



The S.B. Step Ahead Program, Inc. (S.A.P.)

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"An Extra Push Toward Academic Excellence"

REGISTRATION FORM – SATURDAY LEARNING ACADEMY – 2010-2011

A S. B. Step Ahead Program Extending Learning Project will be held at Capitol Heights Talented & Gifted Elementary School. This nearly full day program (8:45 AM to 1 PM on Saturdays) will offer small group mathematics, reading, spelling and writing instructions in the Saturday Learning Project and enrichment activities and field trips on some Saturdays. Parents are asked to make donations toward Lunch and Snacks that will be provided. The program will include K - 12th Grade school students.

School Name: _____ **Grade** _____

Student's Name: _____

Other Children Names _____

Address: _____

City _____ **State** _____ **Zip** _____

E-mail Address: _____

Mother's Name _____

Phone: _____
Home _____ **Work or Cellular/Pager** _____

Father's Name _____

Phone: _____
Home _____ **Work or Cellular/Pager** _____

Person/s Permitted to pick up Child: _____

Emergency Contact Person: _____

Address: _____

Telephone: _____ **or** _____
Home _____ **Work or Cell** _____

Teacher's Name: _____

Disclaimer

The S. B. Step Ahead Program Inc. cannot be held liable for misrepresentations, negligence, breaches of contract, misconduct, or any claims made by or against the coaches or mentors in their individual or corporate capacity. The S. B. Step Ahead Program, in compliance with federal law, does not discriminate in any of its policies, practices, or procedures based on race, color, creed, religion, sex, national origin, age, participation of persons with disabilities, marital status, political affiliation or any other non-merit factor. This includes, but is not limited to, admissions, applications, employment, financial aid, athletic or educational programs and services.

Student's Race	Check one
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
Am. Indian/Alaskan Native & Black/African American	
Other Multi-Racial	

Is the Student Hispanic?

Yes/No
(circle one)

HUD/CDBG INCOME LIMITS EFFECTIVE MARCH, 2008

Circle the size of your household and your maximum household income:

Household Size	Extremely Low Income (Maximum Income =30% of Median Family Income)	Very Low Income (Maximum Income=50% of Median Family Income)	Low Income (Maximum Income + 80%)
1	\$20,650	\$34,450	\$43,050
2	\$22,700	\$37,800	\$48,000
3	\$25,500	\$42,550	\$54,000
4	\$28,350	\$47,250	\$60,000
5	\$30,600	\$51,050	\$64,800
6	\$32,900	\$54,800	\$69,600
7	\$35,150	\$58,600	\$74,400
8	\$37,400	\$62,350	\$79,200

This information is required by the U.S. Department of Housing and Urban Development and Prince George's County.

I hereby register my child, named above, in the S. B. Step Ahead at the school named above, for the current school year or summer. By signing below, I am verifying that the household size and income circled/checked below are my true household size and income.

I give permission for my child to participate in the S. B. Step Ahead Program & the SAP Summer Extended Learning Project. My Child will be available to participate on all scheduled days.

Parent/Guardian Signature

Date

Witness of S. B. Step Ahead Staff

Date

Note: Parent/Guardian verification of income must be witnessed by a staff member of the SB Step Ahead Program or notarized.