



**Big Buddy**  
Mentoring Baton Rouge

**SPRING ENROLLMENT**

Impact II Extended Learning Academy

at

Louisiana Key Academy

**Early Bird (After Care) Begins:**

**Monday, January 9, 2017**

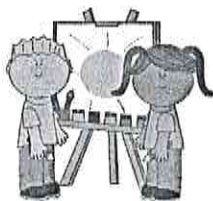
**Spring Program Begins:**

**Tuesday, January 17, 2017**

**Program Operates: Monday- Friday**

**3:30-5:30 pm**

Please complete the attached Re-Enrollment form to confirm your child's spot for the Spring 2017 session.



**Enrichment Clubs**



**Recreation Activities**

Questions? Call the Big Buddy Office at 225-388-9737





# Extended Learning Academy

## Louisiana Key Academy

### Spring Fee Schedule

Full Cost of Extended Learning Academy (January 17, 2017– May 12, 2017)	1st Payment Due at Enrollment	2nd Payment Due by March 3, 2017	Final Payment Due by April 28, 2017
\$375 per child (For 1st and 2nd child)	\$125 For Early Bird Enrollment 1st payment due is \$150	\$125	\$125 The final payment will be waived with a completed Child Care Assistance
\$50 per child ( for 3rd child, 4th child, etc.)	\$25	\$25	No Payment Due

Students must remain for the full time of the program daily 3:00 pm – 5:30 pm.

### Payment Information

- Through this special partnership with the Big Buddy Program, the Louisiana Key Academy Families are being charged a percentage of the total cost of the program. Consideration for school holidays, early release days, and other special activities resulting in program cancellations have been included in the computation of the fee schedule. There will be no additional prorating during the school year. If a parent joins after the enrollment start date, the fee outlined above will apply.

### Pay It Forward Notices (PIF Notices)

- These friendly reminders will be awarded to parents by the program staff at the time of late pick up. Parents will be assessed a late fee at the rate of **\$5.00 for every 15 minutes** after dismissal

### Join REMIND

To get up to date information about program and activities

TEXT the message @c6g887 to the number 81010

When you are successfully signed up, you will get an auto reply message requesting you to send both your name and your child's name.

Questions? Call the Big Buddy Office at 225-388-9737

# EXTENDED LEARNING ACADEMY AT LA Key Academy ENROLLMENT FORM SPRING 2017

PLEASE PRINT. PLEASE FILL IN ALL INFORMATION. PLEASE COMPLETE REVERSE SIDE.

**For Office Use Only:**  
 CCA Received:  Yes  No  
 Scholarship:  Yes  No  
 Before Care:  Yes  No  
**For Office Use Only:**  
 Data Clerk  
 Date app. entered: \_\_\_\_\_  
 Data Clerk's initials: \_\_\_\_\_  
 Transportation Code: \_\_\_\_\_

Child's First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F Social Security / Student ID# \_\_\_\_\_

School Attending \_\_\_\_\_ Grade (2016/2017) \_\_\_\_\_ English Teacher \_\_\_\_\_

Child's Race  African-American  Hispanic  
 Asian  Native American  
 Caucasian  Other

Does your child have an Individual Educational Plan (IEP)?  Yes  No  
 Does your child receive Special Education Services?  Yes  No  
 Does your child receive free or reduced lunch?  Yes  No  
 Does your child have a parent currently in prison?  Yes  No  
 Does your child receive ESL Services?  Yes  No

T-Shirt Size (Circle one): Youth: S M L  
 Adult: S M L XL 2XL 3XL

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Does the child have any medical or physical restrictions?  Yes  No If yes, please explain. \_\_\_\_\_

Is the child taking any medications?  Yes  No If yes, please list medications. \_\_\_\_\_

Is the child allergic to anything (food, medicine)?  Yes  No If yes, please explain. \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Guardian's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Secondary Guardian's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

Authorized person(s) to pick up child from the after school program:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Spring 2017 Enrollment Waivers and Releases

Please sign and return this permission form with application:

### Participation Approval and Emergency Medical Treatment

The undersigned approves of and encourages the participation of \_\_\_\_\_ (child's name) in the Big Buddy Program and in all activities, including time spent with the child's Big Buddy volunteer and riding in transportation provided by the program. I agree not to hold the Big Buddy Program, or its volunteers and staff, responsible for any injury that may occur to my child while under their care. Further, I authorize the Big Buddy Program, in case of emergency, to obtain immediate medical attention for my him/her. My child may be taken to the nearest medical facility.

Date \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

### Sensitive Topic Discussion Approval

The Parent/Guardian hereby agrees that \_\_\_\_\_ (child's name) can be in the program and attend all activities sponsored by the Big Buddy Program. The Parent/Guardian also agrees to the discussion with the "Participant" of topics that may be deemed sensitive such as substance abuse, peer pressure, HIV/AIDS education, postponing parenthood and self-esteem. The Parent/Guardian agrees to indemnify all of the parties involved in conducting the activities/discussion from all claims made by or asserted on behalf of the student.

Date \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

### Collection of Evaluation Information Approval

Participants and Parent/Guardians understand that the Big Buddy Program has a legitimate interest in protecting the safety of the participants. Accordingly, the Participants and Parent/Guardian hereby authorize the Big Buddy Program to contact third parties, including the East Baton Rouge Parish School Board, Department of Education, Department of Human Services, East Baton Rouge Parish law enforcement agencies, and other government agencies and offices for information relating to the Participant, and hereby consent to and agree to release of such information by such third parties to the Big Buddy Program. This information may include absentee reports, grades, standardized test results, benchmark assessment results, and other school information that will allow the staff to effectively work with the Participant.

Date \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

### Photograph/Media Release

Parent/Guardian gives consent for any photographs, video, print ads and other media in which my child may appear to be used by the Big Buddy Program for publicity and program development.

Date \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

### Child Care Assistance Consent

I give my permission for the Big Buddy Program to have access to my child's school records for the purpose of completing the application packet for Child Care Assistance (if applicable). Information collected may include, copy of school report card, birth certificate, immunization records, etc.

Date \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_



Extended Learning Academy  
**LA Key Academy**