



AFTER SCHOOL PROGRAM REGISTRATION FORM

Child's Name: _____ Grade: _____

Parent(s)/Legal Guardian(s) Name: _____

Address: _____

Phone Number: _____ Email: _____

The SFCS After School Program (ASP) is provided on a monthly basis, and space is limited. All rates are subject to change at the discretion of the Sierra Foothill Charter School Board.

Enrollment priority will be given in the following manner: Please CIRCLE which applies to your child.

1. Full time student(s) enrolled for the entire school year.
2. Part time student(s) enrolled for the entire school year.
3. Full time student(s) enrolled by semester.
4. Part time student(s) enrolled by semester.
5. Full time student(s) enrolled month to month.
6. Part time student(s) enrolled month to month.
7. Intermittent/project based/short term enrollement.

Please CHECK OFF how often the child will be attending:

- Full time @ \$8/day, paid in advance, monthly*
- Part time (3 or less times a week) @ \$10/day, invoiced at the end of the month*
- Drop in as space allows @ \$10/day, invoiced at the end of the month*
- Early release Mondays @ \$12/day, paid at the end of the month**

*\$4/day for families who qualify as "free and reduced" under the NSLP

**\$5/day for families who qualify as "free and reduced" under the NSLP

Please check day of attendance: M_____ T_____ W_____ Th_____ F_____

- After School begins at the end of the school day and the children must be picked up by 6 PM.
- Fees will be due on a per-month basis. Submit checks to the office in person or through the mail.
- For the full time, \$8/day rate, all fees must be paid in advance on or before the first school day of each month. For all others, invoices will be generated at the beginning of each month and mailed to you.
- You will be charged a \$15 handling fee if the bank returns any of your checks for NSF.
- Accounts remaining unpaid after the last day of the month will result in your child being dropped from the program. Thereafter, your child may be reinstated if payment is brought current.
- **Whenever a child is picked up after 6:00 PM (closing), a \$10 fee will be charged for the first 10 minutes. After 10 minute, the charge will be \$2 per minute. This fee pays for the teacher that must stay with your child.**
- If you wish to make changes to your child's schedule (e.g. full time vs part-time), you must give notice of your intention to do so.
- Absences due to illness or vacation time will not result in tuition credit or refund.
- Your child's required registration packet must be completed and returned to the school by the Program start date. Your child will not be allowed to attend until these completed forms are submitted.

I HEREBY AGREE to the above conditions and acknowledge that I have read and understand and consent to the policies described within.

Parent/Legal Guardian Signature: _____ Date: _____

SFCS Principal Signature _____ Date: _____

SIERRA FOOTHILL CHARTER
AFTER SCHOOL PROGRAM (ASP) EMERGENCY CARD

Child's Name: _____

(Last) (First)

Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Physical Address: _____
City: _____ State: _____ Zip: _____

Mailing Address: _____
City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Day Phone: _____ Evening Phone: _____
Parent/Guardian: _____ Day Phone: _____ Evening Phone: _____

Who has custody? (Circle) Father Mother Guardian Other: _____

Restaining Order? (Circle One) YES NO (If yes we must have a copy to file to enforce)

Name of two alternative friends or relatives who can be contacted in case Parent/Guardian cannot be reached:

1. Name: _____ Day Phone: _____ Evening Phone: _____
2. Name: _____ Day Phone: _____ Evening Phone: _____

Physician to be called in an emergency:

Name: _____ Phone: _____
Address: _____

Medical Insurance Carrier: _____ ID#: _____
Medi-Cal# _____ Hospital used in Emergency: _____

Allergies: _____

Medical Limitations: _____

Current Medications: _____ Dosage: _____ Time(s) given: _____
_____ Dosage: _____ Time(s) given: _____

I VERIFY that the information on my child(ren) _____
is complete and accurate. I understand that reasonable measures will be taken to safeguard
the health and safety of all ASP participants and that I will be notified as soon as possible in
the event of an emergency. In the event of an emergency, if I cannot be reached, I hereby
authorize transportation to a medical facility and/or calling my child(ren) physician at my
expense, to provide the necessary emergency medical treatment of my child.

Parent/Guardian Signature: _____ Date: _____

SIERRA FOOTHILL CHARTER
AFTER SCHOOL PROGRAM (ASP) PARENT AGREEMENT

Students's Name: _____ Grade: _____

I have read the Basic Information and Rules of the ASP program and will go over them with my child to make sure that they are understood. In addition, I agree to the following:

- My designated person(s) or I will pick up my child(ren) on time at the end of the program (6:00 PM) each day.
- I will notify the Program Director of forseen absences in advance.
- I will see that my child(ren) brings his/her homework to the program and review the homework with them when he/she comes home from the program.
- I understand that disruptive and disrespectful behavior will not be tolerated and will be a reason for dismaissal from the program.
- I understand that if my child is suspended from Sierra Foothil Charter School, he or she will also be suspended from the (ASP) after school program.
- My designated persons(s) or I will attend parent orientations/conferences when needed.
- I will notify the Program Director of any changes to our address, phone number, and emergency contacts immediately.

Parent/Guardian Signature: _____ Date: _____

SIERRA FOOTHILL CHARTER
AFTER SCHOOL PROGRAM (ASP) STUDENT AGREEMENT

I will be responsible by:

- Directly proceeding to the program right after school gets out and not running around all over campus.
- Bringing homework every day to the program.
- Completing assignments given to me and following their directions.
- Cleaning up after snack and program activities.
- Directly returning to the program from any parallel enrichment activities such as intervention.

I will be respectful by:

- Listening and paying attention when someone is talking.
- Raising my hand and waiting for my turn if I need to say something.
- Keeping my hands and feet to myself.
- Asking for something I may need and not touching or taking someone else's belongings.
- Not making fun of my friends and classmates.
- Taking care of school and program property.
- Continuing to follow the SFCS rules while in the After School Program (ASP)

After School Program Consequences:

If I choose NOT to follow the above rules:

- I will lose play time and fun activities.
- I will be detained at the office or with the Program Director for counseling.
- My parents will be notified.
- I may be suspended or dropped from the ASP Program.

My signature below is a proof that I have read and understand all the guidelines and their consequences.

Student Signature: _____ Date: _____

Program Director Signature: _____ Date _____