



## L.E.A.P. REGISTRATION FORM

COMPLETE **ALL** THE FORM AND PLEASE PRINT CLEARLY

CHILD'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First M.

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ALLERGIES \_\_\_\_\_

PHYSICAL DISABILITIES/RESTRICTIONS \_\_\_\_\_

Please list at least two neighbors or relatives who will assume temporary care of your child if you cannot be reached.

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL OF CHOICE \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF HEALTH INSURANCE \_\_\_\_\_

INSURANCE GROUP OR ID # \_\_\_\_\_

In case of accident or serious illness, I request Raymond School District to contact me. If RSD or its authorized representative is unable to reach me, I hereby authorize RSD to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, RSD may make whatever arrangements necessary.

\*DATE STUDENT WILL START PROGRAM: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

***Please complete each item:***

In the event that LEAP is canceled, my student will be dismissed in the following manner (please choose 1):

Pick Up \_\_\_\_\_ Bus (please indicate which color) \_\_\_\_\_

**If you need to change this on a day of a cancelation, please call the front office to make sure your child is dismissed correctly**

I give permission for my student to take the New Hampshire Department of Education Student Survey which is required in order for us to retain the federal funding that supports LEAP. This survey is required of all attendees in 3-8 grade.

**Signature:** \_\_\_\_\_

I acknowledge that this program is funded and overseen by the New Hampshire Department of Education and, as stated in the program policies, program administrators track academic and behavioral data of my student(s) to ensure our program is providing proper services that align with NHDOE program requirements and goals.

Initial: \_\_\_\_\_

I acknowledge that as an SAU #33 entity, my child's photo/video permission status for school applies to LEAP and any materials the program may publish.

Initial: \_\_\_\_\_

I acknowledge that my student's Free/Reduced lunch status may be shared with the program director to confirm the correct fee schedule that I am paying and only for this purpose. This information will not be shared with anyone else.

Initial: \_\_\_\_\_



## **IHGMS Learning Enrichment Afterschool Program** **(LEAP) Program Procedures & Policies**

Hours: 2:45-5:45 pm Monday-Friday

Fee Structure: No Fees!

LEAP is a federally funded after school enrichment program. The New Hampshire Department of Education requires that our services are designed to support the academic and social-emotional growth of our members, with priority given to students who are identified as needing academic support or who come from low-income families. Attendance is paramount to our members receiving the full benefit of our programs; therefore our members are expected to attend consistently until the end of enrichment at 5:00 each night. In the event that program reaches enrollment capacity, students with sporadic attendance and dismissals run the risk of losing their spot to students on our waiting list. We understand that life happens, drs. appointments come up, etc., and that is fine on occasion, but as an example, would you take your child from soccer practice early just because it's convenient for you? With that said, we will do everything in our power to ensure we have the staffing and capacity to not require a waiting list. We have no desire to turn anyone away or remove them from our program. Priority for enrollment will be made in the following order:

1. **Students who receive free or reduced lunch**
2. **Students who are referred to us by teachers who require additional academic supports**
3. **Students who are referred to us by guidance/building administration for disciplinary reasons**
4. **Students who are with us on their scheduled days until the end of enrichment at 5:00. If attendance patterns arise which makes it clear that you are not utilizing LEAP to it's fullest potential, you risk losing your spot if we have a waitlist.**

**Payment:** Payment for each session is due prior to that session. Each new session is broken out quarterly. Registration forms will be issued to students no less than one week before the start of a session. Students will not be allowed to attend the program until payment has been received unless arrangements are made with the Site Coordinator and permission is granted. (If consistent payment issues arise, please contact Pat Arsenault at 895-3394 ext. 4308. We will not deny any child our services due to inability to pay.)

**Snack:** Students receive snack everyday at check-in. Snack is provided by LEAP and follow USDA nutritional guidelines.



**Student Accommodations:** We will do anything in our power to accommodate students of all needs. If your student has physical, mental, behavioral, or emotional disabilities, please be sure to indicate them on the proper section of our registration form in order for us to best serve you.

**Absences:** Students are expected to attend LEAP on all days they are scheduled to participate. In the event a child will be at school but not at LEAP on a day they are expected, please send a note to the front office on that day. Our site coordinator checks the absence reports, early dismissals, bus passes, and will be notified by the office of any note that comes in deviating from a student's normal routine. Any student not at LEAP when expected without a note, bus pass, or signed out in the office dismissal log will have an accountability check done after check-in by the site coordinator and front office. Your student may be removed from program after 10 unexcused absences if there is a waitlist.

**Discipline:** The after school program is an extension of the school day. Students will be disciplined under the same guidance laid forth in the student handbook as consistently as possible given the after school structure and environment. Suspensions may be issued in accordance to the guidelines set forth in the student handbook. In the event a member is suspended, they may not attend any form of activities or clubs provided by this specific program. In rare cases, problems may persist to the point that it is no longer feasible for a member to remain in the program. In this situation, please understand that it is an absolute last resort for us, when we have tried everything to resolve disciplinary issues before falling back on this option.

**Cell Phones/Electronic Devices:** During program hours, cell phones and other electronic devices are not to be used while participating in homework club, tutoring, or enrichment classes. Exceptions can be made at the teacher/group leader's discretion.

**Policies:** LEAP is a District program, and therefore all Raymond School District Policies are applicable. These can be found on the District [website](#). The Iber Holmes Gove Middle School Handbook, approved by the Raymond School Board, also constitutes District Policy and is applicable to LEAP. The handbook is updated annually, and parents/guardians must annually confirm that they have received the handbook through online student registration.

**Student Data Access:** As a NHDOE-funded program, we are required to report certain aspects of our members' academic performance. The program director has full access to student powerschool information as well as Statewide Assessment Data in order to fulfill these requirements.

**Pick-up Policy:** Pick-up is no later than **5:45** pm. Late fees of \$1 per minute starting at 5:50 will be enforced on a session basis if a student is picked up late more than 3 times



per session. **If transportation is a barrier to enrolling your student in LEAP, contact the director at 895-9943 ext. 4308 to secure a spot on our late bus route.**

**Lost & Found:** We cannot be responsible for lost or stolen property. Most items left at the after school program will be put in the school's lost & found bin. Any items of value (video games, ipods, etc.) will be left in the Site Coordinator's possession until the next afternoon when they can personally be returned to their rightful owner. It is the student's responsibility to ensure that they leave with everything they brought with them.

**Emergency Form:** The registration form you fill out at the beginning of the program will also serve as your child's emergency information form. It is absolutely imperative that this form is filled out thoroughly in the event you need to be reached in a hurry.

**Emergency Response:** Raymond School District has adapted the ALICE (Alert, Lockdown, Inform, Counter, Evacuate) method of response to an active shooter/violent critical incident. Students and staff participate in various drills throughout the school year to reinforce these strategies. New employees are trained online at hiring with returning employees receiving refresher trainings annually.

**Check-Out Policies:** Students may be signed out by parents and people authorized on the emergency form. The Site Coordinator reserves the right and is encouraged to request ID from anyone she/he may not recognize. If your child will be picked up by someone not on the form, please be sure to inform the Site Coordinator in writing exactly who and what date this person will be picking up your child. \*Please let us know immediately if there is anyone, especially a relative, that your child may recognize but you do not want them leaving with them, and please provide proper documentation legitimizing these claims.

**Refunds:** Because registration is the key component to planning and supplying a program like this, we are unable to offer refunds on session fees. Our payment structure is a flat rate regardless if a member attends every day for the entire month or just one day a week.



### **LEAP Program Policies Signature Sheet**

By signing this you state that you understand and agree to the policies set forth in this document. Thank you for your cooperation and we look forward to providing you with the best after school programming we possibly can.

\_\_\_\_\_  
*Parent Print Name* *Date*

\_\_\_\_\_  
*Parent Signature* *Date*

\_\_\_\_\_  
*Student Print Name* *Date*

\_\_\_\_\_  
*Student Signature* *Date*





The 21<sup>st</sup> Century After School Program has a partnership as a 4-H Afterschool Program with UNH Cooperative Extension. All children are eligible to be enrolled on a voluntary basis and will receive information regarding available youth development activities. Please complete the registration form below if you would like to receive information and updates as a member of 4-H.

       I give permission for my child, \_\_\_\_\_, to be enrolled as a 4-H member. This approval will need to be updated annually to continue.

In addition we need to have basic contact info, name, age/dob, address/email, parent/guardian name, etc. as well as Gender, and Ethnicity and Race, according to federal categories:

I give permission for the Raymond 21<sup>st</sup> Century After School Program to share general registration information with UNH Cooperative Extension        Yes        No

Ethnicity:        Hispanic        Not Hispanic

Race(check all that apply): Asian        Alaskan/American Indian        Hawaiian/Pacific Island         
White        Black       

Gender: Male        Female       

Photo Release:

       I give permission for the use of media representations of my child, including photo, audio/video and written for education, outreach and recognition purposes.

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