

Sprott Youth Center Afterschool Program 2019-2020 K-5 Students

Moncure, NC -- Director: Julia Palmer

Thank you for your interest in attending our Afterschool Program for K-5 students! Any child who is a rising K-5 student for the 2019-2020 school year may apply.

Our afterschool program will be both fun and educational! It will focus on 1) academics, including computer time and tutors and 2) arts/crafts and organized recreation times. The program provides parents in the community a safe, educational, and fun place for their children to be after school while they are working.

APPLICATION PROCESS

Please read the following carefully. *Afterschool Program enrollment is first come, first served.* The application must be sent to the address below, along with a \$10 application fee. If the program is full, we will refund your money. If you are accepted and accept the enrollment and then cancel the enrollment, your \$10 application fee is NOT refunded. We will notify each applicant regarding enrollment status as soon as possible, typically within two weeks of receiving your completed application. Then, you have two weeks to let us know you accept the enrollment by either calling 980-229-6996 or emailing info@sprottyouthcenter.org.

TUITION AND FINANCIAL AID

The cost is \$42/week; the first week's tuition is due by the first day of the program, August 26, 2019. Limited financial aid is available. We try very hard to make this program accessible to all children and not to turn a child away due to financial need. Please ask for what you need and pay what you can. *Financial Aid requests may take longer than two weeks to process.*

CONTACT INFORMATION

Mailing Address: PO Box 321 Moncure, NC 27559 Website: www.sprottyouthcenter.org
Email: info@sprottyouthcenter.org Phone: 980-229-6996

WHEN: August 26, 2019-June 10, 2020

The Afterschool Program is in session all full and early-release school days. The time is from school dismissal until 6:00PM. A snack is provided each day.

COMPLETING YOUR APPLICATION

Include the following:

- Program application
- \$10 application fee
- Financial Aid application (if applicable)

and send it to:

Sprott Youth Center
ATTN: Afterschool Program
PO Box 321
Moncure, NC 27559

Make checks payable to: Sprott Youth Center

IMPORTANT INFORMATION

Applications available June 7, 2019--open until full.	<i>First come, first served.</i>
Enrollment notification and return paperwork packet sent ...	Two (2) weeks after we receive your completed application.
Your acceptance of enrollment...	Two (2) weeks after your notification was mailed to you.
Tuition (first week's) must be paid in full...	By the first day, August 26, 2019.
Return paperwork packets due...	By the first day, August 26, 2019.

Thank you so much for your interest in our Afterschool Program!

The policy and intent of the Sprott Youth Center is to provide equal opportunity for all persons regardless of race, color, religion, national origin, ancestry, marital status, political affiliation, affectional orientation, sex, status with regard to public assistance, disability, age, veteran status, and any other status protected under federal, state, or local laws. We promote respect and do not tolerate racism, sexism, homophobia, or other discriminatory behavior or expression.

Sprott Youth Center Afterschool Program Application

1. STUDENT AND PRIMARY CONTACT INFORMATION

Name of Student: _____	Date of Birth: _____	Age: _____
Name Student prefers to be called (if different): _____		
Name of School: _____	Grade for 2019-2020: _____	
Names of current year's teacher(s): _____		
Do we have your permission to talk to your child's teacher(s) regarding his/her academic strengths and weaknesses? Yes _____ No _____		
Name of Parent/Guardian/Primary Contact: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Cell Phone: _____	Work Phone _____
Email address you check frequently: _____		
Best way to contact you? _____ Home Phone _____ Cell Phone _____ Email _____		
_____ Please send my paperwork via US mail <i>or</i> _____ Please send my paperwork via email		

2. OTHER INFO

Are you planning to apply for Financial Aid? _____ Yes _____ No

Is there anything else you would like us to know?

To complete your application; please send this application along with the financial aid application (if applicable), and the \$10 application fee to:

Sprott Youth Center
ATTN: Afterschool Program
PO Box 321
Moncure, NC 27559

NOTE: The first week of tuition is due by the first day of school, August 26, 2019.

Signature: _____ Date: _____

FINANCIAL AID APPLICATION

Thank you for your interest in the Sprott Youth Center Afterschool Program for K-5 students. It is part of our mission to be accessible to children of all financial backgrounds. Applying for financial aid will neither increase nor decrease your chances of getting into the program. We encourage you to ask for assistance if you need it and pay what you can.

Directions: If you are qualified for free or reduced school lunches, you do **not** need to complete this application. Instead, you need to submit proof of your qualification for free or reduced lunches. Otherwise, complete this form, one for each student for whom you are applying. Sign and send in the form with your program application. You may be contacted for a follow-up phone interview.

Name of parent/guardian filling out this form

Name of student

Tuition is \$42/week.

1. How much can you pay toward your child's tuition? _____
2. Attach copies of ALL of the following documents:
 - Most recent 1040 tax return
 - 2 most recent bank statements
 - 2 current consecutive pay stubs
 - Proof of any other assistance or income (food stamps, unemployment, SSI benefits, child and/or spousal support)
3. Complete the following information:

MONTHLY INCOME	
Your income	
Spouse's income	
Aid to dependent children	
Veteran/disability income	
Social Security income	
Child support	
Spousal support	
Food stamps	
TOTAL MONTHLY INCOME	
MONTHLY EXPENSES	
Rent/mortgage	
Auto loan	
Utilities	
Phone	
Child support	
Spousal support	
Child care	
Other	
TOTAL MONTHLY EXPENSES	

I verify that all the information I have provided in this document is true to the best of my knowledge.

Signature: _____ Date: _____