



Hello STARS Parents!

Registration for the 2018-19 STARS After School Enrichment (ASE) Program at CVI is now officially open.

The program will run from 2:30 to 5:45 p.m. on Tuesdays and Thursdays from August 7, 2018 to May 16, 2019.

We are respectfully asking for a registration fee of \$400 for ASE. The comprehensive services provided annually through the STARS Program average \$5,000 or more per year per student. Thanks to a continued grant from Department of Human Services, Division of Family and Children Services, we are able to offer financial assistance and you may request it on the attached registration form.

Completed registration forms and fees can be sent via either:

**Mail:** Center for the Visually Impaired  
STARS After School Enrichment  
739 West Peachtree Street NW  
Atlanta, GA, 30308

**Fax:** 404.602.4332

**Email:** [khawkins@cviga.org](mailto:khawkins@cviga.org)

**The registration deadline is Tuesday, July 31st.** Incomplete registrations will go on a wait list after this date. Confirmations will be emailed once the process is complete.

Sincerely,

Stephanie Pizza, Ed.S, TVI  
Director of Children & Youth Services

739 West Peachtree St. NW  
Atlanta, GA 30308

Accredited Member  
National Accreditation Council

A United Way Agency



## After School Enrichment Registration 2018-19

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Days of Attendance

Tuesdays       Thursdays

### Transportation

Will your student need transportation from school to STARS?

Yes       No

Name of school \_\_\_\_\_

Will your student need transportation from STARS to a localized pick up point?

Yes       No

If the answer is YES, please select from the following areas:

North

South

East

West

School dismissal time: \_\_\_\_\_

If you are requesting transportation, you can expect a call from our third party contractor to confirm details with you. We do our best to accommodate as many transportation needs as possible. These routes are estimated on our expected registrations and are subject to change.



Center for the Visually Impaired  
739 West Peachtree Street NW, Atlanta, GA 30308

Tel: 404-875-9011 • Fax: 404-602-4332

[www.cviga.org](http://www.cviga.org)





## After School Enrichment Registration 2018-19

Student's Name: \_\_\_\_\_

### **Program Participation Contract**

By signing below, you agree to the following:

- Regular attendance is a high priority for the After School Enrichment Program. When you anticipate an absence, please contact Calvin Lee ([clee@cviga.org](mailto:clee@cviga.org) or 404.602.4373) or Stephanie Pizza ([spizza@cviga.org](mailto:spizza@cviga.org) or 404.602.4331) by 12pm on the day of absence. Failure to do so will be considered an unexcused absence. More than three unexcused absences will jeopardize your student's continued participation in the program.
- The focus of the After School Enrichment Program is to enhance the Expanded Core Curriculum that students receive in school. We realize that help with homework is also important for our students. We continue to offer assistance, especially in Braille, but it will not be the focus during program.

We understand the responsibilities of participation in the After School Enrichment Program and agree to keep up with our responsibilities in order to receive the full value and benefit of the STARS Program.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

### **Student's Allergies / Medications**

\_\_\_\_\_  
\_\_\_\_\_  
I give consent for the STARS team at Center for the Visually Impaired (CVI) to share my child's program related information with teachers and school officials that have interest in my education. I also authorize any school official that has information concerning my child's education to release this information to STARS staff. All information will only be used by professional persons for the purpose of transportation and education for my child's participation in the STARS Program.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)



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## After School Enrichment Registration 2018-19

### Registration Fee

The registration fee includes 73 days of supplemental ECC instruction (twice per week), ongoing assessment of VI-related skills and needs, individualized support, and opportunities to enhance social skills. The fee also includes transportation to and from After School Enrichment.

**Student's Name:** \_\_\_\_\_

### **Please select the appropriate eligibility option(s):**

- DHS: My family is eligible under the Department of Human Services (DHS), Division of Family and Children Services After School Care Program.  
(Please complete and return the separate DHS form and provide proof of eligibility.)
- GVRA open case: The student is 14 or over and is on an active VR caseload with the Georgia Vocational Rehabilitation Agency (GVRA).
- Consent for GVRA referral: The student is 14 or over and the family agrees for STARS to make a referral to the Georgia Vocational Rehabilitation Agency for services.  
(Please complete and return the GVRA referral form located on the last page.)

**If your family does not qualify for funding via DHS or GVRA, the registration fee for After School Enrichment is \$400. We have 2 payment options:**

- A one-time payment of \$400.
- Ten monthly payments of \$40 to equal a total of \$400.  
Credit cards are charged the first Wednesday of the month from August 2018 through May 2019.  
The monthly payment option is only available via credit card.

### **Method of Payment:**

- Cash
- Check made out to CVI with "STARS After School" in the memo section
- Visa
- MasterCard

Credit Card Number \_\_\_\_\_

Expiration Month \_\_\_\_\_ Year \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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Office use  
House number:

Zip



## After School Enrichment Registration 2018-19

Student's Name: \_\_\_\_\_

### Department of Family and Children Services Release

STARS is an educational, recreational, and social skills program for youth ages 5-21 who are blind or visually impaired. The **STARS After-School Enrichment Program** meets two evenings per week from August through May. After School participants take classes targeting key tenets of the Expanded Core Curriculum, a body of knowledge and skills that students with visual impairments must master to be successful in the general academic curriculum. After School instruction includes Literacy (Braille, reading, writing, listening); Activities of Daily Living (kitchen safety and food preparation, self-care and hygiene); Social Skills; Exercise and Health; Assistive Technology; Music; Art; and Support Group.

I hereby acknowledge that I have been advised and understand that the program my child is participating in at the Center for the Visually Impaired, **STARS After School Enrichment Program**, is neither licensed nor required to be licensed by the Georgia Department of Early Care and Learning.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)



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August 1, 2018

RE: Student Dismissal

To Whom It May Concern:

This is to notify you that my child, \_\_\_\_\_, has my permission to be picked up at the end of the school day by the staff of STARS and their contracted transportation company. All staff will be properly identified when they come to pick up my child. My child is participating in the STARS (Social Therapeutic Academic Recreational Services) After School Enrichment Program at Center for the Visually Impaired in Midtown Atlanta from August 7, 2018 to May 16, 2019.

Thank you for your cooperation and support.

Sincerely,

---

Nathan Deal  
Governor



Sean T. Casey  
Executive Director

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Georgia Vocational Rehabilitation Agency

Date:

Dear Parent or Guardian:

The Georgia Vocational Rehabilitation Agency (GVRA) is working with students at Center for the Visually Impaired who receive services under the Individuals with Disabilities in Education Act and individuals who are considered to have a disability under Section 504 of the Rehabilitation Act. These services are designed to provide your child with opportunities to receive the training and other services necessary to achieve competitive integrated employment.

**The services may include any or all of the following:**

- Job exploration counseling;
- Work-based learning experiences, which may include in-school, after school, or community-based opportunities;
- Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education;
- Workplace readiness training to develop social skills and independent living; and
- Instruction in self-advocacy, including peer mentoring.

In order to provide these services to your child, this form must be completed, signed, and returned to Center for the Visually Impaired.

Your signature below will authorize GVRA to obtain verification that your child has a disability and will also authorize the school to provide GVRA any career/vocational assessments that have already been completed. . In addition, GVRA will obtain your child’s grades/transcripts to verify progress as a result of receiving services. This information will be held strictly confidential and will not be released by this agency without obtaining your permission.

Any facsimile, copy, or photocopy of the authorization shall authorize you to release the records requested herein. This authorization shall be in force and effect for one year unless I have initialed below:

\_\_\_\_\_The period necessary to complete all services provided to my child while they have an open case at GVRA which may be more than one year from the date below.

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Student’s Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Parent’s Printed Name: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

School Use Only: IEP \_\_\_\_\_ 504 \_\_\_\_\_ Other documentation of disability \_\_\_\_\_