



After School Enrichment

2011-2012

Contact Information

Owen Roberts-Day
402.434.9267
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Core Program

The Core Program is the primary, day-to-day after school program at the Mickle Community Learning Center. We meet every day that there is school, from dismissal until 6:00p.m., and all of our students have the first opportunity to be involved in any clubs or other after-school offerings.

Session & Registration Dates

The Core Program follows the Lincoln Public Schools Elementary Calendar.
August 16, 2011 through May 24, 2012

Registration Dates

Y Family Members	April 25
Non-Members, Youth Members	May 2

Time

After School: 3:00 - 6:00

Programming is NOT available on "snow days" when LPS cancels school due to weather.

Fees

Non-refundable Registration Fee	\$35
Y Family Member	\$40/Month
Y Youth Member/Non-Member	\$50/Month

Activities

All students involved in the core program will have a chance to enroll in a daily club of their choosing, from a wide selection of enrichment and academic activities, followed by group rotation time with their peers, during which they will do a variety of academic, enrichment, and physical activities, followed by a less structured social period at the end of the day.

Snacks

A nutritious snack is provided each afternoon by LPS Nutrition Services.

Non-School Days

The monthly Core Program fees do not include care for non-school days. Programming on many of the non-school days is available at the Northeast Y through our Fundays program. Some special school's-out programs may take place at the school, as announced.

Mickle CLC



Registration Information

Registration is on a first come/first served basis. A \$35 non-refundable registration fee is due at the time of registration.

Cancellations

Written notice is needed for any change or cancellation at least 2 weeks prior to the end of the month.

Payments

The Lincoln YMCA requires that monthly program fees be paid via automatic draft of a bank account or credit card.

Your membership status at the time of registration determines the fee for the program. If your membership status changes, you must contact the Y program Director to amend your fees.

Program assistance is available, please visit ymcalincoln.org for an application. Please allow 2 weeks for processing.



Cooper

6767 S. 14th Street
Lincoln, NE 68512
(402) 323-6400

Downtown

1039 P Street
Lincoln, NE 68508
(402) 434-9230

Fallbrook

700 Penrose Drive
Lincoln, NE 68521
(402) 323-6444

Northeast

2601 N. 70th Street
Lincoln, NE 68507
(402) 434-9262

Youth Sports

570 Fallbrook Blvd., # 210
Lincoln, NE 68521
(402) 434-9217

Camp Kitaki

570 Fallbrook Blvd., #210
Lincoln, NE 68521
(402) 434-9225

ymcalincoln.org



MICKLE COMMUNITY LEARNING CENTER ENROLLMENT / INFORMATION FORM



STUDENT ENROLLMENT / INFORMATION

Select your program:

_____ Core Program

_____ Clubs only

CHILD'S FIRST AND LAST NAME: _____

Male Female Age: _____ Grade (For 2011-12 school year): _____ Date of Birth: _____

At the end of the day my youth will: be picked up by authorized escort walk home

ETHNICITY:

- Native American
- Asian American
- African American
- Hispanic/Latino American
- Euro American
- Hawaiian/Pacific Islander American
- Middle Eastern American
- Multi/Bi Ethnicity American

er: _____

OTHER QUESTIONS:

- My child qualifies for free or reduced lunch
- My child is an English Language Learner
Native Language _____
- My child receives special education Oth-
services during school hours
- My child is new to this school

MEDICAL INFORMATION/SPECIAL REQUESTS (IMPORTANT & REQUIRED): List any medical conditions, allergies to food/medications, special diets or any conditions that may affect your child's health while in the program, include any medications your child is taking or please indicate N/A if not applicable:

FAMILY INFORMATION

PARENTAL STATUS: Single Married Widowed Divorced Separated Re-married

CUSTODIAL & LEGAL GUARDIAN IS: Both Mother & Father Mother Father Other: _____

MOTHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

FATHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACTS AND INFORMATION

EMERGENCY CONTACTS IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED:

NAME: _____ NAME: _____
RELATIONSHIP TO CHILD: _____ RELATIONSHIP TO CHILD: _____
HOME/CELL PHONE: _____ HOME/CELL PHONE: _____
WORK PHONE: _____ WORK PHONE: _____

AUTHORIZED ESCORTS OTHER THAN PARENT/GUARDIAN OR EMERGENCY CONTACTS: (N/A IF NOT APPLICABLE)

NAME: _____ PHONE: _____
NAME: _____ PHONE: _____

PARENT/GUARDIAN PARTICIPATION QUESTIONS

YOUR PARTICIPATION IS VALUED!

We are committed to providing a safe and stimulating environment for your child. Our programs depend upon the talents and resources from many in our community. Please check which of the following contributions you may be able to make.

- I would volunteer to assist with the daily program activities.
 - I would like to share my hobbies, interests and talents.
 - I would assist with food/snacks.
 - I would assist with recruitment of volunteers.
 - I would like to give a financial donation to support the CLC to assist low-income families' program fees.
 - My employer and/or company may be able to help financially or with donations.
 - I would like to participate on the School Neighborhood Advisory Committee.
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PERMISSION FORM

- YES NO I give staff permission to use photographs, writings, artwork, TV appearances, etc. for the promotional materials, presentations and documentary purposes.
- YES NO I give staff permission to transport my child for the purpose of program activities.
- YES NO I have received the program handbook.
- YES NO I give permission for the CLC lead agency to arrange for emergency treatment and to contact our family health care provider if guardian is unable to be reached and it is necessary to preserve the health of my child(ren) until such time then I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. If necessary, the program will arrange for emergency transportation to the nearest emergency medical facility.

CHILD'S PHYSICIAN: _____ PHONE: _____

By signing below I give permission for my child to participate in program activities. I understand that the CLC does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred. As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

SIGNATURE OF PARENT AND/OR GUARDIAN

DATE