

Integrated After School Program

Monday through Friday 2 to 6:00pm
@ OSF Learning Center

We provide a safe and educational enrichment program for children during after school hours. We provide positive guidance, assistance and encouragement to help students to reach their maximum potential. We believe that all families and individuals can live an active and full life as other members in the community, regardless of disability. Thus, with the "whole child" approach, we address equal importance on the spiritual, intellectual, emotional, social, and physical development of each unique child.

Our child care programs include, but are not limited to:

- Homework completion and comprehension; tutoring is available when needed;

- Academic Enrichment with additional curriculum and creative learning aids;

- Relationship building and recognition between children with and without disability;

- Establish self-esteem and respect for others throughout the program session;

- Music, OT, Arts and Crafts, Computer, Folk dance, Yoga, Sports, and more;

- Community outings to establish functional skills and community awareness.

- Staff to student ratio is 1:3 and 1:1

After School Enrichment Program Registration Form

Student Name: _____

Date: _____ / _____ / _____
Month Day Year

Year: 2009

1/5 – 1/30	7/1- 7/31	\$600 monthly, \$200 weekly , \$50 daily
2/2 – 2/27	8/3 – 8/31	\$600 monthly, \$200 weekly , \$50 daily
3/2 – 3/31	9/1 – 9/30	\$600 monthly, \$200 weekly , \$50 daily
4/1 – 4/30	10/1 -- 10/30	\$600 monthly, \$200 weekly , \$50 daily
5/1 - 5/29	11/2 -- 11/30	\$600 monthly, \$200 weekly , \$50 daily
6/1 - 6/30		\$600 monthly, \$200 weekly , \$50 daily
12/1 – 2/18		\$420 monthly, \$200 weekly , \$50 daily
***Transportation is available upon request.		

Fees: \$ _____ Status: Check # _____ Staff initial _____ Note: _____

Enrollment Status: New Continue Return

Note: If you marked New, please also complete the Family Form and Signature Form.

If you are continuing or returning families and your personal information has changed, please let us know.

Parent/Guardian/Sibling Information

Names of Parents/Guardians: _____

Names of Siblings: _____

Children with Special Needs Information

Age: _____ Birthday: _____ Diagnosis: _____

Strength: _____ Weakness: _____ Special Diet: _____

Behavior concerns (please circle all that apply): hitting others kicking others biting others
 pushing others scratching others tantrums inappropriate touching throwing objects
 inappropriate remarks or gestures other _____

How often are these behaviors exhibited: Several times in one hour several times/day
 1-3 times/hour 1-3 times/week rarely

Individual Education Plan

My child's learning style (please check all that apply) Visual _____ Auditory _____ Hands-on _____

Subject	Current level	Short term goal
Reading		
Writing		
Communication		
Gross motor		
Fine motor		
Physical Exercise		