

# ENROLLMENT FORM

After School Program



**LA CASA**  
de Esperanza, Inc.

**Child's Name** (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Birthdate (MM/DD/YY) \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

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

**Schedule and Extracurriculars** Please fill out the following schedule and choose what extracurriculars your child will be enrolled in. .

<b>Schedule</b> <i>Please check off what days your child will be attending <b>and</b> what time they will be picked up.</i>	<b>Extracurriculars</b> <i>Please select what activities your child will participate in. .</i> <i>**Keep in mind space is limited, payment for classes will secure your child's spot.</i>
<ul style="list-style-type: none"> <li>• Academic Support - 3:45 - 4:45 pm (no cost to parents)</li> <li>• Extracurriculars - 4:45 - 5:45 - cost of \$40/class</li> <li>• After 5:30 after school rate</li> </ul>	<p><b>(4:45 - 5:45 pm)</b></p>
<p><input type="checkbox"/> Monday _____</p> <p><input type="checkbox"/> Tuesday _____</p> <p><input type="checkbox"/> Wednesday _____</p> <p><input type="checkbox"/> Thursday _____</p> <p><input type="checkbox"/> Friday _____</p>	<p><input type="checkbox"/> <b>Soccer</b> (Mondays and Wednesdays)</p> <p><input type="checkbox"/> <b>Tae kwon do</b> (Tuesdays and Thursdays)</p> <p><input type="checkbox"/> <b>Spanish</b> (Fridays)</p> <p><input type="checkbox"/> <b>Dancing</b> (Mondays, Wednesdays and Fridays)</p> <p><input type="checkbox"/> <b>Drumming</b> (Tuesdays and Thursdays)</p> <p><input type="checkbox"/> <b>Girl Scouts</b> (3:45 - 4:45) - free</p> <p><input type="checkbox"/> <b>Boy Scouts</b> (3:45 - 4:45) - free</p>

**Does your child have any siblings that attend our La Casa de Esperanza Charter School?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Sibling Name(s) and Grade(s) \_\_\_\_\_

\_\_\_\_\_

**Does your child have any siblings that attend our La Casa de Esperanza After School Program (but do not attend our Charter school)?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Sibling Name(s) and Grade(s) \_\_\_\_\_

\_\_\_\_\_

Office Use only :

Date of form \_\_\_\_\_

**Parent/Guardian** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

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

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

**Parent/Guardian** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

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

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

**Emergency Contact Information**

Please list at least two people, other than parents/guardian(s) who are authorized to pick up your child from the program and can serve as an alternate contact in event of an emergency when parent/guardian(s) cannot be reached. Please note that changes to this list must be updated immediately with the Coordinator.

EMERGENCY CONTACTS MUST PROVIDE IDENTIFICATION WHEN PICKING UP CHILD.

\*\*You must provide at least **ONE** emergency contact.

**Contact Name** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

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

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Contact Name** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

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

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Other Authorized Pickup Permissions**

Please list at least one person, other than parents/guardian(s) and emergency contacts who are authorized to pick up your child from the program. Please note that changes to this list must be updated immediately with the Coordinator.

EMERGENCY CONTACTS MUST PROVIDE IDENTIFICATION WHEN PICKING UP CHILD.

**Name** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

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

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

By signing below I give permission for my child \_\_\_\_\_ to be picked up from the La Casa de Esperanza After School Program by the individuals listed above.

Signature\_\_\_\_\_

Printed Name\_\_\_\_\_ Date \_\_\_\_\_

**Parent Authorization and Release of Information**

I provide consent to allow La Casa de Esperanza After School Program staff electronic access to the following information about my child using Waukesha School District information systems:

\_\_\_\_\_(initials) Academic progress reports, report cards, assignments, teacher comments, teachers' names, daily attendance, absences, tardy data, test scores (including MAPs).

Additionally, I authorize La Casa de Esperanza After School Program to have access to my child's behavior and special education records.

Yes\_\_\_\_ No\_\_\_\_ Parents initials\_\_\_\_\_

I understand that this information will remain strictly confidential and will only be used for the improvement of the program offered to my child.

Signature\_\_\_\_\_ Print Name\_\_\_\_\_

**Other Permissions :** *Please indicate below whether you give permission for the following activities*

- The program to take and use photos of your child for the purpose of promoting the program (i.e. on our website, in program brochures, in program newsletters)  
Yes \_\_\_\_\_  
No \_\_\_\_\_

**Any questions, comments, concerns please call (leave message) or email Program Coordinator :**

Ana Arcos  
After School Program Coordinator  
Cell : 414-524-9059 (please leave message)  
Email : [aarcos@lacasadeesperanza.org](mailto:aarcos@lacasadeesperanza.org)  
Office LO16 (lower floor)

**Surveys**

As part of our improvement plan, the after school team appreciates your input and feedback. Please continue onto the next page.

-LCDE After School Team

## Participant Pre-Survey

This survey is for the student participants. If too young, please aid your child in filling out the survey.

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

Please check only one box per question.

<p>1. Do you like going to school?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> All the time</li><li><input type="checkbox"/> Most of the time</li><li><input type="checkbox"/> Some of the time</li><li><input type="checkbox"/> Never</li></ul> <p>2. Do you feel safe after school?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> All the time</li><li><input type="checkbox"/> Most of the time</li><li><input type="checkbox"/> Some of the time</li><li><input type="checkbox"/> Never</li></ul> <p>3. Do you study hard for tests?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> All the time</li><li><input type="checkbox"/> Most of the time</li><li><input type="checkbox"/> Some of the time</li><li><input type="checkbox"/> Never</li></ul> <p>4. How often are you in trouble at school?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> All the time</li><li><input type="checkbox"/> Most of the time</li><li><input type="checkbox"/> Some of the time</li><li><input type="checkbox"/> Never</li></ul> <p>5. Do your parents talk to you about school or homework?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> All the time</li><li><input type="checkbox"/> Most of the time</li><li><input type="checkbox"/> Some of the time</li><li><input type="checkbox"/> Never</li></ul>	<p>6. Do you feel comfortable talking to teachers or other school staff?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> All the time</li><li><input type="checkbox"/> Most of the time</li><li><input type="checkbox"/> Some of the time</li><li><input type="checkbox"/> Never</li></ul> <p>7. Do you feel there is an adult available to help when you need it?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> All the time</li><li><input type="checkbox"/> Most of the time</li><li><input type="checkbox"/> Some of the time</li><li><input type="checkbox"/> Never</li></ul> <p>8. Do you get your homework done on time?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> All the time</li><li><input type="checkbox"/> Most of the time</li><li><input type="checkbox"/> Some of the time</li><li><input type="checkbox"/> Never</li></ul> <p>9. How often do you feel positive about school?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> All the time</li><li><input type="checkbox"/> Most of the time</li><li><input type="checkbox"/> Some of the time</li><li><input type="checkbox"/> Never</li></ul> <p>10. How often do you feel upset when you come to school?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> All the time</li><li><input type="checkbox"/> Most of the time</li><li><input type="checkbox"/> Some of the time</li><li><input type="checkbox"/> Never</li></ul>
<p>11. How well do you get along with others, including other students or adults?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Very well</li><li><input type="checkbox"/> Fair, could be better</li><li><input type="checkbox"/> Not well at all</li></ul>	<p>16. What do you usually do after school (check all that apply)?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Watch TV</li><li><input type="checkbox"/> Work</li><li><input type="checkbox"/> Video/computer games</li><li><input type="checkbox"/> Chores</li></ul>

12. Rate your self-esteem (i.e., how do you think of yourself?):

- High
- Medium, or up and down
- Low

13. How are your grades?

- Very High
- Above average
- Average
- Below average
- Failing

14. Before joining this program, had you ever participated in a before-school or after-school program?

- Yes
- No

15. Do you think that you would benefit from having tutors or mentors help you with homework?

- Yes
- No

- Babysitting
- Do homework
- Go to babysitters'
- Spend time with family
- Play with friends
- Eat snacks
- Board Games
- Skateboard
- Play sports
- Go to the mall
- Work on hobbies
- Participate in an after school program
- Read
- Participate in science/nature programs
- Art
- Martial Arts
- Other:

17. What would you like to do in an after-school program?

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**Continue to next page : Parent Survey**

# Parent Survey

Name of child: \_\_\_\_\_ Child's grade: \_\_\_\_\_

How many years has your child been in our after-school program?

- First program
- 1
- 2
- 3 or more

What do you think of your child's after-school Program? (Your answers will help make the program better for all families.)

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**How would you rate your child's after-school program in the following areas?**

*Circle one answer per question.*

	Poor	Fair	Good	Excellent	Don't Know
1. The overall after-school program	1	2	3	4	DK
2. The safety of your child while he/she is at the after-school program	1	2	3	4	DK
3. The atmosphere and comfort of the of the room(s) in which the after-school program operates	1	2	3	4	DK
4. The snacks that are served to your child on a daily basis	1	2	3	4	DK
5. The hours of operation	1	2	3	4	DK
6. The transportation provided, if any None provided <input type="checkbox"/>	1	2	3	4	DK

**To what extent do you agree or disagree with the following statements about the program? Circle one answer per question.**

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
7. I am satisfied with the kinds of programs and activities offered at the after-school program.	1	2	3	4	DK
8. There is adequate quiet time for my child to complete homework.	1	2	3	4	DK
9. The after-school program has helped my child get his/her homework done on time.	1	2	3	4	DK
10. There is adequate opportunity for physical activity.	1	2	3	4	DK

How many days per week of after-school would be ideal for your child?

1    2    3    4    5

**To what extent do you agree or disagree with the following statements describing your child's experience in the after-school Program? Circle one answer per question.**

My child . . .	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
11. Enjoys attending the after-school program.	1	2	3	4	DK
12. Feels comfortable with the after-school staff.	1	2	3	4	DK
13. Seem happier or less stressed since participating in the after-school program.	1	2	3	4	DK
14. Has friends in the after-school program.	1	2	3	4	DK
15. Completes homework with greater ease.	1	2	3	4	DK
16. Has a better attitude towards school.	1	2	3	4	DK

**To what extent do you agree or disagree with the following statements about the after-school staff? Circle one answer per question.**

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
17. I am comfortable talking with the staff.	1	2	3	4	DK
18. The staff welcomes suggestions from parents.	1	2	3	4	DK
19. The staff keeps me informed about my child's day at the after-school program.	1	2	3	4	DK
20. The staff welcomes parents who wish to observe.	1	2	3	4	DK
21. I am comfortable with how the staff handles discipline problems.	1	2	3	4	DK
22. The staff encourages positive interactions among the children.	1	2	3	4	DK
23. I am satisfied with the number of adult staff available to work with the students.	1	2	3	4	DK
24. I am satisfied with the manner adult staff interact with the students.	1	2	3	4	DK
25. The staff has clearly informed me about how to contact them during the after-school program.	1	2	3	4	DK
26. I am satisfied with the overall performance of the after-school staff.	1	2	3	4	DK



Please check all that apply:

Please check all that apply:

27.	Why does your child attend the after-school program?	28.	What would your child be doing after-school if he/she were not attending this program?
<input type="checkbox"/>	Student needs after-school supervision	<input type="checkbox"/>	Attending a private daycare center
<input type="checkbox"/>	Student is interested because friends are attending	<input type="checkbox"/>	Be cared for by neighbors or relatives
<input type="checkbox"/>	Student is interested because of the enrichment activities offered	<input type="checkbox"/>	Staying home with adult supervision
<input type="checkbox"/>	Parent is interested in enrichment programs	<input type="checkbox"/>	Staying home alone
<input type="checkbox"/>	Teacher recommended program	<input type="checkbox"/>	Attending a variety of places during the week
<input type="checkbox"/>	Student needs homework assistance	<input type="checkbox"/>	List additional after-school options:
<input type="checkbox"/>	Additional reasons for attending program:		

29. What do you like best about the after-school program?

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30. What are some things you would like to see changed?

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31. How many times have you had a chance to observe the after-school program?

- Once
- Two or three times
- More than three times
- Never

32. Have you been involved as a volunteer in the after-school program?

- Yes If yes, how did you participate? -----
- No Would you be interested? \_\_\_\_ Yes \_\_\_\_ No

33. What kinds of parent involvement activities (classes, events, etc.) would you like to see?

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**Thank you for your participation!**