

Certified
Teachers

A Different World After School offering this summer

Stepping Stones Summer Reading Camp

Focusing On:

small group
sizes

Creating Higher Readers in Students Today!

- Developing a love for reading
- Phonics and Phoneme Awareness
- Oral Reading Fluency
- Vocabulary recognition
- Fun Reading Games
- Exciting Hands on Activities
- Field Trips
- Breakfast & Lunch Provided

Dates: June 14th - August 6th

Who: Grades K4 - 5th

Location: Mt. Emmanuel Baptist Church

316 Spartanburg Street
Greenville, SC 29607

Time: 8 AM - 5:30 PM

Registration Dates: Mon. - Friday (12PM - 5PM)

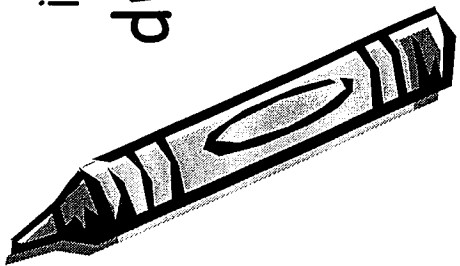
*applications may be picked up or downloaded from our
website.

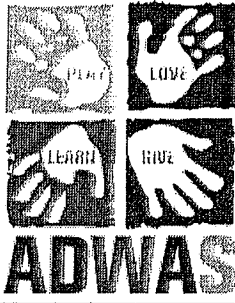
Payment plans accepted!
ABC Vouchers Accepted!
Some Scholarships

Register Today! **LIMITED SPACES!**

Contact: Amy 864-371-2755 E-mail: adwas2@yahoo.com

www.adifferentworldafterschool.org





A Different World After-School
Registration Application
2009/2010

864-371-2755
 E-mail: adwas2@yahoo.com
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Student's Name _____ **Age** _____ **D.O.B.** _____

Address _____ **Phone** _____
 _____ **City** _____ **State** _____ **Zip Code** _____

School Currently Attending _____ **Grade** _____

After School Program _____ **Tutorial Reading Program** _____ **Stepping Stones Summer Camp** _____

Camp Site: _____

Mother's Name _____ **Tele.** _____ **Cell #** _____

Address _____

Occupation _____ **City** _____ **State** _____ **Zip Code** _____
 _____ **Living with child: Yes** ___ **No** ___

E-Mail: _____

Father's Name _____ **Tele.** _____ **Cell #** _____

Address _____

Occupation _____ **City** _____ **State** _____ **Zip Code** _____
 _____ **Living with child: Yes** ___ **No** ___

E-Mail: _____

***Name of person/s authorized to pick up your child and/or care for your child in case of emergency:**

Name _____ **Phone:** _____

Name _____ **Phone:** _____

IMPORTANT!!! Are there any court orders against any persons concerning the above registered student? Yes _____ **No** _____ (please submit documentation to our office)

I give permission for my child to participate in the program's educational field trips.

Mother/Guardian _____ **Date** _____

Father/Guardian _____ **Date** _____

For Office Use Only: S.D.M-C scholarship _____ **Amount Awarded** _____

_____ **start date** _____ **dis. pol.** ___ **pol. stat.** ___ **ABC Voucher** ___ **SS #** _____

Summer Camp is an 8 week program. I understand that all tuition must be paid IN FULL before the start date of camp. Also, If I am on a special permission payment plan, I have until the end of the 1st week of camp to pay my balance in full. If the balance is not paid, I will forfeit my child's enrollment in ADWAS summer camp and any fees paid are non refundable. If my child is absent from camp tuition is non refundable. There are no tuition allowances for absences. _____(Parent's/guardians initials required here)

I give permission and understand that my child/ren's pictures may be taken for educational purposes, teacher training, ADWAS website use, marketing purposes, or program use. I understand that information concerning my child will not be shared with other companies/individuals or web sites.

Parents/Guardians must notify our office of any change of address, telephone number/s, and emergency phone number/s. If any child is left at the center for one hour after closing, and we have not heard from the parent/guardian, and have not been able to contact the emergency numbers, the local police department will be notified.

For health and safety reasons, any child who has a fever and/or infectious disease will not be admitted to ADWAS. Re-admittance into the program requires a doctor's note.

Medical care for children remains the responsibility of the parent/guardians. Parents/guardians must arrange for emergency pick-up or medical care should their child/ren become ill while in attendance at ADWAS.

Finally, should it become necessary, this program has the right to withdraw a registrant from the program due to improper conduct that endangers him/herself, other students, and/or staff.

I understand that this policy statement is in effect for all programs that operate under ADWAS; including after school programs and Stepping Stones Summer Reading Program.

By signing this form, I acknowledge that I have received a copy of the policy statement for A Different World After School. I HAVE READ, AGREED TO AND UNDERSTAND THE WRITTEN POLICY STATEMENT FOR A DIFFERENT WORLD AFTER SCHOOL, INC. AS IT IS WRITTEN.

Parent/Guardian
Signature _____

Date _____ Received policy statement _____ (initial here)

*A Different World After-School
&
Stepping Stones Summer Reading Program*

Policy Statement

No child will be denied service or admittance to A Different World After-School because of race, religion, sex, color, national origin or disability.

Admittance into ADWAS requires a completed and signed application by the parent/guardian. In addition, parent/guardian must provide a completed health form, birth certificate and other documentation that may be required by the program.

There is a \$10 fundraiser fee due per applicant by the due date set forth by our administrative office for those enrolled in the after school program. I understand that by enrolling my child/ren in your program, I agree to pay the mandatory \$10 fundraiser fee.

Pre-registration or registration fees are non-refundable. Pre-registration or registration fee will reserve your child's slot and is valid up to the start of the program. If your child does not begin the program within one week of the start of the program, your child's registration will be cancelled and the registration fee will be forfeited. Parent's whose children are currently enrolled in the program but tuition is not paid to date, will not be allowed to pre-register.

I understand that if my child's tuition is being paid through the DSS/ABC Voucher Program that I am responsible for paying any parent fees set forth by their office. I also agree to and understand that if my child is absent and his/her absence results in DSS/ABC Voucher Program retracted monies due to absence that I am responsible for paying the amount to ADWAS that was retracted by DSS for those absent days. I also understand that the recertification of any applications for my vouchers is solely my responsibility and not the programs.

All after school tuition is due on Monday at the beginning of each week by 5 PM. You will be charged a \$10 late fee for any tuition paid after Wednesday of that said week. If all fees are not paid by Friday of said week, your child will not be entitled to return to the program until all fees are paid in full.

Parents/Guardians, who fall behind in payment of After-School and/or summer camp fees, will receive written notification on Friday of said week. If overdue fees (tuition, late fee or return check) are not remitted on their due dates, your child's enrollment will be suspended or terminated.

Late pick up fee is \$5 per every ten minutes that you are late. There is a **return check fee of \$35 for each returned check.** All fees must be paid whether the child is in attendance or not. **Parents/Guardians are not allowed to keep their child home for purposes of tuition allowances.**