



# Morning Program Registration

## Sanford Middle School 2018-2019

### Program Overview:

- Fall classes will start on **Monday, August 27<sup>th</sup>** and end Thursday, December 21<sup>st</sup>. Classes will run **Monday through Friday 8:00am to 9:15am with a breakfast provided by Sanford's food service staff.**
- **The morning program drop-off window is firmly 8am-8:15am.** Attendance will be taken and submitted by 8:15. Students that walk or bike will need to arrive within that time also.
- Students **must** be registered in order to participate in the morning program classes. We are restructuring our morning program to ensure quality programming for all participants.
- Morning and Afterschool program registrations are separate.
- We will always offer an **active** class option held in the gym, a **literacy** based class in the media center and a **technology** class in a computer lab. As our morning program grows, we will be able to offer different classes based on students' needs and desires.
- **Students will make their own class selections**



### Questions or Concerns?

Please contact **Zack Antar**, Sanford Morning Program Coordinator, at [Zackaria.Antar@mpls.k12.mn.us](mailto:Zackaria.Antar@mpls.k12.mn.us) or by calling the main office **(612) 668-4900** and asking to be transferred to Zack Antar.

### Student Information:

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID #: \_\_\_\_\_ Team: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*See reverse side for signature*

# Minneapolis Community Education Youth Enrichment Program Policies

## Health and Medical

**School Health Services are not available during Before or After school.** Parents/guardians are responsible for notifying the before/after school site coordinator for any special needs or medical conditions that impact their child's health, well-being, or involvement in activities. If your child may need to receive either prescribed or over-the counter medications while attending before/after school programming, you must complete an authorization form before medication can be dispensed. **Medication must be in the original packaging or prescription bottle.** All medication will be securely stored on-site.

Does your child have any medical or special needs (i.e. allergies, asthma, learning disability or medical conditions)?

YES NO Please Explain: \_\_\_\_\_

Will your child require any medications during programming, including inhalers or EpiPens?

YES NO \*If yes, a coordinator will be contacting you.

## Student Behavior

In order to promote a safe and engaging environment, Community Education, Youth Enrichment, a program of Minneapolis Public Schools, conforms to the established behavior policies of the school site and the Minneapolis Public Schools Behavior Standards and Code of Conduct (P5200). If an incident does occur, Community Education staff will notify and work with families to develop reasonable next steps for the safety of all students and staff. This may include suspension or removal from the program without a refund. If a student is suspended from the school day it is also a suspension from Community Education Youth Enrichment.

## Photo and Media Release

I give permission for my child to be **included in video or still photographs** representing Minneapolis Community Education Youth Enrichment. Photos/images may appear in newsletters, promotional brochures, and program websites.

## Walking Field Trips

I understand that WALKING field trips within one mile of school grounds are a part of participating in Community Education programs. Necessary precautions and supervision will be provided.

## Data and Survey Release

Certain data will be collected from and about participants in Community Education Programs Youth Enrichment. All data is considered private and confidential information. The intent is for Community Education, Youth Enrichment to evaluate program effectiveness and quality.

I give permission for my child to participate in informational surveys regarding the services provided by Minneapolis Community Education Youth Enrichment. All findings will be combined and reported group level. This could include the SAYO, class evaluations, focus groups, and teacher surveys.

Information may be shared with Minnesota Department of Education, school district officials, community partners, and other person or entity authorized by federal or state law.

**If you do not give permission for any of the above policies listed above, please contact the Community Education Coordinator.**

By signing, I certify that I have fully read, understand and will agree to the terms and policies outlined above. My child has my consent to attend Community Education extended day programs. I consent to my child attending and do not hold Special School District #1 (Minneapolis Public Schools) responsible or liable for accidents, or loss or damage of property.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



MINNEAPOLIS  
PUBLIC SCHOOLS  
Urban Education. Global Citizens.

