

**Eagles Landing St. Paul After-School Program
Student Information/Consent Form 2019-2020**

Parents/Guardians: Please complete this form regarding your child and return it to school as soon as possible.

*** If something does not apply to your child please write N/A ***

Student's Name _____ Date of Birth _____ Age _____

Address _____

Home Phone _____

Grade _____

Teacher Name _____

Mother's Name _____

Address _____

Cell Phone _____ Work Phone _____

Email _____

Father's Name _____

Address _____

Cell Phone _____ Work Phone _____

E-mail _____

Guardian's Name _____

Address _____

Cell Phone _____ Work Phone _____

E-mail _____

Alternate Emergency/Pick up Contact Person(s). If a name needs to be changed or added please advise Kim Langner as soon as possible.

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

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Name: _____ Phone: _____

Relationship: _____

CHILD'S MEDICAL INFORMATION

Health Concerns: _____

Medications: _____

Allergies

Allergy: _____

Reaction: _____

Allergy: _____

Reaction: _____

Special Concerns:

Any Activities Child Should NOT Engage in:

Eagles Landing
After School Program 2019-2020 Registration Form

Please complete the information and return completed form and \$10.00 registration fee to the school office. Please put in an envelope CLEARLY marked Eagles Landing. Thank you for your time. (There is no registration fee for previous Eagles Landing Families.)

Name of child: _____

Grade: _____ Teacher: _____

DOB: ___/___/___ Sex: Male ___ Female ___

Name of child: _____

Grade: _____ Teacher _____

DOB: ___/___/___ Sex: Male ___ Female ___

Name of child: _____

Grade: _____ Teacher: _____

DOB: ___/___/___ Sex: Male ___ Female ___

**** Please circle the day(s) of ANTICIPATED attendance M T W TH F.**

ANTICIPATED HOURS _____

Hours of Operation: 3:15p - 6:30p.

Address: _____ **City:** _____ **Zip:** _____

Mother: _____

Home Ph #: _____ **Cell Ph #:** _____

E-mail: _____

Father: _____

Home Ph #: _____ **Cell Ph #:** _____

E-mail: _____

EAGLES LANDING HOMEWORK CONTRACT

Student Name:

Grade: _____

I work best (check all that apply)

- when it's quiet on the floor alone
- with a little background noise at a desk and chair
- with other people after a break on a sofa or carpet

My best subjects are:

My worst are:

I need the most help with:

When I need help I usually (check all that apply)

- ask for it
- get frustrated give up
- look for information on own try harder

The hardest part about homework for me is:

- having the right books/supplies finding the time it's too hard
- getting started remembering the assignment
- it's not particularly hard understanding assignments

Parents, Guardians

I want my child _____, to:

Do homework at home, after leaving Eagles Landing

Work on homework every day after school for:

- at least _____ minutes

- no more than _____ minutes

- Be flexible day by day, depending on other program activities
- Complete as much homework as possible

My child seems to work best (check as many as apply)

- alone in small groups
- with an older student/Mentor

When my child needs help, he or she tends to:

ask for it try harder get help but be annoyed

get frustrated ask but not listen

give up without asking for help

Agreements:

Parents/Guardian/Student:

By signing this contract, I agree to:

- Review homework with my child every day
- Talk to afterschool and class teachers about homework when necessary.

Signed: _____

Student:

By signing this contract, I agree to:

- Keep track of assignments and know what is expected.
- Bring assignments, books, and materials that I need to complete my homework.
- Work on my assignments during afterschool time as agreed.
- Ask for help when I need it.

Signed: _____

B.Y.O.T (Bring Your Own Technology)

Parent:

Yes, I do want my child to be able to access Technology after homework time; to play games, do additional homework or studying, access educational games and information.

Signed: _____

No, I do not want my child to be able to access any Technology after homework time.

Signed: _____

Student:

By signing this contract, I agree to:

Only use Technology after snack and Homework time. However, Chrome book use is acceptable during this time if needed for homework.

After Homework time, only play/access games, information, music that is appropriate and follows St. Paul Lutheran technology guidelines.

If there is a problem not following rules and regulations, I will turn my technology over to Eagles Landing staff when asked. Technology will be returned when deemed applicable by Eagles Landing staff or when parent or authorized person arrives for pick up.

I will adhere to only 30 minutes at a time, or the time frame Eagles Landing staff finds applicable.

Signed: _____