**Parents/Guardians – attached is the application for the STRIVE After School Program**  
The STRIVE Program meets after school, Monday through Thursday (Fridays off), from 3:00-5:30pm.  
*The program costs $240 for the year.*  
STRIVE students complete homework and school-work first, and then participate in activities such as athletics, CPEP, LEGO Robotics, reading, computer work, art, and cooking as well as special programs with guests. Students who walk to school are expected to walk home or be picked up by a parent. Students who ride a school bus to Roton can take a school bus home, and be dropped off at the same bus stop.  
  
**The STRIVE program has room for 90 students, those spaces are awarded by first come, first served!**  
**Students who were in S.T.R.I.V.E last year are automatically given a space in STRIVE this year - but parents MUST fill out an application THIS YEAR to update their contact information and to give permission for their child to attend this year.** *IF WE DO NOT RECEIVE AN APPLICATION FROM YOU DURING THE NEXT TWO WEEKS, YOUR CHILD WILL BE DROPPED FROM THE PROGRAM*, so please make sure you get the form in!  
  
The application is attached in this packet. Please complete all areas. Paper copies are also available on the front table in the Main Office of Roton. Copies will also be given out during the first week of school from Mr Pennington or in the Main Office.   
  
**Mail, drop off, or fax the form in to the Main Office ASAP.** We need your signature on the form. The Fax number is (203) 899-2934 by September 8th.  
  
The program will begin approximately the week of September 7th; we will confirm that in a later email. Those who have won a space in the STRIVE program will be contacted by Mr Pennington.  
  
Good Luck!

Roton S.T.R.I.V.E Program Expectations and Procedures

(Scholarship, Togetherness, Resilience, Integrity, Values, Excellence)

* Students are required to attend the program for a minimum of 3 days per week.
* Students should adhere to all rules, expectations and consequences outlined in the Roton M.S Handbook remain in effect during the program.
* Students are required to bring all materials with them to the auditorium and then their classroom.
* Students are encouraged to have their Sustained Silent Reading Book with them at the program.

Roton S.T.R.I.V.E Program Procedures

1. Upon dismissal from class, students will quietly and orderly report to their assigned room with all their belongings.
2. Students will pick up their Homework Folders and complete the Roton S.T.R.I.V.E Homework Tracer.
3. Students will be provided time to complete assigned homework activities.
4. Completed homework activities will be reviewed by S.T.R.I.V.E staff members and the S.T.R.I.V.E Homework Tracer will be updated. Homework Tracers will be shared with Team Leaders during requested parent-teacher meetings.
5. Students will be able to sign up for select special enrichment activities. (Cooking, Lego Robotics, Maritime Center and CPEP (pre-engineering program)
6. Upon returning from enrichment activities, incomplete homework assignments will be completed.
7. Students will be given an opportunity to socialize and enjoy free time in the gym or outside (weather permitting).

The Roton S.T.R.I.V.E Program is an academic program with a focus on homework completion, skill development and student enrichment. Students and parents are reminded that non-compliance with the established expectations and procedures may result in removal from the program.

**\_\_\_ My child participated in STRIVE last year**  
  
I give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate in the S.T.R.I.V.E after school program (Student name)

I understand the program will meet from 3:00 to 5:30 **sharp** on Monday thru Thursday when school is in session.

**Student Address and Parent Contact information:**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Gender (circle one): Male Female

Student Age: \_\_\_\_\_\_\_ Student Date of Birth: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Norwalk, CT 0685\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian phone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Medical information:**

Student Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Special Needs or Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Video Permission Slip:**

\_\_\_\_\_\_ My child may watch PG rated movies \_\_\_\_\_\_ My child may NOT watch PG rated movies

\*\*Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation:**

Expected mode of transportation home from program: (Please circle all that apply)

PICK UP

WALK

BUS What is your child’s bus stop? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian signatureDate

**Please be sure to contact Mr. Pennington/Mr. Perez to inform them of any additional circumstances that may arise on a given day, for example: You need to pick up early for an appointment.**

**Email** [**penningtonr@norwalkps.org**](mailto:penningtonr@norwalkps.org) **or call (203) 807-6672**

How would you like to be notified? Please visit: <http://strive-roton.weebly.com>

* **Email**

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Phone**

Best phone number to reach you between 3:00- 5:15 pm\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Other**

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

**Photography Authorization:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to the Carver Foundation of Norwalk, for me or my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as deemed appropriate for education, science, or news media purposes.

I, further authorize and consent to the use of photographs, films, or video tape records in any educational program, publication, or electronic medium and release the Carver Foundation of Norwalk, from any responsibility of thereof.

\*\*Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_