



Homework Club 2015-16

at Cicero Preparatory Academy (*grades 6-8*)

Homework Club is a place for your Preparatory student to complete homework, receive peer tutoring, and quietly socialize with friends in a structured, supervised environment. The program runs every school day from directly after school until 5:30PM, excluding early release days, vacations, and holidays when school is not in session.

Cost: (Until 5:30PM):

\$90/month for each child.

For more information, contact:

Mr. Stephen Philabaum
sphilabaum@ciceroprep.org
(480) 519-3431

READY TO ENROLL?

Fill out the attached registration & billing form and return:

EMAIL

Scan and email to Mr. Philabaum at
sphilabaum@ciceroprep.ob

MAIL

Homework Club
Cicero Preparatory Academy
7205 North Pima Road
Scottsdale, AZ 85308

Drop Off

Homework Club
Cicero Preparatory Academy

HOW THE PROGRAM WORKS

- Homework Club is open to students in grades 6 – 8. It operates every school day (*excluding half-days*) from just after school until 5:30PM.
- Once you register and receive confirmation from the director (in the form of a “Welcome Email”), you may begin sending your child to the program.
- Upon dismissal at the end of the day, students will have about 15 minutes to gather their belongings, have a snack, and proceed to the Homework Club rooms, where they will sign in.
- If students have clubs or need to attend tutoring with a teacher directly after school (prior to the start of Homework Club), they may sign in to Homework Club once they are finished.
- If students have tutoring, clubs, or other school obligations during the hours of Homework Club, they may sign out to attend to them, and then return to Homework Club.
- Parents do not need to communicate to us which days their children will attend; parents are responsible for instructing their children which days they should attend Homework Club, and which days they will be picked up.
- We do not assume responsibility for registered students unless and until they actually sign in to Homework Club. Once they sign in, we will be responsible for them until parents pick them up and sign them out, or until they are dismissed for athletic practice.

WHAT HOMEWORK CLUB IS. . .AND IS NOT

Homework Club is a safe, structured environment in which students may quietly work on homework until their parents arrive to pick them up or until they are dismissed for athletic practice. While we allow for quiet peer tutoring, it should be noted that Homework Club is not a “tutoring service.” Homework Club monitors will be happy to answer the occasional question, but they will not be able to work individually with students for extended periods. Students who require individual tutoring should make arrangements with their teachers, or they may take advantage of the peer tutoring option.

Homework Club monitors assume that students will work independently on their homework, and that, once their homework is finished, they will read, work ahead, play some of the quiet games we provide, etc. Monitors will not be checking to see that each student has finished his/her homework; completing homework is each student’s responsibility.

PAYMENT POLICIES

For All Families

- Your non-refundable registration fee will be charged upon receipt of registration form and will guarantee space in the program.
- Your first payment will be for a full month’s cost, regardless of when you join, and will not be prorated.
- Monthly fee is payable on a monthly basis through recurring, automatic charge to your credit card on the first of each month.
- A charge of \$1.00/minute will be incurred for late pickups (after 5:30). You may withdraw from the program with no penalty if you notify our office in writing by the **25th of the month prior** to the month you desire to withdraw. **Non-attendance is NOT a form of withdrawal.** You may rejoin at any time without re-paying the registration fee.
- Please note that **no refunds** will be granted for withdrawals requested after the 25th of any month for the following month.
- Please note that partially-used months **will not be prorated.**
- Monthly payment may be in the form of a credit card, check, or cash.

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BILLING & REGISTRATION FORM

PLEASE NOTE: Spaces in the program are first-come, first-served, and we anticipate they will fill quickly. Mr. Philabaum will notify you once we've received your registration form, and then please **WAIT FOR CONFIRMATION e-mail from Mr. Philabaum before sending your child.** Confirmation that you may begin utilizing the program will come in the form of a "Welcome Email" from the Mr. Philabaum. (For detailed pricing information and payment policies, see previous page.)

FAMILY & STUDENT INFORMATION:

PARENT Name(s): _____

Student Name: _____ M F Grade in Fall 2015: _____

Student Name: _____ M F Grade in Fall 2015: _____

Student Name: _____ M F Grade in Fall 2015: _____

FEES:

\$25 Non-refundable registration fee (Charged once per year, per family.)

\$90/month for each child until 5:30PM.

BILLING INFORMATION:

NOTE: All fields are **required**. Incomplete forms will not be processed.

Parent First Name: _____ Parent Last Name: _____

[] I am a Great Hearts employee. School: _____ Position: _____

Credit/Debit Card Number: _____

Exp. Date (MM/YY): ____/____ CSC: 3 or 4 digit security code on back of card (front if AMEX) _____

Billing Street Address: _____

City: _____ State: ____ Zip: _____

Phone associated with billing address: _____ Cell: _____

E-Mail: _____

[] I have read and understood the Payment Policies.

Signature: _____ Date: _____

Cicero Prep Homework Club (2015-16)
GENERAL Information, MEDICAL Information,
EMERGENCY CONTACT, and PERMISSION FORM
(Please print clearly and use a separate form for each child.)

Child Name: _____ ☐ Male ☐ Female

Address: _____

City: _____ **State:** _____ **Zip:** _____

Birthdate/Year: _____ **Age on August 1, 2015:** _____ **Grade in Fall 2015:** _____

Parent/Guardian 1: _____ ☐ Male ☐ Female

Email: _____

Cell #: _____ **Home #:** _____

Employer: _____ **Business #:** _____

Parent/Guardian 2: _____ ☐ Male ☐ Female

Email: _____

Cell #: _____ **Home #:** _____

Employer: _____ **Business #:** _____

Child in custody of (check one): ☐ Both parents ☐ Mother ☐ Father ☐ Other (specify) _____

Child lives with (check one): ☐ Both parents ☐ Mother ☐ Father ☐ Other (specify) _____

Custody papers have been provided and are on file at Scottsdale Prep. ☐ Yes ☐ No

☐ In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from Homework Club. I understand that my child will not be allowed to leave with any other person without authorization from me:

Name: _____ **Phone #:** _____ **Relation:** _____

Name: _____ **Phone #:** _____ **Relation:** _____

☐ The following individual(s) may **NOT** remove my child from the facility:

Name: _____ **Phone #:** _____ **Relation:** _____

(Child Name: _____)

Health History (*Use additional paper if more explanation is necessary*)

☐ Asthma ☐ Bleeding/clotting disorders ☐ Convulsions ☐ Ear infections
☐ Other _____

Allergies: ☐ Pollen ☐ Penicillin ☐ Insect stings (type?) _____
☐ Food (list) _____
☐ Other allergies (describe) _____

Recent operations, serious injuries, diseases, or restrictions on physical activity:

Current medication and purpose (*all medication must be given to Homework Club Director and labeled clearly with doctor's instructions*): _____

Learning differences, behavioral conditions, or problems of which staff should be aware (*please note that Special Education Services are NOT available at Homework Club*):

Parent Authorization/Medical Release: The information provided is correct to the best of my knowledge. The child listed on this form has my permission to engage in all Homework Club activities, except if noted by me.

I (we), the undersigned, understand that Homework Club staff will first contact me directly after contacting emergency services in case of a life-threatening emergency. I (we) authorize Homework Club staff members (in the event they cannot reach me [us]) to serve as agent(s) for the undersigned to consent to any medical or surgical diagnosis or treatment, anesthetic, X-ray exam, along with treatment and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I (we) understand that I (we) will be responsible for expenses for such services.

I (we) understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This form may be photocopied for use away from the main program site.

My child has medical insurance. ☐ Yes ☐ No

Name of insurance company: _____

Policy number: _____

PARENT/GUARDIAN SIGNATURE:

DATE:

Cicero Prep Homework Club (2015-16)

“Quick Pick-Up” Registration & Authorization

(Optional)

Don't want to come in to sign out your child? Use the “Quick Pick-Up” option! Simply come in the first day you use Homework Club and sign your child out, and bring us this form to us in person. At that time, you may give us up to three cell phone numbers that we will program into the contact list of our on-site phone. After that, simply **call or text your child's name to us**, and we will send him/her out. Note that we will NOT release the student to callers/texts from an unknown number.

Please note: You MUST come in at least once and bring us this form in person. We will not honor the form if you scan it to us with your registration; please instead drop it off with our staff on the first day you use Homework Club.

Please note the on-site number you should text or call for quick pick-up: (480) 519-3431

Full names of child(ren) who may be picked up using “Quick Pick-Up” (Note: We will NOT release your child(ren) unless s/he is/are listed here):

Phone Number(s) Authorized for Quick Pick-Up:

(1) Phone Number: _____

Phone Owner: _____

Relationship to child: _____

(2) Phone Number: _____

Phone Owner: _____

Relationship to child: _____

(3) Phone Number: _____

Phone Owner: _____

Relationship to child: _____

I hereby authorize Scottsdale Prep Homework Club to release my child(ren) upon receiving a text or a phone call from the numbers listed above, in lieu of my physically signing them out from Homework Club. I will not hold Homework Club responsible for my child's welfare after Homework Club releases him/her in response to a call or text from the numbers listed on this form. I understand that Homework Club will not release my child to a text or call from an unregistered number, and that they may change this policy and require me to physically sign out my child(ren) at any time.

Parent Name (printed): _____

Signature: _____ Date: _____