

# **Murray Hill Neighborhood Association After School Program 2010-11**

## **Program Overview**

Murray Hill ASP provides children with a safe and enriching after school program that offers a time of devotion and prayer, supervised study, tutoring, academic enrichment, creative recreation, extra curricula activities and family support in a nurturing Christian environment.

In order to provide the highest quality After School Program service, we ensure quality staff and support systems with periodic program evaluation by the board of the Association.

## **Program Hour**

ASP begins from school dismissal time until 6:00 pm and is open every weekday that NYC Public schools are in session. (Extended hour is available)

Registration begins in May for the coming school year.

## **Daily Schedule**

(Below is the planned schedule: Program time is 2:45 p.m. to 6:00 p.m.)

- |                    |   |
|--------------------|---|
| <b>2:20-3:00</b>   | Student pick-up   |
| <b>2:45-3:00</b>   | Snack Time. Students wash hands and practice good hygiene before snack time. Students pray and eat their snacks.  |
| <b>3:05-4:45</b>   | <b>Homework and academic session / Academic enrichment Program</b><br>Tutors work with children to finish homework. Extra work in English and math will also be given daily to each child according to grade level. Students will be given additional time until all homework is completed. If a parent would like his/her child to begin homework at home, we must be notified in writing. Then he/she will be asked to attempt the work we have for them. |
| <b>4:45-5:45</b>   | <b>Planned Activities.</b> Students will be working in cooperative groups or on individual projects. It is at this time that students will be exposed to various kinds of activities: Bible study, computer games, board games, group games, arts and craft, guest speakers, Cooking/baking, outdoor sports, etc.   |
| <b>5:45-5:55</b>   | <b>Parents pick up their child from program.</b>  |
| <b>5:55-6:00</b>   | A child is allowed to be picked up with no monetary fee up to 6:00 PM. Consistent lateness in child pick-up by parent or guardian may be subject to a late or extended hour fee.  |
| <b>6:00 – 7:00</b> | Extended hour. (\$10.00 per extra hour)   |

**Financial Policy (2010-2011)**

Children may be enrolled for no less than 3 days a week. (\$18.00/day)

The fees for the 2010-2011 school year are as follow:

**Registration fee:** \$25.00 per child, nonrefundable, one-time, registration fee for new families or new child.

**Tuition:** \$195.00/month

**Late Fee:** The monthly tuition is based on the 180 day school year divided by 10 months. The first payment is due September 10.

**All money is due the 1st of each month. Any payments received after 6:00 p.m. on the 1st of each month, will have a \$15.00 late fee. If the payment is still not received by the fifteenth of the month, child will not be permitted to return to the program until all monthly fees, late charges, possible bank fees, and any related fees have been made current.**

**Refund Policy**

Tuition is neither refundable nor transferable. However it can be credited to his/her account and may be applied for following month within the same school year. The credit will expire on the last day of school. It is transferable to a sibling in the same school year.

# MURRAY HILL NEIGHBORHOOD ASSOCIATION AFTER SCHOOL PROGRAM REGISTRATION

## APPLICATION FOR ADMISSION

Pick-up @ \_\_\_\_\_ PM  
Playground Exit , \_\_\_\_\_  
Main Entrance, \_\_\_\_\_  
East Exit \_\_\_\_\_  
Reg. Fee Paid \$ \_\_\_\_\_

### 1. Student's Name

\_\_\_\_\_  
Last First M/F Birth Date Grade

### 2. Student's Address

\_\_\_\_\_  
Street City State Zip Code

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**3. Father:** \_\_\_\_\_

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

Phone: \_\_\_\_\_  
Home Cell

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Business/Mobile Phone: \_\_\_\_\_  
\_\_\_\_\_

Church Affiliation \_\_\_\_\_

Pastor's Name & phone Number \_\_\_\_\_  
\_\_\_\_\_

Attend the services/meetings:

☐ weekly ☐ usually ☐ occasionally ☐ never

**4. Mother:** \_\_\_\_\_

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

Phone: \_\_\_\_\_  
Home Cell

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Business/Mobile Phone: \_\_\_\_\_  
\_\_\_\_\_

Church Affiliation \_\_\_\_\_

Pastor's Name & phone Number \_\_\_\_\_  
\_\_\_\_\_

Attend the services/meetings:

☐ weekly ☐ usually ☐ occasionally ☐ never

**5. Student lives with:** Father \_\_\_ Mother \_\_\_ Guardian \_\_\_ Grandparent(s) \_\_\_ Stepparent(s) \_\_\_ Other \_\_\_

Mailing should be sent to (Check all that apply):

Father \_\_\_ Mother \_\_\_ Guardian \_\_\_ Stepfather \_\_\_ Stepmother \_\_\_ Other \_\_\_\_\_

**6. Attending School** \_\_\_\_\_ **Teacher's Name:** \_\_\_\_\_

**7. Has the student ever repeated a grade?** If yes, describe which grade and why. \_\_\_\_\_  
\_\_\_\_\_

**8. Has the student ever been suspended, expelled or had any disciplinary difficulty in school?** If yes, describe which grade and why. ( ☐ I would like to talk to the director.)  
\_\_\_\_\_  
\_\_\_\_\_

**9. Please list ALL siblings:**

	NAME	BIRTH DATE	SCHOOL/GRADE (if applicable)
1.	_____	____/____/____	____/____
2.	_____	____/____/____	____/____
3.	_____	____/____/____	____/____

(If more, please attach a sheet.)

MURRAY HILL NEIGHBORHOOD ASSOCIATION AFTER SCHOOL PROGRAM is strongly committed to meeting the needs of its students. In order to provide programs and resources to meet students' needs, the ASP seeks accurate and timely information from prospective families regarding the learning history of applicants for admission, and/or placement.

**10. Has your child ever been referred or treated for** (check all that apply):

☐ Learning disabilities    ☐ Language processing    ☐ ADHD/ADD    ☐ Emotional difficulties

If yes, please explain. \_\_\_\_\_

Initial testing date \_\_\_\_\_ Most recent test date \_\_\_\_\_

Please submit a copy of most recent test results. (optional)

**11. Does your child have any physical disabilities we need to provide for?** If yes, please explain.

**12. List any extracurricular school activities** your child has participated in during the last school year including clubs, church activities, sports, or special programs. \_\_\_\_\_

**13. How did you learn about our ASP?** \_\_\_\_\_

**14. Do you and your family attend Church or Sunday School regularly?**      ☐ Yes    ☐ No

**15. Please share your reasons for applying to the ASP**      ☐ Other

☐ It's affordable/economic      ☐ For Spiritual/Christian Education      ☐ Convenient location

☐ Recommended by a friend      ☐ For Academic Enrichment      ☐ For Extra Curricula

**16. There is limited financial aid/scholarship available** for families with financial need. Awards are given based upon an independent assessment by the Board.

If you would like to apply for a Financial Aid application, please indicate here: \_\_\_\_\_

*To the best of my ability, I/we have provided accurate truthful information on this Application for Admission. I/we understand that each candidate for admission is reviewed by the Board Educational Committee. All discussions regarding applicants are held in strict confidence. Parents will be notified in writing, by phone, and/or via email.*

\_\_\_\_\_  
Signature of Father/Guardian      Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of Mother/Guardian      Date

\_\_\_\_\_  
Print name

The admission registration process cannot be completed until the ASP has received the signed Statement of Agreement, registration fee, and the first month tuition.

***A non-refundable fee of \$25.00 per student must accompany this application.***

Checks should be made payable to **MURRAY HILL NEIGHBORHOOD ASSOCIATION.**

If you have any questions concerning this application, call the Office at \_\_\_\_\_  
Or email to \_\_\_\_\_

### **NON-DISCRIMINATORY POLICY**

MURRAY HILL NEIGHBORHOOD ASSOCIATION AFTER SCHOOL PROGRAM admits students of any race, color, religion, national and ethnic origin, and guarantees all the rights, privileges, programs and activities generally accorded or made available to students at the program facility. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, scholarship and other academic or extra curricular activities.

## **STATEMENT OF AGREEMENT FOR PARENTS OR GUARDIANS**

### **Mission Statement**

Murray Hill Community Association After School Program, provides an out-of- School program for children in Kindergarten through 5th grade in a safe and caring Christian environment by:

Improving students' academic performance,

Nurturing the attitudes, competencies and behaviors that will help them successfully meet a full range of challenges throughout their lives.

In signing this Statement of Agreement for Parents and Guardians, I agree that:

### **Guiding Principles**

ASP is founded on **Christian principles, beliefs, and values** and is committed to teaching and **demonstrating God's love** to those we serve in all that we say and do.

Teacher, Staff, and Volunteers are an essential element of the program when we strive to achieve its mission and will invest in the training and support to ensure quality management and services.

Integrity in Action: All relationships and interactions are treated with mutual kindness, respect, and integrity.

*I have read the Mission Statement and the Guiding Principles, and agree to have my child educated in accordance with them;*

*I understand that I have a responsibility to actively support the authority, purpose, policies, procedures, and rules established by the Board and the After School Program (ASP);*

*I understand the ASP reserves the right to dismiss any student for lack of cooperation on the part of the student, parent, or guardian with the Christian education process.*

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

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

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

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

\_\_\_\_\_  
*Relationship to Student*

\_\_\_\_\_  
*Relationship to Student*