responsibility for payment.

Waiver of Liability

I ______________________ as parent or legal guardian of ______________________, do hereby affirm that the applicant is in good health and suffers no condition that requires any medication unless that condition is disclosed on this sheet. Furthermore, I know of no reason that the applicant cannot participate in vigorous physical activity. In the event of any injury, I understand every attempt will be made to contact the parent or guardian. I hereby give permission for school supervisors to procure any timely medical treatment deemed advisable on the behalf of my child or ward. I hereby release the Atlanta Speech School and all employees of the school or programs from any and all liability from injury or illness, physical or mental, suffered by the student during or related to After School Enrichment, unless caused by a willful act or gross negligence.

The signature below indicates that the parent or guardian understands and accepts the After School Enrichment Program regulations as stated on this form and on the accompanying registration materials.

Parent/Guardian Signature  Date  Director’s Signature
AFTER SCHOOL ENRICHMENT PROGRAM  
ATLANTA SPEECH SCHOOL, INC.  
REGISTRATION FORM

Student’s Full Name ____________________________________________________________  
(Please Print)  

Date of Birth _________________  
Month Day Year

PARENT INFORMATION  

(First) __________________ ___________ (Last) __________________ ___________  

Street Address ____________________________________________________________  

City County State Zip  

Home Phone: __________________________  
Cell phone: __________________________  
Email Address: __________________________

Employer: __________________________  
Business Address __________________________________________________________  
Business Phone: __________________________  

Marital Status:  
☐ Single  ☐ Married  ☐ Separated  ☐ Divorced  ☐ Remarried  ☐ Widowed

Child living with: __________________________  
School District: __________________________

In instances of divorce or separation, it is assumed that both parents may participate in all phases of their child’s educational process. If there are restrictions to such participation and/or visitation, it is the parent’s responsibility to provide the school with appropriate documentation of the legal arrangements.

Parent(s) or Legal Guardian(s) ________________________________________________

It is your responsibility to immediately inform the After School Enrichment Office of any changes in address, phone number or marital status.

In case of emergency notify: (Please list some responsible person other than parents, in case parents cannot be reached.)

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<tr>
<th>NAME</th>
<th>TELEPHONE</th>
<th>RELATION TO STUDENT</th>
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<td>2. __________________________</td>
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Signature of Parent or Legal Guardian __________________________________________  
Date __________________________________________


MEDICAL INFORMATION

Student’s Name: ____________________________________________________________

Pediatrician Name: ________________________________________________________

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<tr>
<th>Address</th>
<th>Phone Number</th>
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Is student **VIOLENTLY** allergic to insect bites or stings? □ Yes □ No

If your answer is YES, please emphasize this to the classroom teacher and provide her with medication customarily used to counteract.

Is the student susceptible to convulsions or seizures? □ Yes □ No

Is the student allergic to any food, medications or insect bites? □ Yes □ No

Please list: ____________________________________________________________

__________________________________

__________________________________

Do we have parental permission to administer Benadryl in the event of insect bites or stings? □ Yes □ No

Under exceptional circumstances, medication may be administered by a student’s teacher with the approval of the coordinator and in compliance with administrative regulations. A completed form “ADMINISTRATION OF MEDICATION” must be on file for each child requiring medication. The form and policy statement will be available at the beginning of school.

In the event my above-named child, while attending Atlanta Speech School, requires emergency treatment and it is impossible to locate a parent, the person designated as emergency contact, or the physician named herein, I hereby give my permission to an authorized staff member of Atlanta Speech School to secure the necessary treatment and to take such steps as are immediately required.

__________________________________

Date

__________________________________

Signature of Parent or Legal Guardian