

# THE STREAMS

## AFTER-SCHOOL PROGRAM

### Vision Statement:

The STREAMS After-School Program is devoted to inspiring the next generation of Scientific Innovators with resources to support project-based learning that will ignite the student's interest in a future career within the STEM fields, In shaa Allaah.

### Mission Statement:

The STREAMS After-School Program creates a safe, structured and supportive environment that promotes creativity, critical thinking, design, peer collaboration, and problem-solving strategies to enable the unique hands-on exploration of real-life and real-world problems.

**Who:** GSIC's K-8 students

**What:** After-School Program

**Where:** G.S.I.C

700 Bird Street  
Vineland, NJ 08360

**When:** Tuesdays & Thursdays  
4:00-6:00 PM

**Cost:** Free/No Charge\*

**After-School Program Coordinator:**

Sis. Wadudah Nurul-Islam



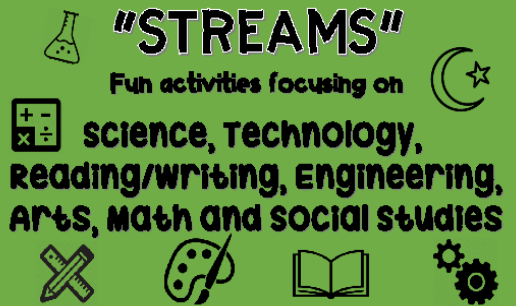
### After-School Activities

#### We aim to:

- create a sense of belonging
- Improve general social skills
- Provide academic support
  - Make learning fun
- Provide safety and supervision
  - Build confidence

### Homework Support

FOR STUDENTS IN  
KINDERGARTEN TO 8<sup>th</sup> GRADE



### Qualification:

All participants, both staff and students, must be registered to participate in the STREAMS After-School Program.

### Support:

Ask how you can help us provide students with opportunities to explore beyond the textbooks and to begin making positive contributions to the global community.

# The STREAMS After-School Program

**Start Date:** February 4, 2020

**End Date:** June 11, 2020

**Hours:** 4:00-6:00 pm

**Pick-up\*\*:** 5:45-6:00 pm (*students picked-up after 6:00 pm will incur a \$10.00 late fee every 15 minutes*)

**Program Calendar:** The STREAMS After-School Program will be held, weekly, on Tuesdays and Thursdays. Changes and/or cancellations, to the program calendar, will be communicated through the Remind App and by notes sent home with students.

**Program cost:** Free/No Charge (*late fee is imposed for students picked-up after 6:00pm*)

**Snacks:** Snacks will be provided (please remember to list any food allergies on the registration form).

**Staffing:** 1 Program Coordinator, 1 Assistant Coordinator, Homework Helpers, STREAMS facilitators, Transporter (for fieldtrips) and volunteers.

**Program Description:** STREAMS stands for science, technology, reading/writing, engineering, arts, math and social studies. As students participate in STREAMS activities, they will engage in hands-on learning opportunities with other students and receive guidance from facilitators/role models. As an extension to the popular STEM/STEAM/STREAM curriculums, STREAMS uniqueness entails its (Islamic-centered) social studies component.

- **Station One:** provides students the opportunity to receive homework support, from Kindergarten to 8<sup>th</sup> grade.
- **Station Two:** offers students the opportunity to participate in Project-Based Learning.
- **Fieldtrips:** Students will have opportunities to participate in grade-level fieldtrips. Prior to attending fieldtrips, all students are required to submit a signed permission slip **by the established deadline**. In the event a student does not submit a signed permission slip, they will remain at the G.S.I.C. with students not scheduled for a trip.
- **Community Service & Career Exploration:** Students will have the opportunity to explore various career pathways and participate in community service activities that will connect students with role models within the community.

Please complete the attached enrollment form (pg. 3-5) and return it to the Masjid Office  
For more information contact Sister Wadudah Nurul-Islam at [wnmuslimah@gmail.com](mailto:wnmuslimah@gmail.com)

Dr. Abdul-Azeem Ahmad at [aaamuslim@gmail.com](mailto:aaamuslim@gmail.com)

# Garden State Islamic Center

## STREAMS After-School Program

### Student Registration Form

#### STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender: Male or Female Language Spoken at home? \_\_\_\_\_ At school? \_\_\_\_\_  
Home address: \_\_\_\_\_  
School Name & City: \_\_\_\_\_ grade-level: \_\_\_\_\_  
Does student have an IEP? **Yes or No**  
If yes, what are the educational needs?: \_\_\_\_\_  
Student's current academic interests? hobbies? sports? \_\_\_\_\_  
Other siblings/children registered for the program (*individual registration forms are required*):  
\_\_\_\_\_  
\_\_\_\_\_

#### Parent/Guardian Information:

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ Mobile: \_\_\_\_\_ work: \_\_\_\_\_ ext. \_\_\_\_\_  
Email Address: \_\_\_\_\_

#### Secondary Contact:

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ Mobile: \_\_\_\_\_ work: \_\_\_\_\_ ext. \_\_\_\_\_  
Email Address: \_\_\_\_\_

#### DISMISSAL/PICK-UP & EMERGENCY CONTACTS

Students participating in STREAMS are **ONLY** permitted to leave with their assigned adult(s). Please provide information of the adult(s) you designate to pick-up your child from the After-School Program. Individuals must provide a valid ID when picking-up children. **In case of an emergency, these individuals may be contacted between 4:00-6:00 pm, if you are unavailable.**

**\*\*Children must be signed- in AND signed-out daily.\*\***

Name of Adult A: \_\_\_\_\_ Name of Adult B: \_\_\_\_\_  
Cellphone number: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

**Every child's safety is our priority. We require a list of people who you DO NOT want your child released to.**

Name of person NOT permitted to pick up child: \_\_\_\_\_ relationship to child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Garden State Islamic Center

## STREAMS After-School Program

### Student Registration Form

#### GENERAL MEDICAL INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Any identified academic need for support? **Yes or No** If yes, what? \_\_\_\_\_

Any physical accommodations such as wheelchair, walker or visual impairment? **Yes or no**  
 If yes, what are they? \_\_\_\_\_

During the STREAMS After-School program, we will participate in many indoor and outdoor activities when the weather permits, In shaa Allaah. We also, will handle and eat snacks/food. Please provide any information that will help us ensure your child's safety during activities.

Please mark (x) yes or no to the following:

Condition	Yes	No	Allergy	Yes	No
Asthma			Penicillin		
Convulsions/Seizures			Insect bites/stings		
Diabetes			Foods		
Ear infections			Plants		
Chicken Pox			Hay fever		
Measles			Topical ointments		
German measles			Latex		
Rheumatic fever					
Mumps					
Does your child use an inhaler?					
Corrective Devices (glasses, hearing aid, etc.)					

Do you give the staff, at GSIC's STREAMS After-School Program, permission to treat your child for minor injuries (cuts, scrapes, and scratches) with first-aid materials from our first-aid kit?

**Yes or No**

By signing below, I \_\_\_\_\_ give my child permission to participate in the  
(Print Name)  
 STREAMS After-School Program and confirm all information in the registration form are accurate.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Release Permission for the STREAMS After-School Program

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_

(Print Name)

Throughout the course of the program, your child will participate in various activities that involve peer engagement, problem solving, community service, etc. Staff will document these engagements in the form of photography and videography. Your child may be photographed at these times and photos/videos will be uploaded to the GSIC webpage and/or other social media connected to the GSIC. Please initial below to give the **proper permission** for the use of your child's photo.

\_\_\_\_\_ Yes, I give permission for the use of my child's photo/video **WITH** their first name included.

\_\_\_\_\_ Yes, I give permission for the use of my child's photo/video **WITHOUT** their first name included.

\_\_\_\_\_ No, I DO NOT give permission for the use of my child's photo/video.

## Use of Electronic and Technology at the STREAMS After-School Program

I, \_\_\_\_\_, give my child permission to use the electronic devices and computers provided by the STREAMS After-School Program for research using programs, websites and apps approved by the GSIC.

I, \_\_\_\_\_, **DO NOT** give my child permission to use the electronic devices and computers provided by the STREAMS After-School Program for research using programs, websites and apps approved by the GSIC.