

# MURRAY HILL NEIGHBORHOOD ASSOCIATION SUMMER PROGRAM REGISTRATION

## APPLICATION FOR ADMISSION

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

### 1. Student's Name

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at PS  
Last First M/F Birth Date Grade School

### 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.)

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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. \_\_\_\_\_

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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.

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

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**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 Summer Program**    ☐ 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.*

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Signature of Father/Guardian

Date

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Signature of Mother/Guardian

Date

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Print name

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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, as a witness to the Lord Christ Jesus, 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.

### **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.

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

*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

