



Fall Enrollment

Impact II Extended Learning Academy

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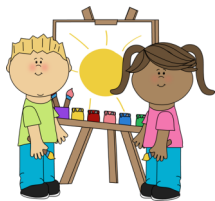
Louisiana Key Academy

Fall Program Begins:

Monday, September 5, 2017

Program Operates: Monday- Friday

3:30-5:30 pm



Enrichment Clubs



Recreation Activities

Please complete the attached Enrollment form and submit the enrollment fee to confirm your child's spot for the Fall 2017 session.

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





Extended Learning Academy

Louisiana Key Academy

Program Information

Big Buddy Program is committed to working along side Louisiana Key Academy to implement a program that meets your child's needs during the after school time. We are working with the school principal and school staff to ensure that Big Buddy provides a safe and fun learning environment for your child.

Mentoring Relationships

Youth will be matched to a positive adult role model who will guide them to make good decisions as they relate to school performance, developments of social skills, and encourage their positive journey to life long success.

Enrichment Clubs

Youth will have the opportunity to participate in Enrichment Clubs designed to enhance talents in arts, develop leadership skills, and expose youth to recreational opportunities.

Special Activities

Students will also have to opportunity through out the semester to participate in special activities. These activities are planned to give youth exposure to positive resources in our community. Individual permission forms will be sent home for each of these activities.

Fun Friday

Fridays are filled with fun interactive activities, games, arts & crafts and guest speakers.

Checkout/Car Riders

Youth will not be released to any individuals not listed on the application without prior written notice to the Big Buddy office.

Program Closures

Big Buddy will follow the same closure instructions as the school in the case of weather emergencies. If the schools are ordered to close due to weather conditions, there will be no Extended Learning Academy.

Pay it Forward Notices (PIF)

These friendly PIF 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. Late fees will begin at 5:45pm.

REMIND 101

To get up to date information about program activities and changes TEXT the message @c79a7a to the number 81010. Once you are successfully signed up, you will get an auto reply message requesting you to send your name and your child's name.



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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 below will apply.

The yearly cost of Extended Learning is \$750 and covers September 2017 – May 2018

The yearly cost will be broken down into 6 payments.

Number of Children	1st Payment Due at Enrollment	2nd Payment Due October 6, 2017	3rd Payment Due November 10, 2017	4th Payment Due January 12, 2018	5th Payment Due February 16, 2018	6th Payment Due March 16, 2018
1 Child	\$125	\$125	\$125*	\$125	\$125	\$125
2 Children	\$250	\$250	\$250*	\$250	\$250	\$250
3 Children	\$300	\$300	\$300*	\$300	\$250	\$250

**The 3rd payment will be waived with a completed Child Care Assistance Application Submission Confirmation. More information will be given about Child Care Assistance at ELA Parent Orientation on September 9, 2017.

Payments can be made at the school or Big Buddy Office.

We accept checks and Money Orders.

If you have any questions or need more information please contact us at

225-388-9737

Extended Learning Academy
Enrollment Form Fall 2017
LA Key Academy

Please Print and fill out ALL sections.

Youth Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: / / Gender: Male Female Age: _____ Social Security Number: XXX - XX - _____
MM / DD / YYYY

Ethnicity: African– American Asian Hispanic Native American Caucasian Other

Address: _____ City, State: _____ Zip: _____

Current School Name: _____ Current Grade: _____

Youth's T-Shirt Size: Youth: S M L Adult: S M L XL 2XL 3XL

Does this child qualify for free or reduced lunch at school? Yes No

Does this child or any of your children receive Child Care Assistance? Yes No

Household Information:

How many children and adults live in your household? Children _____ Adults _____

With whom does the child live? (check all that apply)

Mom Dad Stepmom Stepdad Grandparent(s) Foster Parent Other: _____

Please indicate your total household income:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Less than \$11,880 | <input type="checkbox"/> \$20,161 - \$24,440 | <input type="checkbox"/> \$32,581 - \$36,730 | <input type="checkbox"/> More than \$40,891 |
| <input type="checkbox"/> \$11,881 - \$16,020 | <input type="checkbox"/> \$24,441 - \$28,440 | <input type="checkbox"/> \$36,731 - \$40,890 | |
| <input type="checkbox"/> \$16,021 - \$20,160 | <input type="checkbox"/> \$28,441 - \$32,580 | | |

Medical Information:

Doctor's Name: _____ Doctor's Phone: _____

Does this child have any serious health problems Yes No

If yes, please explain & list any allergies : _____

Does this child qualify for Healthy Louisiana (Medicaid & LA CHIP)? Yes No If yes, please select a provider.

- Aetna Better Health of Louisiana Amerigroup Louisiana, Inc. AmeriHealth Caritas Louisiana, Inc.
 Louisiana Healthcare Connections United Healthcare Community Plan Healthy Blue

Office Use Only:

Receipt Number: _____

Data Clerk's Initials: _____

Date app. entered: _____

Parent/Guardian Information:

Name: _____

Name: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Email: _____

Email: _____

Relationship to Youth: _____

Relationship to Youth: _____

Emergency Contact:

Authorized person(s) to pick up Youth:

Name: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Relationship to Youth: _____

Name: _____ Relationship: _____

Parent/Guardian Consent:

Participation Approval and Emergency Medical Treatment

The undersigned approves of and encourages the participation of _____ (youth's name) in the Big Buddy Program and in all activities, including time spent with the youth's Big Buddy volunteer and riding in transportation provided by the program. Further, the undersigned expressly authorizes the Big Buddy Program, in case of emergency, to obtain immediate medical attention for him/her. My youth may be taken to the nearest medical facility.

Date _____ Parent/Guardian Signature: _____

Sensitive Topic Discussion Approval

The Parent/Guardian hereby agrees that _____ (youth'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 "Student" 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 described above from all claims made by or asserted on behalf of the student.

Date _____ Parent/Guardian Signature: _____

Collection of Evaluation Information Approval

Students and Parent/Guardian understand that the Big Buddy Program has a legitimate interest in protecting the safety of the participants, including the Student, volunteers and staff. Accordingly, the Student and Parent/Guardian hereby authorize the Big Buddy Program to contact third parties, including the East Baton Rouge Parish School Board, Department of Human Services, East Baton Rouge Parish law enforcement agencies, and other government agencies and offices for information relating to the Student, 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, and other school information that will allow the staff to effectively work with the Student.

Date _____ Parent/Guardian Signature: _____

Photograph/Media Release

Parent/Guardian gives consent for any photographs, video, print ads and other media in which my youth 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 youth's school records for the purpose of completing the application packet for Child Care Assistance. (If applicable)

Date _____ Parent/Guardian Signature: _____