



Phone: 818.360.2361 ex 315/426
Email: AHA@ghchs.com
Office: Located inside the Library

2016 – 2017 Registration

Admission: Each student must submit a signed registration form prior to enrollment. Parent/guardian must sign at the bottom of the registration form. If student is 18+ years old, then he/she can sign the registration form. Enrollment will be taken on a first come, first serve basis.

Student's Information (All fields are required)			
Student's Last Name	Student's First Name	Student ID	Grade
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (MM/DD/YYYY)	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
Ethnicity (Please check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other _____			
Address	City & Zip Code	Phone Number	
Please indicate if the student has special needs (i.e. Allergies, asthma, diabetes, ADD, ADHD, etc.)			
Name of Physician		Physician's Phone	
Emergency Contact Information			
Name of Parent 1 (Last, First)	Home Phone	Work/Cell Phone	E-mail
Name of Parent 2 (Last, First)	Home Phone	Work/Cell Phone	E-mail
Guardian's Name (Last, First)	Home Phone	Work/Cell Phone	E-mail
Name (Last, First)	Relationship to Student		Home/Cell Phone
Name (Last, First)	Relationship to Student		Home/Cell Phone
Name (Last, First)	Relationship to Student		Home/Cell Phone
Program Enrollment and Attendance			
I, _____ (student's name) understand I am NOT guaranteed enrollment in an enrichment class due to popular demand. There will be ZERO tolerance for misconduct in all after school program activities. I understand I must attend the after school program for a minimum of 30 minutes each day the class is offered. If I wish to participate in an AHA-sponsored enrichment or recreation activity, I must attend GHCHS for four full periods every day I participate in the activity.			
Student Signature: _____		Date: _____	

Authorization (Parent/Guardian or student of 18+ yrs. must initial in the box to confirm acceptance of the terms)

<input type="checkbox"/>	I Accept	Emergency Medical Attention: I authorize that in case of an emergency my child may receive medical care. I understand that GHCHS is not responsible for any cost incurred for emergency treatment. I also understand that GHCHS is not responsible for any medical treatment received or transportation of my child.
<input type="checkbox"/>	I Accept	Release of Liability: I release AHA from any liability and claims for any injury, accident, illness or property damage incurred by my child during or arising out of participation in the after school program.
<input type="checkbox"/>	I Accept	Release of Photographs: I hereby consent to the use of photographs and/or video of my child/dependent/self, and/or that use of any copies of photographs and/or video in any editorial and/or promotional material produced and/or published by GHCHS. I understand that signing this release does not guarantee publication of the photo and/or video.
<input type="checkbox"/>	I Accept	Release of Student Records I authorize student data such as: English and math California standardized test proficiency levels, academic grades, school-day enrollment and absent information, free/reduced lunch eligibility, race/ethnicity, special needs/disabilities, state wide student ID and English language learner status; be released to GHCHS for grant reporting purposes.

Parent Contract

Please read the following information and initial in the box next to each section to confirm the parent/guardian’s acceptance of the terms.

Granada Hills Charter High School’s (GHCHS) After Hours Activities (AHA) afterschool program strives to create a generation of leaders who enrich school culture by empowering youth, engaging parents, administrators, and the community. Participants will receive academic assistance, participate in various enrichment and recreation activities, and have the opportunity to attend special events and field trips **FREE** of charge. AHA’s goal is to support student success in the school through afterschool activities. In addition, the afterschool program promises to provide a safe learning environment for your student and a nutritious snack for their participation.

ENROLLMENT
Enrollment is limited. Registration will be taken on a first come, first served basis. Students who register after class enrollment capacity is reached will be placed on a waiting list.

ATTENDANCE
The AHA program will be open after school, before school, and some weekends (refer to the program’s weekly schedule). Participants must attend a minimum of 30 minutes/day each day they participate in the program. In addition, if the student chooses to participate in an AHA enrichment/recreation activity, then the student must attend a minimum of four full GHCHS classes each day they participate in the activity. The goal of the afterschool component is to support student success in school through academic support and enrichment.

BEHAVIOR POLICY
Participation in the program is a privilege. AHA’s rule is to be safe, respectful, and responsible and have fun. Disruptive or disrespectful behavior toward other students or program staff is grounds for dismissal. Acts of violence toward another person will not be tolerated. We encourage you to discuss concerns about your student’s behavior with the Site Coordinator.

PARENTAL SUPPORT
Though the program staff is committed and qualified, your help is needed to make the afterschool program be the very best it can be. You are an important partner in our program’s success, and we look forward to your help with field trips, events and activities, tutoring and other projects.

Parents/caregivers will be asked to participate in the program evaluation. An agreement form will be distributed to parents prior to the evaluation. If parents wish to participate, an agreement form must be submitted.

I have read and understood the 21st Century Program policies outlined in the Parent Contract. By signing below I agree to the terms outlined in the “Authorization” section of the 21st Century Kids registration form and those outlined in the Parent Contract.

Student Name: _____ **Parent Signature:** _____ **Date:** _____