

STEAM Scholars After School Program Calendar

2017-18

Locations:

| | | |
|--|------------|------------------|
| North Metro Academy of Performing Arts | Mondays | 4:00pm to 5:30pm |
| Baggett Elementary | Tuesdays | 4:00pm to 5:30pm |
| Collins Hill Christian School (Pre-K thru 2nd grade) | Wednesdays | 3:30pm to 5:00pm |
| Collins Hill Christian School (3rd grade and up) | Fridays | 3:30pm to 5:00pm |

| 1st Semester | Weeks | Monthly Cost |
|---------------------|--------------|---------------------|
| August | 4 | \$ 60.00 |
| September | 4 | \$ 60.00 |
| October | 4 | \$ 60.00 |
| November | 3 | \$ 45.00 |
| December | 3 | \$ 45.00 |
| Total Cost: | 18 | \$ 270.00 |

| 2nd Semester | Weeks | Monthly Cost |
|---------------------|--------------|---------------------|
| January | 4 | \$ 60.00 |
| February | 4 | \$ 60.00 |
| March | 4 | \$ 60.00 |
| April | 4 | \$ 60.00 |
| May | 3 | \$ 45.00 |
| Total Cost: | 19 | \$ 285.00 |

Events:

| | |
|-------------------------|----------------------------|
| Portraits | October, March |
| T-shirts | Year Round |
| Field Trips | September, February/ March |
| Parent Technology Night | November, April |
| Award Night | June |

Contact:

Laqwacia Simpkins

(678)682-4193

Maurice Simpkins

(803)546-3174

www.asifoundations.com

asifoundationteam@gmail.com

STEAM Scholars Attendance Sheet

School Name: _____
 Parent Name: _____
 Child Name: _____

Attendance

| 1st Semester | Weeks | Monthly Cost | Check months attending |
|--------------------|-----------|------------------|------------------------|
| August | 4 | \$ 60.00 | |
| September | 4 | \$ 60.00 | |
| October | 4 | \$ 60.00 | |
| November | 3 | \$ 45.00 | |
| December | 3 | \$ 45.00 | |
| Total Cost: | 18 | \$ 270.00 | |

| 2nd Semester | Weeks | Monthly Cost | Check months attending |
|--------------------|-----------|------------------|------------------------|
| January | 4 | \$ 60.00 | |
| February | 4 | \$ 60.00 | |
| March | 4 | \$ 60.00 | |
| April | 4 | \$ 60.00 | |
| May | 3 | \$ 45.00 | |
| Total Cost: | 19 | \$ 285.00 | |

Parent Signature: _____
 Date: _____

Monthly invoices will be sent to you via Paypal and you can pay by credit card.

Email for invoicing: _____

Contact:

Laqwacia Simpkins (678)682-4193

Maurice Simpkins (803)546-3174

www.asifoundations.com

asifoundationteam@gmail.com

Risk Statement

This agreement officially absolves _____ from all liability resulting from accidents or injuries resulting from your child's participation in an event resulting from participation in a program activity.

It is understood that all medical expenses incurred due to participation in program activities, and events are the sole responsibility of the child's family, or guardian. This would include preexisting conditions, which may become aggravated due to your child's participation in _____.

It is understood that no legal action will be bought against _____ or its subsidiaries or authorized personnel by you, or your child because of a matter related directly, or indirectly to your child's participation in the _____ activity.

It is understood that it is the responsibility of the child's family, or guardian to keep their child's records current to reflect any significant changes as they occur, (e.g. telephone numbers, work location, emergency contacts, child's physician and child's health status). Listed below are known medical conditions and/or medication that my child has or currently uses.

Known medical conditions of child: (diabetes, asthma, allergies, etc.)

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Medication that my child is currently taking:

By printing and signing your name, you are stating that you have read and fully understand the information outlined.

Child's name: _____

Print name of family member or guardian: _____

Signature of family member or guardian: _____

Signature of program official: _____