



# Mt. Hope Learning Center

140 CYPRESS STREET  
PROVIDENCE \* RHODE ISLAND \* 02906  
PHONE: 401-455-8875 Cell: 401-660-5082  
[www.mthopelc.org](http://www.mthopelc.org)

## 2017-2018 Program Application for MLK Elementary School

**Program options:** Please check off the program(s) in which your child will be participating:

- Morning Care** runs *Monday - Friday*, (Drop Off 6:30am – 8:30am)  
Cost: \$35 per week, \$45 for Pre-K. (Enter through the double doors in the hallway. Contact: 660-5395)
- Friday Only/STEAM Club (Science Technology Engineering Arts & Math)** 6 week sessions, 2:15pm-5:00pm  
(pick up 5:00pm-5:45pm) Cost is \$60 per six week session (must be paid in full at beginning of each session).
- After School Program** runs *Monday - Friday*, (pick up 5:00pm-5:45pm)  
Monday through Thursday: Students arrive at 3:30; have a snack, work on homework & enrichment. On Friday children arrive at 2:15 and participate in STEAM & Choice based clubs. Cost is \$75 per week, \$85 for Pre-K.

*Program cost is on a sliding scale based on income and family size, to be paid on a weekly or monthly basis; in advance.*

Child's First Name	Child's Last Name	Date of Birth	Male / Female Circle Child's Gender
DHS Childcare Assistance #		\$ Co/Pay	\$ Sliding Scale Amount
School Attending	Grade	Teacher	

### Contact Information

#### Parent / Guardian (1)

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

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

Home/Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

#### Parent / Guardian (2)

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

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

Home/Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

For MHLC office use only: Staff please initial below after each step occurs.

Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_ Date child Begins \_\_\_\_\_

**Emergency Contact Information**

In case of medical emergency, every effort will be made to contact the parent or guardians. In case of an emergency **when parents cannot be reached**, Mt. Hope Learning Center should contact:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child qualify for any of the following (circle yes or no):

- a. 504 Plan Yes No
- b. Special Education Yes No
- c. IEP (individual education plan) Yes No
- d. Limited English Proficiency Yes No
- e. Free /Reduced Lunch Yes No

If you answered **Yes** to **a, b or c** please provide more info: \_\_\_\_\_

**Health Forms: Please provide your child’s health documentation before they begin.**

Health documentation has been provided. Staff Initial \_\_\_\_\_

**Staff will not administer non-prescription medication.** Mt. Hope Learning Center will only administer an inhaler to children who are prescribed one and have indicated the use of it on this form.

**Information on your Child’s Health (Circle responses)**

- |                                  |                            |
|----------------------------------|----------------------------|
| Physical Limitations: Yes No     | Special Diet: Yes No       |
| Vision Problem/Glasses: Yes No   | Seizures: Yes No           |
| Ear Problem/Hearing: Yes No      | Allergies: Yes No          |
| Asthma (note if inhaler): Yes No | Regular Medication: Yes No |

If any answer is yes to any question, *please explain*:

\_\_\_\_\_

Is there any other information the Learning Center should know about your child’s health or social behaviors?

\_\_\_\_\_

**Pick up Permissions / Emergency Contacts**

My Child May Be Picked Up By:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Note:** If you need to list a **may not** be pick up name, please alert staff.

**Consent Form**

- I hereby give permission for my child to participate in all activities of the Before and/or After School Program. This includes homework, group activities, service projects, games, and creative projects. I understand that Mt. Hope Learning Center will provide appropriate supervision for all activities. I will not hold the program responsible for any accidents or injuries which may occur.
  
- I hereby give permission for my child's photograph to be taken in connection with the activities of the After School Program and Friday STEAM Club to be used in newspaper and magazine articles, social media and other presentations concerning the program.
  
- I hereby give permission for my child's report card to be released to MHLC for the sole purpose of furthering my child's educational experience.
  
- I hereby give permission for MHLC to share information with the child's school for the sole purpose of furthering the child's educational experience.
  
- I have provided my financial information to request a sliding scale fee. *(2 paystubs and tax return)*

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**Household Income** (For demographic info only. This is not the sliding scale form.)

<p><b>1 PERSON HOUSEHOLD</b></p> <p><input type="checkbox"/> \$0 – \$15,200</p> <p><input type="checkbox"/> \$15,201 – \$25,300</p> <p><input type="checkbox"/> \$25,301 – \$40,450</p> <p><input type="checkbox"/> \$40,451 and over</p>	<p><b>2 PERSON HOUSEHOLD</b></p> <p><input type="checkbox"/> \$0 – \$17,350</p> <p><input type="checkbox"/> \$17,351 – \$28,900</p> <p><input type="checkbox"/> \$28,901 – \$46,200</p> <p><input type="checkbox"/> \$46,201 and over</p>	<p><b>3 PERSON HOUSEHOLD</b></p> <p><input type="checkbox"/> \$0 – \$19,500</p> <p><input type="checkbox"/> \$19,501 – \$32,500</p> <p><input type="checkbox"/> \$32,501 – \$51,750</p> <p><input type="checkbox"/> \$51,751 and over</p>
<p><b>4 PERSON HOUSEHOLD</b></p> <p><input type="checkbox"/> \$0 – \$21,650</p> <p><input type="checkbox"/> \$21,651 – \$36,100</p> <p><input type="checkbox"/> \$36,101 – \$57,750</p> <p><input type="checkbox"/> \$57,751 and over</p>	<p><b>5 PERSON HOUSEHOLD</b></p> <p><input type="checkbox"/> \$0 – \$23,400</p> <p><input type="checkbox"/> \$23,401 – \$39,000</p> <p><input type="checkbox"/> \$39,001 – \$62,400</p> <p><input type="checkbox"/> \$62,401 and over</p>	<p><b>6 PERSON HOUSEHOLD</b></p> <p><input type="checkbox"/> \$0 – \$25,100</p> <p><input type="checkbox"/> \$25,101 – \$41,900</p> <p><input type="checkbox"/> \$41,901 – \$67,000</p> <p><input type="checkbox"/> \$67,001 and over</p>
<p><b>7 PERSON HOUSEHOLD</b></p> <p><input type="checkbox"/> \$0 – \$26,850</p> <p><input type="checkbox"/> \$26,851 – \$44,800</p> <p><input type="checkbox"/> \$44,801 – \$71,650</p> <p><input type="checkbox"/> \$71,651 and over</p>		<p><b>8 PERSON HOUSEHOLD</b></p> <p><input type="checkbox"/> \$0 – \$28,600</p> <p><input type="checkbox"/> \$28,601 – \$47,700</p> <p><input type="checkbox"/> \$47,701 – \$76,250</p> <p><input type="checkbox"/> \$76,251 and over</p>

**Ethnicity: HISPANIC**  Yes  No

**Race of Head of Household:**

- |   |   |
|---|---|
| <input type="checkbox"/> 1 – White                                  | <input type="checkbox"/> 6 – American Indian/Alaskan Native/White                       |
| <input type="checkbox"/> 2 – Black/African American                 | <input type="checkbox"/> 7 – Asian & White  |
| <input type="checkbox"/> 3 – Asian                                  | <input type="checkbox"/> 8 – Black/African American/White                               |
| <input type="checkbox"/> 4 – American Indian/Alaskan Native         | <input type="checkbox"/> 9 – American Indian/Alaskan Native &<br>Black/African American |
| <input type="checkbox"/> 5 – Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> 10 –Other Multi-Racial   |

I/We certify that the information given on household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of assistance. I hereby certify that my household size and income are as stated above. I consent to verification of this information by the service provider, the City Of Providence, or other governmental officials as required.

Signature: \_\_\_\_\_