**MOTTO**

**“*Dare to dream – Prepare to Succeed”***

**CAFE works within the community to provide academic support, cultural awareness, health and wellness, and arts education to children and their families. The Organization provides a safe and secure environment where all young people are respected and nurtured.**

**The holistic approach to our programs and services are designed by dedicated professionals to help our neighborhoods survive and thrive.**

**We look forward to your commitment and support .**



# APPLICATION FOR CAFE AFTER SCHOOL ACADEMY (CASA)

**I am registering my child for**:

[ ] CAFE After School Academy (CASA) – Monday thru Friday, 2:00pm-7:00pm

[ ] CAFE Saturday Academy – 10:00am-6:00pm every Saturday

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Mandatory**: please enclose a copy of the last report for 2022-2023) Report Card [ ] Yes [ ] No

[ ] Does the student walk home? [ ] Ride the school bus Eligible for Free And Reduced Meals (FARM)? [ ] Yes [ ] No

Mother/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language(s) do you speak at home? [ ] English [ ] Spanish [ ] French [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child need assistance in [ ]**Reading**  [ ]**Math** [ ]**Homework** [ ]**Science/Technology** [ ]**SAT Prep**  please list?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child play a musical instrument or have any music experience? [ ]Yes [ ] No If yes, please explain below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have an IEP? [ ] Yes [ ] No If yes, **Mandatory**: please provide a copy (documents are kept confidential)

Are there any after school/weekend activities that may affect your child’s attendance at CAFE? [ ]Yes [ ] No If yes, please explain below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| CONTACT INFORMATION: Please list two (2) contacts (other than parent/guardian) in case of an emergency:  1) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- |

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# MEDICAL RELEASE FORM

**Please list medical concerns, restrictions or allergies:**

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESCRIPTION MEDICATION AUTHORIZATION

Parent/Guardian must sign this form. If there are any changes to this order, please advise CAFE Parent-Student Liaison in writing immediately. Please complete and sign this medication order allowing the CAFE staff to administer prescription medication at CAFE for the child named above.

| Time to administer in Chronological Order | Name | Dosage | Reason for Medication | With food? (Yes or No) |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I hereby request and authorize the CAFE staff trained by the undersigned to administer the aforementioned prescribed medication as directed by the physician to my child as named above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name (Print) Parent/Guardian’s Signature Date

### MEDICATIONS TO BE ADMINISTERED ONLY IF NEEDED

| MEDICATION | Dosage | How often can it be given? | For what reason should it be given |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name (Print) Parent/Guardian’s Signature Date

## PARENT AGREEMENT CONTRACT

As a parent of a CAFE student, I agree that my child and I will uphold and respect **all** rules and regulations set forth by CAFE.

1. \_\_\_\_\_(initial) I also agree and understand that my child is expected to participate in pre and post assessments and in evaluations of CAFE’s programs. As a parent, I will participate in CAFE’s Program Evaluations and Surveys. These evaluations will be used to study and determine the effectiveness of the program and the progress of CAFE students. The results of all evaluations and assessments will remain confidential.
2. \_\_\_\_\_(initial) I understand that my child, as a member of CAFE, will be eligible and available to participate in its Community Outreach Programs – nationally and internationally. CAFE will provide all information prior to the event or activity.
3. \_\_\_\_\_(initial) I agree to submit copies of my child’s School Report Card and Progress Report for each marking period. I agree and understand that all records and reports will remain confidential and the property of CAFE.
4. \_\_\_\_\_(initial) I agree and understand that I must adhere to the rules, regulations and all other criteria as outlined in the Parent Handbook in order to be eligible for CAFE’s subsidized fee. I further agree and understand that if I fail to fulfill these obligations, I will be ineligible for the subsidized funding and must pay the Standard Tuition as set forth by CAFE.
5. \_\_\_\_\_(initial) I grant CAFE permission to use photographs, video images, and audio recordings of my child, in publications, social media promotions, and other public relations and marketing materials created in CAFE.
6. \_\_\_\_\_(initial) I agree to volunteer to serve on the following Committees as needed: (MANDATORY)

Please rank your preferences with 1 being your most preferred committee and we will assign your committee of service based on our needs. Each parent must serve at least one event per year:

[ ] Chaperone/Carpooling [ ] Fundraising

[ ] General Events Planning [ ] End-of-Year Awards Program

[ ] Thanksgiving Food Drive [ ] Christmas Luncheon

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All records are strictly confidential, if we have to share the information, prior permission is needed.

## PARENT PRE-ENROLLMENT SURVEY

| Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Were you satisfied with your child’s academic achievements last year?  [ ] YES [ ] NO |
| --- | --- |

| How did you hear about CAFE? Referral, Online, etc. |
| --- |
| Why did you enroll your child/ren in CAFE? |
| How do you intend to support CAFE’s goals for your child? |
| Please list any assistance that you may need from CAFE: |
| Do you understand how your role at CAFE will aid in your child/ren’s success as outlined in the Parent Handbook? |
| \_\_\_\_\_\_\_ I understand that CAFE is a partially funded not-for-profit organization (see tuition rate fee guidelines); the students’ tuition are subsidized, and I am required to fulfill volunteer hours during the year).    \_\_\_\_\_\_\_ I understand and accept that if I do not follow the criteria and abide by the rules set forth by the subsidized program and funders, I will be required to pay the standard tuition rate: |
| If there are any concerns you would like to share, please indicate. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## STUDENT PRE-ENROLLMENT SURVEY

| Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_  School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus Drop off \_\_\_\_\_\_\_ Walker \_\_\_\_\_\_\_ Home Arrival Time \_\_\_\_\_\_\_\_\_\_\_ |
| --- |
| Do you like school [ ] Yes [ ] No. Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What was your proudest school experience last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is your favorite subject(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is your least favorite subject(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is the fastest way for you to learn something new (check **one** **or two** ONLY):  [ ] Someone telling me (listening to instructions)  [ ] Someone showing me (watching someone)  [ ] Reading the instructions  [ ] Working alone/by yourself  [ ] Repeating (going over **it** many times)  [ ] Writing down the instructions or taking notes |
| What would you like your grades to be this school year? |
| What would you like to do/be when you grow up? |
| Are you involved in any other after school activities? [ ] Yes [ ] No. If yes, please list them here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What do you enjoy doing in your spare time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How much time do you spend on homework each night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approximately how much time do you spend watching TV, social media or other technology each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How much time do you spend playing video games each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How can CAFE help you achieve your academic goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How can your parents help you achieve your goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have any issues or concerns about school or CAFE that you would like to express? [ ] Yes [ ] No. If yes, please share\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

### CODE OF ETHICS

**Music and Academics are two areas where discipline is essential for success!**

**To help us achieve our goals and objectives, we require that all students and parents abide by the following “Code of Ethics”:**

1. **Students are expected to arrive on time. Saturday Academy classes begin at 9:30AM and end at 6:00PM. Students should arrive on time to sign in and go to their classes. Tardiness is disruptive and disrespectful to the instructors and peers. Afterschool is exempt.**

1. **As per our safety and security manual, ALL parents/guardians must walk students to the door at CAFE and sign in each day. Parents/guardians must also follow the same rule for picking up and signing out students.**

1. **If a student is going to be absent or late, parents/guardians must provide prior notice via email at least 24 hours in advance. For any emergency absences/delayed arrival, parents/guardians must notify CAFE’s Office ASAP via phone call and/or email).**

1. **CAFE will honor all public holidays and Prince George’s County Public School holidays/snow days/delayed arrivals and early closings. If there is a change in CAFE’s schedule, every effort will be made to give prior notice to students and parents. Additionally, you may call the office for confirmation.**

1. **Parents must notify CAFE in writing of students who will be using public transportation or other means of transport e.g. to travel to and from CAFÉ, or, if there is a change in pickup schedule for students for any of our programs. Parents/guardians WILL be notified of any students arriving after expected arrival time. NO EXCEPTIONS.**

1. **Parents must notify/inform CAFE if their child(ren) is using prescribed medication or has any ongoing medical conditions. All information is confidential.**

1. **Students must respect the Queens Manor Complex Community in which CAFE is located. Any students caught or responsible for destroying, stealing, defacing or damaging said property will be held liable for total cost of repairs and/or replacement, and will face further disciplinary action from CAFE.**

1. **The use of profanity, displaying lewd, indecent or inappropriate behavior will meet with immediate disciplinary action. Additionally, students must show respect to teachers, adults and peers at all times.**

1. **Video and electronic games, sports equipment are prohibited while engaged in any CAFE instruction, activities, trips, etc.. Additionally, cell phones must be turned off. CAFE will neither be responsible nor will reimburse anyone for missing or stolen equipment while at CAFE.**

1. **Students must wear CAFE t-shirts while participating in any and all CAFE sponsored activities, unless otherwise instructed by administration.**

1. **Students are not allowed to bring family members or friends who are not officially enrolled in CAFE to participate in official CAFÉ programs.**

1. **Students may be temporarily suspended or dismissed from CAFE activities due to rule violations.**
2. **Students who are dismissed for violations may apply for reinstatement after the time limit has expired. However, if reinstatement is requested, a committee composed of members of CAFE’s Board of Directors and staff will make the final decision regarding reinstatement.**

**I have thoroughly read CAFE’s Code of Conduct. I agree, understand, and accept full responsibility should my child and I do not comply with the above listed rules.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name (Please Print) Parent’s Signature Date**