

Our Affordable After-School Enrichment Program

SY 2018/2019

C.R.E.W.

Creativity, Recreation, Education,
& **W**ork Readiness program

The Horizon Academy West C.R.E.W program lays a good foundation for our students. Participation in a structured after-school program has shown to be an effective way to positively affect students' lives. We are dedicated to equipping your child to become their best.

FEATURING:

CREATIVITY: Art projects to expand the imagination and create new ideas

RECREATION: Indoor and outdoor activities / Team Building

EDUCATION: We provide time for homework completion and offer tutoring during this time.

WORK READINES: We will have guest speakers from the community to help guide the students in areas of interest.

HIGHLIGHTS

Field Trips

Guest Speakers

Art Project

Team Building Games

Daily Snacks

Questions and Answers:

How much will the CREW After-School Program cost?

\$40.00 (forty-five dollars) per week / per child (roughly \$1.95 per hour of service)

Payments made by checks, money orders and now offering Online payments through Myschoolbucks.com

Is there a sliding scale fee?

No, this is a flat-fee service.

Any Other Options?

Friday Drop-In is available 7:30 a.m. to 6:00 p.m. (10.5 hours)

\$25.00 Fee

When are the CREW hours of operation?

Monday – Thursday 3:30 p.m. to 6:00 p.m. (2.5 hours x 4 days = 10 hours), and Friday 7:30 a.m. to 6:00 p.m. (10.5 hours) – ***A combined total of 20.5 hours per week of high quality out-of-school time programming***

How many slots are open?

(45) Spaces available, first come/ first-served basis.

How do I learn more about CREW?

To learn more about the benefits of the high-quality program contact the CREW Manager, Shalom D'Elia at sdelia@hawest.net /C.R.E.W. number [\(505\) 353-2940](tel:5053532940)

How do I make a Reservation?

Registration will be held during Meet & Greet, August 2nd.

First Come, First Serve

CREW Parent Contract

I, _____ (Parent or Guardian – please print) have read, understand, and agree to adhere to the conditions described below for selection and entrance in the CREW after-school enrichment program.

PLEASE INITIAL:

_____ I understand that long-term enrollment is contingent on fulfilling the weekly financial obligation in a timely fashion, which means having a payment on the books before the start of the new week or no later than twelve o' clock noon on Fridays. We have provided the ability for you to pay through MySchoolBucks.com an online payment site which will be efficient and convenient.

_____ Yes, I will be enrolling in My School Bucks online payment system

_____ Yes, I will enroll in My School Bucks online payment system and Understand that a **late fee** will be charged if payments are not made by the deadline (Fridays by noon)

_____ No, I will not be enrolling in My School Bucks online payment system and prefer to pay by check or money order. I understand a **late fee** will still occur if payments are not received by the deadline (Fridays by noon)

_____ **I understand that the CREW program staff is neither responsible for nor under any obligation to supervise any child after 6:00 p.m.**

Monday through Friday. Horizon Academy West will contact the appropriate agency when a child is not retrieved by 6:15 p.m. Monday through Thursday and 6:15 p.m. on Friday, or when CREW staff is unable to reach the parent or emergency contacts, or when the parent has not informed the program of their late arrival.

_____ I also understand the CREW operates under the Horizon Academy West Code of Conduct. Program management will notify parents should their child refuse to comply with the rules. CREW will reserve the right to have the student picked up for that day, and after three offences the student will be expelled from the program.

_____ I understand the CREW program holds the right to refuse any individual from continued participation after three excessive late pick-ups. For all intents and purposes, we define excessive late pick-ups as occurring after 6:05 p.m. Monday through Thursday or 6:05 p.m. Friday.

_____ Use of this program constitutes your acceptance of the terms and conditions.

Parent or Guardian Print

Date

Parent or Guardian Signature

Date

Student name (1) _____

DOB/ Grade _____

Student name (2) _____

DOB/Grade _____

Student name (3) _____

DOB/ Grade _____

Manager Signature

Date

PARENT / GUARDIAN CONTACT INFORMATION

Parent/Guardian:

Phone1:

Phone2:

Parent/Guardian:

Phone1:

Phone2

EMERGENCY CONTACT INFORMATION

In case parents/guardian cannot be reached for emergencies or are unable to pick their child / children up by 6pm, Crew will use contacts on your child's emergency contact list.

Please list 2 Emergency Contacts.

(1)

Name:

Relation to child/children:

Phone1:

Phone2:

(2)

Name:

Relation to child/children:

Phone1:

Phone2:

Allergies / Medications

Does your child/ children have any allergies or medical conditions?

Yes / No

If so, have they been reported and filed

with health office? **Yes / No**

Student Name: _____

Condition: _____

Student Name: _____

Condition: _____

Student Name: _____

Condition: _____

