



Please complete both sides FALL 2026

STRIVE 4 SUCCESS APPLICATION FORM for 3rd - 6th grade

After School Discovery program for students held at SUPERIOR Intermediate & ONTARIO Primary
S4S Academic Coaching and Enrichments on Tuesday & Wednesday
Dismissal is at **6:30 pm** at ONTARIO Primary



Student Name (Print) _____ ☐ M ☐ F
Last First

School _____ Grade _____ Teacher _____ Birth date ____/____/____

Parents/Guardian (print) _____
My relationship to this student

Home Address _____
T-shirt size

City _____ State _____ Zip _____ Email _____

Cell _____ Home Phone _____ Other _____

Ethnicity ☐ Asian ☐ Black/African American ☐ Hispanic ☐ White ☐ Mixed (check all)

☐ My child has an IEP (Individualized Education Plan) ☐ My child is in ESL

Enrichment Choices (please check at least THREE enrichments each day that your child is interested in – circle the one most important to them – there are no guarantees about placement.)

- TUESDAY**
- ☐ Art Club
 - ☐ Club Global
 - ☐ Crochet
 - ☐ Monopoly IRL
 - ☐ Service Club/Play it Forward
 - ☐ Soccer Skills
 - ☐ STEM/LEGOS
 - ☐ Yoga

- WEDNESDAY**
- ☐ Art Club
 - ☐ Club Global
 - ☐ Crochet
 - ☐ Earth Advocates
 - ☐ STEM/LEGOS
 - ☐ Torchlight Mentoring with LHS Students
 - ☐ Volleyball
 - ☐ Yoga

Transportation:

☐ I (or any of the following adults) will pick up my child at **6:30 pm** at **ONTARIO PRIMARY** Parent Loop
 Adult name _____ relationship _____ phone _____

OR Adult name _____ relationship _____ phone _____
 Adult name _____ relationship _____ phone _____

☐ I give my permission for my child to be transported home at **6:30 pm** by Sunset Transportation service.

A. After School Discovery, Inc. (ASD) occasionally uses students' photographs, pictures, or works created for promotion or other uses, including media releases and web site postings. I grant to ASD as the sole owner, the right to photograph film and otherwise use my child's likeness and created works without any compensation whatsoever and understand that pictures may appear on social media.

B. After School Discovery, Inc. (ASD) works closely with the Ashtabula Area City Schools and has permission for records to be released between my child's school and ASD to aid in present and future educational plans.

C. I give permission for my child to participate in routine "field trips" to multiple destinations including common areas on the Wade Avenue campus. Upon dismissal from school, my child will be transitioned by ASD staff.

D. I give permission for my child to attend their S4S field trips. I understand that I will receive notice of all the details of each field trip, and if I do not want my child to attend I will send a dated note specifying my request.

E. I understand a copy of ASD's Parent Handbook is available on request.

I hereby warrant that I am the parent and/or legal guardian of the above named child and that I have the authority and authorization to sign this application form on behalf of said minor child. By signing below, I also agree to the statements above. If I am not in agreement with any of the above statements, I will inform After School Discovery in writing of my intentions.

Parent/Guardian Signature **X** _____

Parent/Guardian (Print) _____ Date _____

Mail form back to **After School Discovery**, PO Box 113, Ashtabula, OH 44005-0113 or have student take completed form to school office. Any questions, call our business office at 440-993-1060.

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Aug. 2026

EMERGENCY CONTACT AND HEALTH INFORMATION

Emergency Contacts: **Parents cannot be listed** as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness **if you cannot be reached**. Any person listed should be able to assist in contacting you or at least one person listed must be within one hour of the school and able to take responsibility for the student in case you cannot be contacted.

Name (not the custodial parent of the registered child)		Name (not the custodial parent of the registered child)	
City	State	City	State
Telephone Number	Relationship to student	Telephone Number	Relationship To student
Name or Physician or Clinic/Hospital			
Street Address			
City	State	Telephone Number	

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	<u>Do Not Give Permission</u> to Transport
AFTER SCHOOL DISCOVERY		
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent/Guardian Signature X		Date

Does your child have any food, medication or environmental allergies? (check all that apply)

☐ No ☐ Yes – check all that apply
 ☐ Food
☐ Medication
☐ Environmental

Please list and explain:

Does your child's allergy/allergies require staff to monitor child for symptoms, take action if a reaction occurs or give emergency medication to your child?

☐ No ☐ Yes – please explain

Does your child need an epi-pen? ☐ No ☐ Yes

Does your child use an inhaler? ☐ No ☐ Yes

How often is epi-pen/inhaler needed?

When is epi-pen/inhaler needed?

Under what circumstances is epi-pen/inhaler needed?

☐ Inhaler/epi-pen will be given to ASD staff **before the first day** in the original box with the prescription label attached. **NOTE: additional paperwork will need to be completed by the child's doctor before your child can attend.**

Does your child have a special health or medical condition that staff need to know about? (check one)

☐ No ☐ Yes – please explain

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (check one)

☐ No ☐ Yes – please explain

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one)

☐ No ☐ Yes – please explain

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