

Haverhill Extended Learning Program (HELP) Application

(Students are not enrolled until parents are notified by the director. Applications are processed on a first-come, first-served basis. Space is limited and reserved for those who will be attending on a regular basis. (3-5 times per week))

Student's Name: _____ Date of Birth _____
Grade _____ Homeroom Teacher _____

Please indicate which days you would like your child to attend:

- Homework Support 3:00-4:00 ___M ___T ___Th ___Fr
 Enrichment Classes 4:00-5:00 ___M ___T ___Th ___Fr

Please check off how your child will get home.

- My child will regularly ride the 5:00 bus. (See towns serviced on cover letter.)
 My child will be picked up. Name of person/s who will be picking up my child:
Name _____ Relation to child: _____
Name _____ Relation to child: _____

Students will not be released until designated adult is in eyesight of staff. Students will be released on a staggering basis.

Name of adult/s child lives with: _____ Relation: _____

Name of adult/s at 2nd address: _____ Relation: _____

Student's home address: _____ Town _____ Zip _____

Email Address _____

Mailing Address if different _____ Town _____ Zip _____

Home phone: _____

Mother's work # _____ Father's work # _____

Mother's cell phone # _____ Father's cell phone # _____

Emergency contacts:

Name: _____ Home # _____ Work # _____ Cell _____

Name: _____ Home # _____ Work # _____ Cell _____

I UNDERSTAND THAT ALL ATTACHED FORMS MUST BE SIGNED BEFORE APPLICATION WILL BE PROCESSED.

Parent's Signature: _____ Date: _____

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I give permission for emergency medical attention. Please list **allergies, medications, medical conditions, or special needs** the staff and emergency medical personnel should be aware of:

My child is supported during the school day in these ways:

- | | | |
|------------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> IEP | <input type="checkbox"/> ESL | <input type="checkbox"/> Other |
| <input type="checkbox"/> Title One | <input type="checkbox"/> OT/PT | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Speech | <input type="checkbox"/> 504 | |

My child has difficulty getting homework assignments done on a regular basis and needs close monitoring in order to be successful.

- Yes No

I understand that while HELP provides support for homework, it is my responsibility, to monitor closely my child's homework habits, to make sure homework is complete and turned in every day.

I understand that if my child is not performing at a proficient level academically or socially and emotionally, he/she will be assigned to special intervention classes on certain days during enrichment time to help address these needs.

I understand that HELP partners with outside agencies to provide services to students. These agencies may include the Haverhill Recreation Department, UNH Cooperative Extension, and Horse Meadow Senior Center. At times it will be necessary for the program to share basic identifying information about students with personnel from these agencies.

I understand photographs or videos may be taken for publication purposes. I give permission for my child to be photographed or in videos. Permission granted: _____ yes _____ no

Parent/Guardian Signature

Date

