

I am... Honest, Strong, Happy, Leader, Respectful, Kind,
Brave, Lively, Thankful, Ambitious, Helpful, Caring, Cooperative, Unique,
Sophisticated, Extraordinary, Determined, Adventurous, Cheerful,
Enthusiastic, Sociable.

Dear Parents and Guardians,

I am so excited for this new school year. Can't wait to see our students moving into new grades, and receiving new Kindergarteners. This year we will continue offering services five-weeks, beginning Monday - Friday with doors opening daily at 7:30. For those needing early BLAST, doors will open between 7:00 - 7:15 am. Pick up time will remain as 5:30 pm.

Our mornings will be dedicated to homework, reading as well as gym time, and board games. Our afternoon BLAST will continue offering STEM activities, as well as reading, cooking, makerspace and chess club.

This year our theme will be I am... i.e. I am... Strong, Leader, Sweet, Honest, Kind, etc.

We look forward to another exciting and stimulating experience for your child this fall. Staff members are ready and we are going to have a BLAST!

Sincerely,



Iliana Bezares

BLAST Director/Coordinator

Frank V. Bergman Elementary

ilianab@usd383.org

785-587-2865

BLAST

Bergman Learning in After School Time FALL 2019



Student's Name _____ Grade in Fall 2019 _____

_____ My child will ride the bus at 5:15

_____ My child may walk home from BLAST

_____ My child will be picked up by 5:30 p.m. Parents or authorized person(s) must come into the building to pick up their child (ren).

Student Information: (Please print and complete all questions)

First Name: _____ Last: _____

Gender: Female ___ Male ___ Birth Date: ___ / ___ / ___ Age ___

Ethnicity: (circle one)
African-American Asian
Caucasian Hispanic
Multi-Racial Native American

Emergency Contact Information

Mother / Stepmother / Guardian (circle one)
Name _____
Home phone _____
Place of work _____
Work or cell phone _____
E-mail _____

Father / Stepfather / Guardian (circle one)
Name _____
Home phone _____
Place of work _____
Work or cell phone _____
E-mail _____

For your child's safety, children will not be dismissed from BLAST early OR to another adult unless a written note or phone call has been received by the staff.

Emergency Contacts: (other than parent or guardian who has permission to pick up child from clubs)

Name _____ Phone _____ Cell _____

Relationship to child: _____

Name _____ Phone _____ Cell _____

Relationship to child: _____

Health Form Fall 2019

(To be completed by Parent or Guardian)



Student's Name _____ Female ___ Male ___

Parent's Name _____ Phone _____

Physician Name _____ Phone _____

Is child covered by insurance? Yes _____ No _____

Health History:

Does your child have asthma ___ No ___ Yes Convulsions ___ No ___ Yes

Diabetes ___ No ___ Yes

Other chronic or long-term illness (ex: ADHD) ___ No ___ Yes

If illness, explain _____

Medications _____

Allergic Reactions: (Please list and explain any reactions)

Foods _____

Drugs/Medications _____ Insects _____

Plants _____ Animals _____

Hay Fever _____ Others _____

Any restrictions in activities _____

Restrictions While Participating in After School Events:

Special Diet or Dietary Restrictions _____

Special Activity Restrictions _____

Past History of Serious Injuries or Illnesses _____

Special Considerations Staff should know about _____

Parent's Authorization: In case of emergency I understand every effort will be made to contact our family's physician and me. In the event, I cannot be reached, I give permission to the BLAST program to secure proper medical treatment for my child. I give permission for my child to engage in all activities except as noted above.

Signature of Parent or Guardian

Date



STUDENT CONTRACT-SCHOOL YEAR 2019-2020

TO BE READ and SIGNED BY STUDENT AND PARENT

Students **MUST** have an enrollment form and completed health form on file in order to attend. The student's and parent's signatures are **required** at the bottom of this form. **Please review this page with your child.**

BLAST STUDENT NAME (please print): _____

Grade level of student - Fall 2019: _____

Bergman Learning in
After School Time

1. Total participation is required to be a part of this program. All students are asked to come ready and willing to be an active participant in the chosen activity.
2. Self-controlled discipline is part of the requirement to be in the After School Programs. All students are asked to follow the leader's instructions and procedures. The Six Pillars of Character are the guidelines for positive behaviors. All students are asked to follow the guidelines.
3. **Regular attendance is a requirement** for all students participating in the program. If a student is sick, he/she is automatically excused. We ask that you please send a note or call the school office or Ms. Iliana if your child is to be excused from clubs.
4. **Discipline and dismissal policy:** Students enrolled in BLAST will follow the Bergman Rubric. Consequences for inappropriate behavior will include, but not limited to, short-term program suspension, long-term program suspension, and/or complete program removal.

Parent Information: (please read, initial, and sign below)

1. I give permission for my child to participate in the activities of BLAST. In case of emergency I understand that every effort will be made to contact me or the person(s) listed under the Emergency Contact section. In the event my contact(s) or I cannot be reached, I give permission for the BLAST personnel to secure proper medical treatment, including hospitalization and any required surgery, for the member. **Initial:** _____
2. I understand that I am responsible for payment of any medical bills created by injury to the student during after school activities. **Initial:** _____
3. I give my consent for photographs/video, in which my son/daughter may appear, to be used in promotional materials for the BLAST program. **Initial:** _____
4. I give my consent for photographs/video, in which my son/daughter may appear, to be used on social media and/or the USD 383 web site. **Initial:** _____
4. A student cannot leave the school premises or activity without express permission or direction communicated to staff member from a parent/guardian. **Initial:** _____
5. I understand that I may be subject to a late fee if I am unable to pick up my child at designated closing time. **Initial:** _____

**FOR THE SAFETY OF ALL CHILDREN,
ANY PERSON WHO IS PICKING UP A CHILD IS ASKED TO SIGN OUT WITH A STAFF MEMBER. If the person is unknown to the staff or not listed on the permission form, parents will be called and identification required. PLEASE INFORM ALL PERSONS INVOLVED WITH YOUR CHILD TO ADHERE TO THIS POLICY.**

Please review these guidelines with your child on a regular basis at home.

Parent/Guardian Name (please print) _____

Parent Signature _____ Date _____

BLAST Director Signature _____ Date _____

Fall 2019 Verification for After School Fee Payment

Important! Important! This document should be filled out in its entirety.

HOUSEHOLD MEMBERS				GROSS INCOME BEFORE ANY DEDUCTIONS				Check if NOT working due to strike, lay-off, injury or short term disability
List Names of ALL Household Members earning wages of ALL Household member includes anyone living at this address		Check if ZERO Income	Frequency: Circle ONE next to each income amount: W = Weekly, E2=Every 2 weeks, 2M=Twice a Month, M=Monthly, Y=Yearly				Grade	
First Name	Last Name		Amount	Circle Frequency	Amount	Circle Frequency		
		Earnings from Work		***Other Regular Income				
1			W E2 2M M Y	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
2			W E2 2M M Y	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
3			W E2 2M M Y	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
4			W E2 2M M Y	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
5			W E2 2M M Y	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
6			W E2 2M M Y	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
List Names of All Household Members Under the age of 18								
Check if Foster Child	First Name	Last Name	School Name					
1 <input type="checkbox"/>								
2 <input type="checkbox"/>								
3 <input type="checkbox"/>								
4 <input type="checkbox"/>								
5 <input type="checkbox"/>								
6 <input type="checkbox"/>								

ADULT HOUSEHOLD MEMBER INFORMATION

Print Name _____ Daytime Phone _____ Evening Phone _____

Street Address _____ City _____ ZIP _____

Email _____

***Other Regular Income includes the following: welfare, child support, alimony, retirement pensions, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), veteran's benefits (VA), disability benefits, regular contributions from people who do not live in your household, farming, rental income, and ANY OTHER INCOME.

I certify (promise) that information on this application is true and that ALL household income is reported. I am providing proof of income (tax returns, W2, or pay stubs) to be used in verifying fee payment. Purposely giving false information may result in your child(ren)'s dismissal from the after school program.

Sign Here X _____ Date _____

USD 383 Manhattan-Ogden (1.30.09)

2019-2020 School Year

K-6 Before and After School Programs

Proposed Fee Schedule (subject to change)

Before School Only: 30 hours monthly average 7:30 a.m. - 8:30 a.m. \$106.00

After School Only: 40 hours monthly average 3:40 p.m. - 5:30 p.m.											
Household Income****	\$0 -	\$15,001 -	\$22,001 -	\$26,001 -	\$28,001 -	\$34,001 -	\$44,001 -	\$55,001 -	\$70,000 &		
	\$15,000	\$22,000	\$26,000	\$28,000	\$34,000	\$44,000	\$55,000	\$69,999	above		
Family Pays											
1st child	\$ 38.00	\$ 44.00	\$ 50.00	\$ 58.00	\$ 93.00	\$ 110.00	\$ 165.00	\$ 172.00	\$ 188.00		
Each add'l child	\$ 34.00	\$ 40.00	\$ 45.00	\$ 53.00	\$ 83.00	\$ 98.00	\$ 148.00	\$ 158.00	\$ 163.00		

Before AND After School: 60 hours monthly average 3:40 p.m. - 5:30 p.m.											
Household Income****	\$0 -	\$15,001 -	\$22,001 -	\$26,001 -	\$28,001 -	\$34,001 -	\$44,001 -	\$55,001 -	\$70,000 &		
	\$15,000	\$22,000	\$26,000	\$28,000	\$34,000	\$44,000	\$55,000	\$69,999	above		
Family Pays											
1st child	\$ 52.00	\$ 63.00	\$ 69.00	\$ 76.00	\$ 111.00	\$ 129.00	\$ 184.00	\$ 194.00	\$ 206.00		
Each add'l child	\$ 50.00	\$ 57.00	\$ 62.00	\$ 70.00	\$ 100.00	\$ 116.00	\$ 165.00	\$ 174.00	\$ 185.00		

*****Proof of income required for ALL members contributing to household. *****

Fees are due on the first of each month. Checks are made payable to USD 383.

A \$5.00 late charge will be added after the 10th of the month unless other arrangements are made.

A \$30.00 fee will be charged for any returned checks.

DCF assistance is available for those who qualify. Ask Ms. Iliana for further information.