

# After-School Plus Program SY 23-24

## PARENT HANDBOOK

# Directory

---

**School Principal:**

\_\_\_\_\_

**A+ Site Coordinator(s):**

\_\_\_\_\_

\_\_\_\_\_

**Group Leaders:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Aides:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town/Zip Code: \_\_\_\_\_

A+ Telephone Number: \_\_\_\_\_

District A+ Office: \_\_\_\_\_

# Table of Contents

---

About the A+ Program .....	1
Program Goals .....	1
Eligibility and Selection.....	2
Request for Accommodations.....	3
Registration .....	3
Hours and Days of Operation .....	4
Snacks.....	4
Program Fees.....	4
Fees .....	4
Payments .....	4
Late Payments .....	4
Termination.....	4
Transportation .....	4
Pick-Up Procedures.....	5
ID Cards .....	5
Sign-Out .....	5
Late Pick-Ups .....	5
Absences.....	6
Illnesses.....	6
Emergency Care/First Aid.....	6
Emergency Procedures for Closing the A+ Program.....	6
Proactive Student Behavior Support Systems.....	7
Termination from Program .....	7
Security.....	7
Communication/Consultation with Parents.....	7
Notices .....	7
Conferences.....	7
Program Evaluation.....	7
Form: After-School Plus (A+) Program Registration Form	
Form: After-School Plus (A+) Program Registration Agreement	
Form: A+ Program Emergency Form	
Form: Application for Subsidized Monthly Fee (A+ Program) - Optional	
Form: A+ Request for Accommodation - Optional	
Form: A+ Parent/Guardian Complaint Form - Optional	
Income Eligibility Chart	

# Welcome

---

Welcome to the After-School Plus (A+) Program. A+ is the outcome of a joint effort of former Governor John Waihee's Subcabinet on Early Childhood Education and Child Care (chaired by former Governor Ben Cayetano who was Lieutenant Governor at that time), the Hawaii State Board of Education and the Hawaii State Department of Education (HIDOE) in 1989.

The goal of the A+ Program is to reduce the high incidence of latchkey children and provide affordable after-school child care services to children in the public elementary schools whose parents work, attend school or are in job training programs. The program also provides a safe, secure and nurturing environment with a rich variety of activities for the children.

The A+ staff appreciates your support and proudly provides a program that fits the interests and needs of children in a happy and stimulating environment. Please feel free to contact the A+ Site Coordinator at your school regarding your children's adjustment and progress in the A+ Program.

## About the A+ Program

---

The program starts immediately after the close of the school day. Children report to the base site for the A+ Program at their school. In general, during the first 30 minutes or so, children check in and are given time for free play/snack. After free play/snack, children participate in enrichment, physical development/coordination activities and are given time to complete homework. Enrichment includes activities such as arts, crafts, drama, music and dance. Physical development/coordination activities include physical fitness activities such as aerobic exercise; sports including those that use balls, rackets, and other equipment; and games that may involve running, jumping, or other movement.

Character development themes may be introduced to children in large group settings. There may also be presentations such as crime protection, drug abuse and prevention, pedestrian safety as community resources are available.

The A+ Program is **not** an extension of the regular school day. While some structure is necessary for order and control, activities will be offered in a comparatively informal setting where children are given the opportunity to choose from a variety of activities. Children will be encouraged to use after-school time to complete homework assignments.

While the program is operated by the HIDOE and not required to be licensed, State licensing standards were used as a guide in designing the program. The use of HIDOE facilities means that building and safety standards are met. Staff will be hired at each site so that the 20 to 1 children to staff ratio required for licensing is not exceeded. New employees will be subject to criminal history checks, and will receive both pre-service and in-service training. The A+ Program will provide an array of stimulating, enriching and enjoyable activities designed to engage children's interests and keep them active both mentally and physically.

## Program Goals

---

- To provide after-school supervision for children in a stimulating and caring environment.
- To reduce the number of latchkey children.
- To enhance the relationship between home and school in collaboratively meeting the needs of children.
- To improve the physical fitness of children.

## Eligibility and Selection

---

All latchkey children enrolled in public elementary schools in kindergarten through grade six, are eligible to participate in the program if they are living with parent(s), guardian(s), or foster parent(s)/guardian(s) who is/are:

- Employed during the hours of A+ operations;
- Working in the A+ Program;
- Attending colleges, universities, or other types of schools during the hours of A+ operations;
- Engaged in job training programs during the hours of A+ operations.

In schools where enrollment is restricted because of staff shortages, students may enroll in A+ Programs at other schools if:

- Space is available;
- The Principal of the receiving school and the Site Coordinator approve; and
- Parent/legal guardian assumes responsibility and make arrangements for their child's transportation to the alternative A+ site.

In restricting enrollment, the HIDOE does not discriminate on the basis of race, sex, age, color, national origin, religion, or disability.

In addition, the HIDOE does not tolerate acts of harassment on the basis of race, sex, age, color, national origin, religion, or disability. Any student who believes that he or she has been subjected to harassment on the basis of race, sex, age, color, national origin, religion, or disability, is encouraged to report such harassment. Students and parents may report allegations of discrimination or harassment to the school's administrator or to the HIDOE's Civil Rights Compliance Office at the address listed below.

HIDOE is committed to conducting a prompt investigation. Support, including counseling and educational resources, will be available to students who are harassed, as well as to students found to have engaged in acts of harassment on the basis of race, sex, age, color, national origin, religion, or disability. Students found to have engaged in harassment may be disciplined, up to and including suspension or expulsion, if circumstances warrant. Students, parents, and HIDOE staff should work together to prevent harassment on the basis of race, sex, age, color, national origin, religion, or disability.

HIDOE will not tolerate retaliation for reporting discrimination and/or harassment on the basis of race, sex, age, color, national origin, religion, or disability, and will take steps to protect those who wish to report the harassment.

Please direct inquiries regarding HIDOE nondiscrimination policies to:

Civil Rights Compliance Office  
Hawaii State Department of Education  
P.O. Box 2360  
Honolulu, Hawaii 96804  
(808) 586-3322 or relay  
CRCB@k12.hi.us

<b>State Support Team</b>
Beth Schimmelfennig – Director Rhonda Wong – Title VII Specialist Nicole Isa-Iijima – Title IX Specialist Aaron Oandasan – Title VI Specialist Krysti Sukita – ADA/504 Specialist

### Regional Support Team

Sarah Medway: Farrington-Kaiser-Kalani Complex Area Specialist  
Kaipo Kaawaloa: Kaimuki-McKinley-Roosevelt Complex Area Specialist  
Christina Simpson: Aiea-Moanalua-Radford Complex Area Specialist  
Michael Murakami: Leilehua-Mililani-Waialua Complex Area Specialist  
Christina Simpson: Campbell-Kapolei Complex Area Specialist  
Shari Dela Cuadra: Pearl City-Waipahu Complex Area Specialist  
Lance Larsen: Nanakuli-Waianae Complex Area Specialist  
Anna Tsang: Castle-Kahuku Complex Area Specialist  
Colette Honda: Kailua-Kalaheo Complex Area Specialist  
Dee Sugihara: Hilo-Waiakea Complex Area Specialist  
Dee Sugihara: Kau-Keeau-Pahoa Complex Area Specialist  
Moana Hokoana: Honokaa-Kealakehe-Konawaena Complex Area Specialist  
Lesley Alexander Castellanos: Baldwin-Kekaulike-Maui Complex Area Specialist  
Megan Moniz: Hana-Lahainaluna-Molokai Complex Area Specialist  
David Dooley: Kapaa-Kauai-Waimea Complex Area Specialist

## Request for Accommodations

The program shall be made available to all eligible children on a nondiscriminatory basis. For the child with a disability, who is identified by parents or who is known to the A+ program staff to have special needs, the district will provide such reasonable modifications as are necessary to afford the child an opportunity to participate. Note: **The A+ program is voluntary and is not part of the compulsory educational service and not part of the individualized education program (IEP) of the child.**

- (1) The parent/legal guardian makes a written request to the Site Coordinator using the *A+ Request for Accommodation Form*.
- (2) The Site Coordinator and the Principal shall meet with the parent/legal guardian to discuss the request and consult with other school staff familiar with the child to identify the particular needs of the child; determine what program modifications if any, will be necessary to reasonably accommodate the special needs of the child and whether these modifications can be reasonably provided and consider possible alternatives that may offer the child a comparable program.
- (3) Once the Site Staff formulate their recommendation, the Site Coordinator shall submit the *A+ Request for Accommodation Form* filled out by the parent/legal guardian and the A+ Program Recommendation Form with all the relevant information to the District A+ office.
- (4) The District A+ Coordinator shall determine and identify what accommodation, if any, is necessary for the child to access the A+ Program.  
The determination of the principal of the disposition of each case, in consultation with the district coordinator, shall be final.
- (5) Once a decision is made, the District A+ office shall send the forms as a PDF via email or fax and mail a hard copy to the State A+ Office for processing.
- (6) The State A+ Office will determine funding, if any will be provided, and process a memo for signature by the Community Engagement Branch Director.
- (7) Once the memo is approved, the original will be sent to the A+ Site Coordinator with copies to the Complex Area Superintendent (CAS), Principal, and the A+ District Office.

## Registration

When registering a child for the A+ Program, the parent/legal guardian will be asked to pay the first month's program fees and will be required to complete:

- (1) A+ Program Registration Form (background information on the child, departure arrangements, and names of people authorized to pick up the child);
  - (2) A+ Program Emergency Form;
  - (3) A+ Program Registration Agreement (delineates program policies and expectations of parent/legal guardian and children, to be signed by the parent/legal guardian before a child can be admitted into the A+ Program); and
  - (4) Application for Subsidized Monthly Fee (A+ Program) - Optional.
- Only one A+ Program registration per family should be submitted.

# Hours and Days of Operation

---

A+ services will be provided on regular school days, beginning after school until 5:30 p.m. The program will not operate when school is closed, including school vacation periods, holidays, and Teacher Institute Day. A+ Programs will also be closed on days when school is open only half a day.

# Snacks

---

The parent/legal guardian is responsible for providing snacks for their children. The nutritional value and perishability of foods should be considered. The parent/legal guardian may also check with the A+ Site Coordinator for possible snack options that may be available.

# Program Fees

---

## Fees/Payments

A+ fees are charged on a monthly basis and will be paid on or postmarked before the first school day of each month. Cash will be accepted, however, checks are preferred. Checks should be made payable to the school, e.g., A+ Program - Kaala Elementary School and mailed attention to the A+ Program. Payments made in person must be delivered directly to the A+ Site Coordinator by the parent/legal guardian. Cash should not be sent to school with children or by mail. Original receipts of payment will be issued and sent home with children to their parent/legal guardian.

December and January are considered a combined month with tuition payment due in December. There will be no provisions for refunds once payment is made. A \$25.00 service charge will be charged for all returned checks.

## Late Payments

A \$5.00 late charge shall be imposed per family for each school day a payment is overdue.

## Termination

If a child's parent/legal guardian has not paid the monthly tuition within the first five (5) A+ Program days of the month, the child shall be terminated on the sixth (6th) A+ Program day. Failure to pay any outstanding fees by the end of the month shall result in termination from the program. Any exceptions to this policy must be approved by the A+ District Coordinator. The child may re-enroll if the parent/legal guardian pays all outstanding fees, and a penalty fee of \$25 for reinstatement. If there is more than one child enrolled in the A+ Program, the family is penalized for a flat reinstatement fee of \$25.

# Transportation

---

Transportation to and from the A+ Program will not be provided as children are enrolled at their own school. Transportation arrangements are the parent/legal guardian's responsibility. The parent/legal guardian must notify the A+ Program in advance of how children are to get home.

No modifications resulting in additional cost will be made in school bus schedules to accommodate children participating in the A+ Program.

For children with permission to attend A+ Programs at schools other than their regular school, the parents/legal guardian must make transportation arrangements and assume responsibility for getting their children there. The parent/legal guardian must notify the Site Coordinator of the arrangements made for the child to get to the A+ Program.

## Pick-Up Procedures

---

Children shall be picked up only by the parent/legal guardian or authorized adults on registration forms. The parent/legal guardian must give advance permission for any other type of arrangement, such as:

- If the child is to be picked up by someone else that day.
- If the child is to walk, bike, skateboard, or take other means home, A+ staff is authorized to dismiss the child.

If the parent/legal guardian wants A+ staff to release a child from school on his or her own, the parent/legal guardian must sign an "Authorization for Release of an Unaccompanied Child" form, releasing the A+ Program and staff of all responsibility once the child leaves the school.

When completing the form, the parent/legal guardian should select release times carefully. During the winter months, the sun may set before 6:00 p.m. Traffic may be heavier because of workers going home. When a child is released on his or her own, there will be fewer children on the streets than at the close of the regular school day. Upon completion of the form, the parent/legal guardian should consult with the Site Coordinator.

## ID Cards

---

All persons authorized on the A+ Registration Form for child pick-up must show a current picture ID, i.e., Hawaii State driver's license, State or Military ID card before children are released.

If a parent/legal guardian needs to have their child picked up by someone who has not yet been authorized for pick-up, the parent/legal guardian must:

- 1) Call the A+ site and provide his or her name and current ID information so that his or her identity can be verified
- 2) Provide the name and current ID information of the alternate designated to pick up the child.

If a person not previously authorized or phoned in by the parent/legal guardian comes to pick up a child, A+ staff will not release the child until the parent/legal guardian or other authorized adult has been contacted to confirm the identity of the pick-up adult and approve the child's release.

It is the parent/legal guardian's responsibility to notify the Site Coordinator of any injunctions barring any person, formerly authorized to pick up the child from the A+ Program.

## Sign-Out

---

The parent/legal guardian or authorized adult must sign out the child on a sign-out sheet and note the time of departure. This procedure is essential for security purposes so that staff will have a record of which children have left.

## Late Pick-Ups

---

If for any reason the child cannot be picked up by the time the program closes, the parent/legal guardian should contact one of the designees previously authorized by them for pick-up of their child.

If the child is not picked up within 15 minutes after closing, the Site Coordinator will try to contact the child's parent/legal guardian first then other adults authorized to pick up the child. Children will only be released to authorized adults.

A \$5.00 late pick-up fee **per child** shall be imposed for every 15 minutes beyond the closing time that a child is picked up late (i.e., 1-15 minutes late – \$5.00; 16-30 minutes – \$10.00, etc.) Chronic late pick-ups may be grounds for a child's termination from the program.



## **Absences**

---

If a child is to be absent from the A+ Program, the parent/legal guardian must call the A+ Program number to notify A+ staff of the absence prior to the end of the regular school day.

If the child is absent on a day he or she is scheduled to be in the program and the school has received no prior notification, staff will follow up with a call to the parent/legal guardian or another adult designated as a contact in case of emergencies, to verify the child's absence.

If, after a period of time, the parent/legal guardian is uncooperative with this notification procedure, or the child is habitually truant, it may be grounds for termination of the child from the program.

If the child is signed out of the A+ Program, he or she cannot be resigned back in within the same day. If the child does not show up in the first five (5) minutes to A+, he or she will be marked absent, and the child will not be able to report to A+ within the same day.

## **Illnesses**

---

Sick or moderately sick children should be kept at home so they can rest and are less likely to infect other children. Children kept at home during the regular school day should not be sent to the A+ Program.

If a child becomes ill during the A+ Program, the Site Coordinator (or designee) will contact a parent/legal guardian or other responsible adult named on the child's registration form to pick up the child. Staff will have the child rest quietly until he or she can be picked up. Children with communicable diseases excluded from school as required by the Department of Health, also will be excluded from the A+ Program. Once readmitted to school, they may return to the A+ Program.

A+ staff will not be responsible for storing, holding, dispensing, or administering medication to children.

## **Emergency Care/First Aid**

---

A+ staff will include at least one person at each site appropriately trained and certified in first aid.

A parent/legal guardian or other adults authorized by the parent/legal guardian in emergencies will be contacted in cases of serious injury.

The program cannot transport children to out of area physicians, so if staff is unable to locate the parent/legal guardian or an "emergency" contact, staff will secure appropriate treatment at the nearest medical facility.

If the injury or illness requires an ambulance, the child will be transported to a designated site or physician. In all cases of injury or illness, attempts will be made to contact the parent/legal guardian immediately and involve them in the decision regarding treatment. An adult staff member will accompany the child to the source of emergency care, if appropriate. The adult will stay with the child until the parent/legal guardian or parent/legal guardian's designee assumes responsibility for the child's care.

The A+ Program does not provide medical insurance for your child. The parent/legal guardian is financially responsible for any medical care or special transportation incurred on the child's behalf.

## **Emergency Procedures for Closing the A+ Program**

---

The A+ Program will follow the regular school procedures for closing school in case of emergencies such as flooded roads, heavy rains, earthquakes, breakdowns in utility services, etc. If school was closed earlier in the day before the start of the A+ Program, the A+ Program will also be closed.

In the event of a site evacuation, children will be taken to a local emergency center. The location will be posted at the A+ site. Efforts will be made to contact the parent/legal guardian should evacuation be necessary. A+ staff will remain with the children until they are picked up by a parent/legal guardian or other authorized adults.

## **Proactive Student Behavior Support Systems**

---

The A+ Program will stress positive behavior. In the event disciplinary actions do not result in the desired behavior, the child may be referred to the Site Coordinator. Parent conferences may be arranged where there are repeated offenses.

If all efforts to control disruptive and/or abusive behavior are unsuccessful this may constitute grounds for termination from the program. For the success of the program, children must not be disruptive or abusive to themselves or to others.

If necessary for the health and safety of the child or other participants in the program, Hawaii Administrative Rule Chapter 19 will prevail.

The parent/legal guardian of children who are guilty of vandalism, or the damaging of school property shall make restitution to the school.

## **Termination from Program**

---

Students may be terminated from the program for 1) failure to pay the monthly non-refundable fee (see page 3) or any outstanding fees (e.g., late payment fees, late pick-up fees, bad check fees, etc.) by the end of the month; 2) chronic late pick-up; 3) conduct which disrupts the program's activities or jeopardizes the safety and welfare of the program's staff or participants; or 4) the child is habitually truant.

Prior to termination from the program, the Site Coordinator at the school site shall meet with student and parent/legal guardian of the student to apprise them of the problems and to afford them a reasonable time to take corrective action. In an emergency situation, for health and safety reasons, a child may be immediately terminated from the program, and a follow-up meeting with the parent/legal guardian shall be offered.

## **Security**

---

Procedures for reporting absences, staff follow-up on unreported absences, and daily sign-in and sign-out requirements are designed to maintain security for the children.

Children will be accompanied by staff whenever movement from one area of the campus to another is necessary.

The staff is instructed to be aware of strangers. Strangers will be asked to leave the school premises if they have no legitimate reason for being there. Monthly fire alarm drills will be conducted to ensure proper training of children and staff in fire evacuation procedures.

## **Communication/Consultation with Parent/Legal Guardian**

---

### **Notices**

A monthly activity schedule for the program will be prepared, posted and modified as plans change, so that the parent/legal guardian, as well as their child(ren), may know ahead of time what their child(ren) will be doing each day.

Other notices will be prepared as necessary and sent home with children to their parent/legal guardian.

### **Conferences**

Parent conferences are not required, but will be arranged at the request of the parent/legal guardian, Group Leaders, or the Site Coordinator.

### **Program Evaluation**

Parent evaluation of the A+ Program is an important factor in planning for improvement in subsequent years. The parent/legal guardian will be surveyed toward the end of the school year to solicit feedback.

# 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 AGREEMENT

1<sup>st</sup> Child's Name \_\_\_\_\_ School \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_

3<sup>rd</sup> 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 

--	--	--	--	--	--

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 _____
---	---

**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:  Yes  No If YES, check:  QUEST  Medicaid **OR**  Private  
 If private, check your plan:  HMSA  Kaiser  Tri-Care  Other

- My child receives regular care for the following medical conditions:
  - No medical condition
  - Yes. **Please check below:**
    - Asthma  Chronic Cough/Wheezing  Heart Disease  JRA Arthritis  Sickle Cell Anemia
    - Behavioral Problems  Diabetes  Hemophilia  Rheumatic Heart  Skin Problems
    - Cancer/Leukemia  Hearing Problems  Hypertension  Seizures  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
_____	_____	_____
_____	_____	_____
_____	_____	_____



SCHOOL \_\_\_\_\_

<b>Site Use Only:</b> <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. _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____	\$ _____

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.

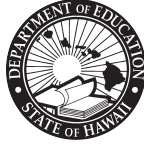


## LIST OF ACCEPTABLE INCOME DOCUMENTATION FOR THE AFTER-SCHOOL PLUS (A+) PROGRAM

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"> <li>• Current paycheck stub (for one month)</li> <li>• Letter from employer on official letterhead stating gross wages paid and how often they are paid; or</li> </ul> 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+ Request for Accommodation Form  
(For parent/guardian to complete)*

*Date of Request:* \_\_\_\_\_

*School:* \_\_\_\_\_

*Child's Name:* \_\_\_\_\_

*Child's Age:* \_\_\_\_\_

*Parent/Guardian Name:* \_\_\_\_\_

*Telephone:* \_\_\_\_\_

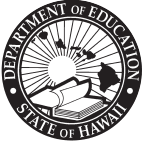
*Accommodation being requested:*

*Reason for the request for accommodation:*

*Other comments:*

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

\_\_\_\_\_  
*Date*



***A+ Parent/Guardian Complaint Form***  
***(For parent/guardian to complete)***

***Date of Complaint:*** \_\_\_\_\_

***School:*** \_\_\_\_\_

***Child's Name and Age:*** \_\_\_\_\_

***Parent/Guardian Name:*** \_\_\_\_\_

***Telephone:*** \_\_\_\_\_

***Email Address:*** \_\_\_\_\_

***Reason for complaint:***

***Parties involved:***

\_\_\_\_\_

\_\_\_\_\_

***Parent/Guardian Signature***

***Date***

***Do Not Write Below This Line***

***Date Complaint Received:*** \_\_\_\_\_

***Date Resolved:*** \_\_\_\_\_

***Resolution:*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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*

--	--	--	--	--	--

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 1<sup>st</sup> 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: \_\_\_\_\_

**1<sup>st</sup> & 2<sup>nd</sup> 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 REponsibility 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 (1<sup>ST</sup>) 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-19<sup>1</sup> 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.

---

<sup>1</sup> 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

