

## Appendix A: Huron School District Tiger After-School Program (TAP) REGISTRATION

**TAP will begin on Tuesday, September 8, 2020 and end May 14, 2021.**

The Huron School District is a proud recipient of the 21<sup>st</sup> Century After-School Program Grant and will begin serving children on **Tuesday, September 8<sup>th</sup>** from 3:30-5:30 Monday through Friday. Children are to be Picked-up at 5:20 as the program ends at 5:30. There will be no charge to attend TAP.

**ALL TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT.**

With parent signature, parent accepts responsibility for the following:

- To maintain enrollment in the after-school program, children must fully attend TAP 90% of the days they attend school each month (3:30 pm - 4:45 pm). Students who do not meet the attendance criteria will immediately be withdrawn from the program at the end of the month and children from the waiting list will be added to the after-school program.
- *\*Attendance Waiver (Appendix D) Upon acceptance into TAP, parents may list the regularly scheduled after school activities in which their children participate and the documented dates/hours will be exempt from the 90% attendance calculation.*
- Children must be picked up by 5:30 pm. Reminder calls will begin @ 5:20 pm. Pick-up location will be determined at each program site.
- If there is no school due to an early release, inclement weather, school vacation, etc., there will be no after-school program.
- There will be no TAP if the building has parent-teacher conferences, a music program, or other scheduled events. This may vary from building to building. Please check with the building site supervisor if you have questions.

**This program has limited enrollment. Enrollment will be determined by a lottery that will take place in the Instructional Planning Center at the Huron Arena on August 17<sup>th</sup> at 9:00 am. You do not need to be present to be eligible for enrollment. If a child is accepted into the program, his/her siblings will also be accepted only if they are listed on the registration form. Children of TAP employees will automatically be enrolled. You will receive notification if your child has been accepted into the TAP.**

Please provide the following information (*Please print clearly*):

**Child/Children Registering for TAP: (Includes Kindergarten through 5<sup>th</sup> Grade)**

Name	Grade	Classroom Teacher

Mother's Name: \_\_\_\_\_ Mother's Home Phone #: \_\_\_\_\_  
 Mother's Work Phone #: \_\_\_\_\_ Mother's Cell Phone #: \_\_\_\_\_  
 Mother's Email Address: \_\_\_\_\_ Mother's Mailing Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Home Phone #: \_\_\_\_\_  
 Father's Work Phone #: \_\_\_\_\_ Father's Cell Phone #: \_\_\_\_\_  
 Father's Email Address: \_\_\_\_\_ Father's Mailing Address: \_\_\_\_\_

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Parent/Guardian Name(s): \_\_\_\_\_

Preferred Phone Contact # \_\_\_\_\_ Preferred Email Address: \_\_\_\_\_

First emergency contact person and number (not parent):  
\_\_\_\_\_ # \_\_\_\_\_

Second emergency contact person and number (not parent):  
\_\_\_\_\_ # \_\_\_\_\_

For 5:20 pick-up from the program, my child should do the following:  
*(Please discuss these instructions with your child)*

- Have my child remain at school until I pick him/her up
- Walk/Ride Bike home
- Ride the People's Transit Bus (Arrangements must be made with People's Transit 353-0100)
- Send my child with: \_\_\_\_\_  
(List names of all adults who the child can be released to. These adults must show ID before child will be released to their care)
- Other \_\_\_\_\_

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ hereby authorize and consent to the use of his/her visual image by the TAP (Tiger After-School Program) for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

I hereby give permission for emergency medical treatment for my child, if needed by the after-school site coordinator.

Your child will receive a healthy snack every day as part of the TAP program. If your child has any special dietary needs, please indicate what they are:

\_\_\_\_\_

Please note that my child is **allergic** to the following (i.e.—medication/food/insect bites/other):

\_\_\_\_\_

It is also important to note that my child has the following special medical conditions:

\_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date