

## Program Calendar

The program operates on the same extended year calendar as Argonne Elementary. Summer session is open to grades 1-5 only. Please contact any program officer for more information.

## Donation

As the program is entirely non-profit, collected program fees are determined by the teacher's salaries, liability insurance and supplies only. Any contribution is welcomed and much needed to further enrich program curriculum and special projects. Please contact any Advisory Board member for more information or to make a donation.

### Our Teachers

Flora Chen  
Vivian Gee  
Zoe Zhu

### Our Teacher Assistants

Daisy Xie  
Shirley Cai  
Shirley Zhang

### Site Director

Gerald Crump

### Advisory Board

Linda Luu (CASP Lead) Fall 2019  
Ulash Dunlap (Teacher Support Lead) Fall 2019  
Reina Kwan (Teacher Support)  
Joyce Cheng (Teacher Support)  
Linda Chu (Teacher Support)  
Joe Lam (Treasurer)  
Margaret Poza (Communications)  
Lamar Heystek (Communications)  
Jeff Luu (Enrollment)  
Amy Kam (Events)  
Annie Ng (Events)

### Program Registration Info:

- Argonne's Chinese After School Program (CASP) provides Mandarin language instruction classes for Argonne students grade K-5.
- CASP accepts applications year round. Applications for wait listed students will be kept on file pending future openings.
- CASP is parent-run and relies heavily on volunteers.
- Family participation will be weighed heavily for enrollment consideration.
- Each family is committed to 10 volunteer hours upon program enrollment.
- Additional fees will be assessed for any unmet volunteer hours at \$10 per missed hour.
- Each family is required to attend 5 mandatory program meetings per enrolled school year. Attendance counts towards the volunteer hours requirement.

### Daily Schedule

- (2:40pm - 3pm) students gather in the yard for roll call and snack from home.
- (3pm-3:50pm) Lesson/Enrichment
- (3:50pm-4:10pm) Recess
- (4:10pm-5pm) Lesson/Enrichment
- (5pm-6pm) Homework Time
- (5:15-6:00pm) Pick up

**Late fee is billed \$1 per minute late after 6pm.**

### Program Fees:

Fall 2019: To be determined: includes books, supplies & materials + (\$25 for two Program Tee Shirts for all new students)

Spring 2020: To be determined

Teachers may ask for additional supplies to be contributed from families for their child(ren).

(Program fees are reviewed annually and subject to change.)



## Argonne's Chinese After School Program-A Heritage School (not required to be licensed by CCLD)

The program has been designed to offer children the opportunity to develop proficiency in Chinese as a second language. We also provide enrichment in the areas of Chinese language, customs, and cultures through art, songs, stories, cooking, etc. to further enhance the curriculum.

The Argonne Chinese After School Program was founded and established by parents in 1999. The program provides the Argonne community with an opportunity to learn Chinese language and culture. The program operates within guidelines set by the School Parent Teacher Organization (PTO), a not-for-profit organization with the 501(c) (3) status.



(Office use only)
App. Recd' date: _____
App. Recd' by: _____
Interview date: _____
Accept <input type="checkbox"/> Decline <input type="checkbox"/>

**Argonne Elementary School Chinese After School (CASP) Application/Emergency Contact Form**  
**We only offer Mandarin and teach simplified characters**

Date 日期 \_\_\_\_\_ Daytime Grade Level 就讀班級: \_\_\_\_\_ Room #: \_\_\_\_\_

Name of Student 學生姓名(English) 英文 \_\_\_\_\_ (Chinese) 中文 \_\_\_\_\_

Date of Birth 出生日期 \_\_\_\_\_ Sex 性別(M 男 / F 女)

Name of Parent 家長姓名 \_\_\_\_\_ Occupation 職業 \_\_\_\_\_

Home Phone# 住宅電話 \_\_\_\_\_ Work# \_\_\_\_\_ Cell 手提電話 \_\_\_\_\_

Home Address 住址 \_\_\_\_\_

Name of Parent 家長姓名 \_\_\_\_\_ Occupation 職業 \_\_\_\_\_

Home Phone# 住宅電話 \_\_\_\_\_ Work# \_\_\_\_\_ Cell 手提電話 \_\_\_\_\_

Home Address 住址 \_\_\_\_\_

E-mail Parent1 電郵 \_\_\_\_\_ E-mail Parent 2 電郵 \_\_\_\_\_

I have a child/children currently enrolled in the program 本人現有子女就讀此中文班 (Y是/N否)

If "Y", please indicate Child/Children's name(s) 若"是"請寫出就讀兄/姊姓名 \_\_\_\_\_

-----MEDICAL INFORMATION -----

**CASP HAS A NO NUTS POLICY: Food Allergy?** (Y/N) **Medication?** (Y/N) If yes to either, please explain: \_\_\_\_\_

Please list any additional health condition(s) your child has, such as asthma, non-food allergies & etc. of which we should be aware.

Name of Insurance: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Insurance Carrier Contact Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Telephone Number \_\_\_\_\_

<b>Emergency / Authorized Pick Up Contact: Name</b>	<b>Relationship</b>	<b>Phone # (Cell/work)</b>
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Emergency Contact (1) _____	_____	_____
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Emergency Contact (2) _____	_____	_____
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Procedures: Applications are accepted on a first come first serve basis. Program officer will contact applicants for interview via phone. The interview process will allow applicants an opportunity to ask questions and decide on enrollment. Siblings are not guaranteed a space in the program.

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

Submit this form to the school office or via email. For more information, please contact program officers at [argonnecasp@gmail.com](mailto:argonnecasp@gmail.com)

請遞交報名表格到學校校務處或電郵。如有疑問、可聯絡 [argonnecasp@gmail.com](mailto:argonnecasp@gmail.com)

Revised 03/2019