



156-15 Sanford Ave, Flushing, NY 11355
718. 762. 5905 > www.murrayhillflushing.org

MHNA AFTERSCHOOL PROGRAM REGISTRATION APPLICATION FOR ADMISSION

Registration Form #: _____
Receipt # _____
Authorized to pick up: _____

Dismissal Time: _____pm
Extended Day: _____
Pick up by: _____
Reg. Fee Paid: \$ _____

Price Breakdown:
Tuition: _____ Transport: _____
Total: _____

1. Student's Information:

Last Name First Name M/F Birth Date

Class #: Teacher's Name: School Next Grade

School Name & Address:

2. Parents/Guardian's Information:

Last Name First Name Relationship: _____
Address: _____
Street City State Zip
Phone: (_____) _____ (_____) _____ E-mail: _____
Home Cell
Employer's Name: _____ Phone: (_____) _____
Address: _____
Street City State Zip

Church Affiliation: _____ Pastor's Name: _____
Church Address: _____
Street City State Zip

Attend the services/meetings: weekly usually occasionally never

3. 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

4. Has the student ever repeated a grade? If yes, describe which grade and why. _____

5. 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.)

6. Please list ALL siblings:

Name:	Birth Date:	School/Grade (if applicable):
1. _____	____/____/____	_____/_____/____
2. _____	____/____/____	_____/_____/____
3. _____	____/____/____	_____/_____/____

(If more, please attach a sheet)

7. 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 / most recent testing dates: _____ Please submit a copy of most recent test results (Optional)

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

9. List any extracurricular school activities your child has participated in during the last school year including clubs, church activities, drama, dance, music, sports, or special programs.

10. How did you learn about our ASP?

Please share your reasons for applying to the ASP:

- It's affordable/economic
 For Spiritual/Christian Education
 Convenient location
 Recommended by a friend
 For Academic Enrichment
 For Extracurricular
 Other: _____

11. Mission Statement

MHNA ASP, as a witness of the Lord Jesus Christ, provides an out-of-school program for elementary and middle aged children in a safe and caring Christian environment by improving students' academic performance, and nurturing the attitudes, competencies, and behaviors that will help them successfully meet a full range of challenges throughout their lives.

12. Guiding Principles of the MHNA Afterschool Programs

- 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, I agree that:

I have read the Mission Statement and 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 Afterschool Program (ASP); I understand the ASP reserves the right to dismiss any student for lack of cooperation on the part of student, parent, or guardian for the best interest of all parties.

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.

X _____
Parent/Guardian’s Signature Date

X _____
Parent Coordinator’s Signature Date

Print name

Print name

NON-DISCRIMINATORY POLICY

MHNA ASP 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 extracurricular activities.

*A non-refundable fee of **\$45.00** per student must accompany this application.*

Checks should be made payable to **MHNA**.



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MHNA AFTERSCHOOL PROGRAM (ASP) 2014-2015

PROGRAM OVERVIEW

Murray Hill Neighborhood Association (MHNA) provides children with a safe and enriching after school program that offers a time of devotion and prayer, supervised study, tutoring, academic enrichment, computer lab, creative recreation, extra curricula activities and family support in a nurturing Christ-centered environment. In order to provide the highest quality afterschool 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 *only open every weekday that NYC Public schools are in session*. Registration begins in May for the coming school year.

PROGRAM CONTACT

Director and Parent Coordinator: 646-584-9118

中文 : 718-559-9996; 917-624-5020

Espanol: 347-485-1876; 718-785-6408

MHNA General Office: 718-762-5905

DAILY SCHEDULE

2:20-2:30pm **Student pick-up**

2:30-3:20pm **Snack & "Inspiration session"**

Students settle into afterschool site, wash hands and practice good hygiene before snack time. Prior to snack, Afterschool staff lead the children in an "inspiration session" which includes music, storytelling, life lessons from the Bible, character development and youth mentoring. After this time, students pray and give thanks, eat their snacks and socialize together in a relaxed setting.

3:20-5:20pm **Homework Session/Academic Enrichment**

Tutors work with children to understand and complete daily HW. Daily enrichment in math, reading comprehension, writing and ESL will also be given to each student according to grade level or academic standing. Students will be given additional time until all homework is completed.

5:20-6:00pm **Planned Activities:** Students will participate in various activities such as organized sports, team games, outdoor recreation, board games, arts & crafts, and specialized activities.

5:55-6:00pm **Student dismissal**

A child is allowed to be picked up without late fee until 6:05 PM. After 6:05, consistent lateness in child pick-up by parent or guardian will be subject to a late or extended hour fee. (*Late fee = \$6 per 15 min*)

6:00 – 7:00pm **Extended hour** (*\$20.00 per extra hour*)

FINANCIAL POLICY (2015)

Children enrolled for 4 days a week or less will be charged an adjusted price + 20% part time fee. The rates for the 2014-2015 school year are as follows:

REGISTRATION FEE: NEW STUDENTS: \$45.00 per student must accompany application.
RETURNING STUDENTS: \$10 per student must accompany this application.

TUITION: \$199.00/month. The monthly tuition is a *flat rate* based precisely on the 180 day NYC public school year divided by 10 months (Sept-June). It does not vary according to the number of school days in a month. Moreover, recesses and holidays do not change the \$199 rate for any particular month. *If you register for a month after the 1st school day in that month, or if you withdraw in the middle of the month, you will be charged an adjusted price which will include a 20% part time fee in most circumstances. Please contact the afterschool director for further information.*

TRANSPORT: PICK UP AND DROP OFF: PS 22-FREE; PS 107, PS 20, PS 32 = \$65 ONE-WAY; other schools = \$65 or higher. Drop off service is available but service and rates are subject to Director’s discretion. *Recesses and holidays do not change the transportation rate for any particular month.* Consideration of significantly close distances will be taken for price reduction.

PAYMENTS: All tuition must be paid within the **1st week of each month** regardless of your initial payment date. A late fee of \$5 per day will be charged if payments are not received by the first week. If the payment is still not received by the 15th of the month, child may 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.

SIBLING DISCOUNTS: 10% off per additional sibling.

HALF DAYS: *Free service may or may not be provided from 11:20am-2:20pm depending on ASP staff capacity. MHNA ASP will notify parents at least 1 week in advance. Charges will apply for lunch provision. Afternoon service will be in effect as normal.*

REFUNDS: 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.

In signing this, I agree that:

I have read the financial policy and understand all that it entails including payment due dates, penalties and other important precepts. To the best of my ability, I will be integral in all my financial dealings with MHNA Afterschool Program.

X _____
Parent/Guardian’s Signature Date

X _____
Parent Coordinator’s Signature Date

Print name

Print name

MHNA Afterschool Program Emergency Contact Form

Student Name: _____ Grade: _____ School: _____

EMERGENCY CONTACT INFORMATION:		
Parent #1:		
Cell Phone:	Work Phone:	Home Phone:
Parent #2:		
Cell Phone:	Work Phone:	Home Phone:
Doctor's Name:		Child's date of birth:
Phone:	Fax:	/ /
Address:		
Insurance Company	Insurance Policy #	Effective dates:

Allergies:

My child has no known allergies.

My child has **an allergy** to the following food(s): _____
Describe reaction if food is eaten and what is done to manage it:

My child is allergic to the following **medication(s)**: _____

My child is allergic to the following **substance(s)**: _____

My child has the following **chronic health condition(s)**: _____

Medication:

My child is on the following medication*: _____
**ASP staff will NOT administer medication, except in an emergency situation, unless we have explicit permission from parents.*

While your child is in our care, an accident, emergency, or illness may occur that requires immediate medical attention without sufficient time to contact parents/guardians. We need to keep an authorized consent in advance by parents or legal guardians for such treatment

Emergency Contact Person #1:	Emergency Contact Person #2:
Phone #	Phone #
Relationship to Child:	Relationship to Child:
Is this person authorized to pick up your child? Yes /No	Is this person authorized to pick up your child? Yes /No

Authorization to Consent to Treatment of a Minor

I hereby authorize MHNA After School Program to engage for my child _____, at my expense any **necessary emergency medical or dental care including but not limited to the first aid treatment**, until I can be informed and make further arrangements. It is understood that every effort will be made by MHNA Afterschool Program to contact me. This authorization will expire on Aug 23, 2015.

 Parent/Guardian Name (print) Parent/Guardian Signature Date



MHNA Afterschool Program

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PARENTAL CONSENT FORM

I hereby give to MHNA the permission to produce, reproduce, display, advertise, or otherwise use, any and all photographs, films or other media taken of my child, _____, in conjunction with an after school work or activity.

I understand that this is designed to showcase my child's participation in an after school program setting and is not for a profit venture. Therefore, no fees will be paid to my child or me by the MHNA, staff, individual or any related organization.

I understand that the information to be published or posted does NOT include my child's personal identifiable information such as my child's last name, address, phone number etc.

Parent's Signature

Date

Parent's Name (print)