



### Registration Form LEAP 2019/2020

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Child's Grade and Homeroom: \_\_\_\_\_

Which day(s) will your child join LEAP? \_\_\_\_\_

Give details of your child's favorite activities?  
\_\_\_\_\_

Personalized Learning Goal: What subject area(s) does your child need to work on? (This will be developed further with input from Teachers and classroom data)  
\_\_\_\_\_  
\_\_\_\_\_

### Family information:

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **If we cannot get a hold of you in an emergency, who would you like us to contact?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email Address \_\_\_\_\_

### **Health**

Does your child have any medical conditions/allergies/food restrictions that we need to know about? You must notify the school nurse of any medical conditions and allergies.  
\_\_\_\_\_  
\_\_\_\_\_

### **Transportation**

What time will you pick up your child from LEAP? \_\_\_\_\_

\*Please note there will be no bus service available.\*

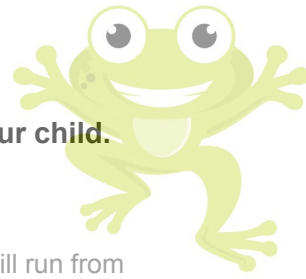
List the names of people who you give permission to pick up your child. **Note: we cannot allow your child to go home with anyone who is not on this list unless we have written notification.**

| Name of Person | Relationship | Contact Number |
|----------------|--------------|----------------|
|                |              |                |
|                |              |                |

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

Administrative purpose only: Signed up on: \_\_\_\_\_ First installment paid on: \_\_\_\_\_

**LEAP: Learning, Enrichment, Active, Personalized**  
**Vision: Providing a fun, challenging, personalized after school program for your child.**



**Calendar**

LEAP runs from 3:15 to 6:00 p.m. on all regular school days. On Early Release Tuesdays LEAP will run from 2:15 to 5:00 pm\*. School attendance is mandatory for the entire day before a student may attend LEAP. Students may not leave the school campus and then return to campus to attend LEAP. There will be no LEAP program on school holidays, or on half days preceding breaks or during parents conferences. In addition, LEAP will not run when school closes early due to weather or unexpected holidays. Every effort should be made to pick up your child at the announced early-closing time.

**Code of Conduct**

Students are expected to behave in a manner consistent with the Universal American School Behavior Policy.

**Schedule (Approximate times)**

|               |                                    |
|---------------|------------------------------------|
| 3:15- 4:15 pm | Activities                         |
| 4:15- 4:45 pm | Meal provided                      |
| 4:45- 5:30 pm | Enrichment/Support/Purposeful Play |
| 5:30- 6:00 pm | Personalized Learning Plan         |

**Cost**

Between 4 and 5 days a week will cost 10,500 AED a year  
Up to 3 days a week will cost 8,400 AED a year

**To secure your place: by paying the registration fee of 500 AED (this is non refundable but will be deducted from the overall cost)**

**Billing**

Payments must be made through UAS accounts. Payment can be made in full or in 2 installments. The first installment must be made prior to September 5th with the second installment paid by January 31st.

**Emergency Drop-in**

For the convenience of families with an unexpected emergency circumstance, the program will be available for a reasonable one-day drop-in rate. If you expect to use the emergency service more than once per month, you must enroll in the program.

**Change of Plans**

Parents must notify the school office by 12:00 noon of any change in plans for that day.

**Pick up:**

All students must be picked up by 6:00 pm sharp. If your child is picked up late more than 3 times in a term we reserve the right to discontinue the LEAP program for your child without refund.

**Terms and Conditions:**

The program requires the enrollment of 12 students before we can proceed. Parents will be informed prior to the beginning of the academic year and full refunds will be granted. Full refunds will be granted in this case.

\*On Tuesdays the 5pm finish time will be reviewed if there is sufficient demand for a 6pm dismissal.

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