



To Be Filled In By City
A Rellenar Por La Ciudad

Date Received: _____

Time Received: _____

Name: _____

Grade in 2020/21: _____



After School Program Packet

2020-2021

"Committed to Empowering Children Through Education and Beyond."

"Cometidos en habilitar a los niños por medio de la educación y mas allá."

This institution is an equal opportunity provider.





CITY OF WINTERS AFTER SCHOOL PROGRAM

EARLY RELEASE POLICY

I understand that the intent of the After School Program is designed for students to attend the program's full day, every day the program is offered. Although some students may have other scheduled activities, I hereby permit said child to leave the City of Winters After School Program before the actual closing time of 6:00 pm.

Participant's Name: _____ Date: _____

Parent or Guardian's Name: _____ Date: _____
(Please Print)

Signature of Parent/Guardian: _____ Date: _____

Please check if your child will be attending a parallel program. (Proof of Activity will be requested. See policy page)

Child can be picked up by:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____
4. _____ Phone: _____

If you give your child permission to walk home, please sign below.

(Please check one) Yes No

Late Pick-Up Guidelines: If you are going to be late (after 6:00pm), please arrange for an alternate person (listed above and on your emergency card) to pick-up your child and notify the Site Coordinator. If your child is picked up late, you will be charged **\$1 per minute you are late**. Please be prepared to pay fee at time of pick-up. Repeated late pickup or failure to pay late pick up fee will result in the dismissal of your child from the program.

Parent Signature: _____
(Please Sign)



City of Winters After School Program-Contract

Student: _____ Grade: _____ Phone Number after 3:00 p.m: _____
(2020-2021)

The goal of the Winters After School Program is to provide students with a safe, fun and positive learning environment during after school hours.

Program Components: Academic Support, Enrichment, Recreation, Healthy Snack

All participating students will be expected to follow School standards during program hours. This means always being:

- Safe
- Respectful
- Responsible

I _____, hereby enroll my child, _____, in the Winters After School Program. I understand that my child's **continued enrollment** in the program will depend on the following:

1. Full daily attendance is **mandatory**. Program hours begin immediately after regular school dismissal until 6:00pm. Child must be present during regular school day to attend the program. If my child accumulates five unexcused absences, he/she may be dropped from the program.
2. I will pick up my child each day at the appropriate time. If I send someone in my place, I will notify the Winters After School Program staff in advance or I will send a note with my child.
3. I understand that if I don't pick up my child by the indicated time a **LATE PICK UP** fee of \$1.00 per child for every minute that I am late will be charged.
4. Repeated late pick-ups, misconduct, or failure to meet the attendance requirements can result in dismissal of my child from the program.
5. Tuition is charged to each student enrolled in the program on a sliding scale based on the WJUSD lunch program. \$25 tuition per child per month for those qualifying for FREE LUNCH, \$50 per month per child for those qualifying for REDUCED LUNCH, and \$100 a month per child for those not qualifying. No discounts for multiple children.

Parent Signature: _____ Date: _____



WINTERS AFTER SCHOOL PROGRAM
Photograph Authorization/
Not a Licensed Child Care Facility

I, the undersigned, am the legal guardian of the above-named child. I hereby give my child permission to participate in the Winters After School Program. I agree to the conditions under which my child will participate in the above named program. I have read and understand the Waiver of Liability, Medical Release and Indemnification Agreement for my child, which I am signing along with this authorization.

I hereby give my permission to the Winters After School Program to take photos of my child for program purposes, including publication promoting community awareness and participation in the program.

I understand that this is not a licensed child care facility. I further understand that my child cannot be restrained against his or her will.

Parent/Guardian _____
Signature

Print Name

Date: _____

Site (check one): Waggoner Elementary
 Shirley Rominger Intermediate

How did you hear about registration? _____

Coordinator Signature: _____ Date: _____

AFTER SCHOOL SAFETY AND ENRICHMENT PROGRAM

Student Questionnaire

PURPOSE: In order to provide every student with the tools and assistance necessary for an enriching and successful experience in our program, we request that you complete this student questionnaire. This information is needed to ensure appropriate program accommodations are made for each student.

USE: This questionnaire will be used solely for the purpose of assessing the needs of the students while participating in our program to establish appropriate program accommodations to meet those needs.

Student name: _____ Grade _____ Male ___ Female ___

		Yes	No			Yes	No
Physical disability Explain:				Aggressive or dangerous behavior Explain:			
Speech impairment/Language delays Explain:				Kidney problems Explain:			
Hearing impairment/Deafness Explain:				Asthma/Reactive Airway Disease Explain:			
Visual impairment/Blindness (Check "No" if student only wears glasses.) Explain:				A particularly fragile condition (i.e. brittle bones) Explain:			
Heart murmur/disease (Check "No" if student has innocent murmur.) Explain:				Allergies (include medications, foods, bee stings) Explain:			
Epilepsy/Seizures Explain:				Sickle-Cell Disease Explain:			
Eating disorder Explain:				Diabetes Explain:			
Attention deficit/hyperactivity (ADHD/ADD) Explain:				Behavioral/Conduct concerns Explain:			
A communicable disease or low resistance to communicable disease Explain:				Autism/ Pervasive Developmental Disorder (PDD) Explain:			
Developmental disability Explain:				Other(s) Please specify:			

Please answer the following questions:

(Use additional sheets if necessary.)

		Yes	No
Is the student taking any medications? List medications:			



WINTERS AFTER SCHOOL PROGRAM

**Waiver of Liability, Medical Release & Indemnification Agreement
Minor**

A full description of activities is available at City Hall.

In consideration of the minor child being permitted by the above City to participate in the above described activities, each of us hereby waives, releases and discharges any and all claims and damages for personal injury, death, or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity.

Each of us understands and agrees that the described activity may be of a hazardous, strenuous and/or physical nature; that serious accidents occasionally occur during the above described activity; and that participation in the described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, each of us has requested permission for the minor child to participate in the above City and Winters After School Program activities (its officers, employees and agents) who through the negligence or carelessness might otherwise be liable to me or said child. It is further understood and agreed that this waiver, releases and assumption of risk is to be binding on the heirs and assigns of each of the undersigned.

Each of us further agreed to indemnify and to hold the above City and Winters After School Program (its officers, employees, and agents) free and harmless from any loss, liability, damage, cost or expense which may incur as a result of any injury and/or property damage that said minor child may sustain while participating in said activity.

I certify that I have custody, or am the legal guardian of said minor by court order. I further agree to reimburse or make good any loss or damage or cost the above City and Winters After School Program (its officers, employees, and agents) may have to pay if any litigation arises an account of any claim made by said minor or by anyone on behalf of said minor child.

I agree that in the event said minor child requires medical or surgical treatment while under the supervision of said City and Winters After School Program, in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital, or other expenses, which said minor may incur as a result of such treatment. I expressly permit said minor child to travel by either private automobile, entity vehicle or walk to activities and events related to the above described activity.

I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement, and fully understand its contents. I am aware that this is a release of liability, and a contract between myself and the Winters After School PRogram and I sign of my own free will.

Name of Participant: _____

Date of Birth: _____

Signature of Participant: _____

Date: _____

Parent/Guardian: _____

Date: _____



Winters After School Program Information/Registration Packet

Welcome to the Winters After School Program. Student enrollment is valid upon the return of a completed registration packet. **The completed paperwork must be returned to City Hall** between the hours of 8:00am to 5:00pm, Monday through Friday in the Finance Office. **Admission into the program will be primarily first come, first serve.** The program is intended to serve those children most in need of additional academic support, therefore, 10 spots (5 at Shirley Rominger, 5 at Waggoner) will be offered to teacher referrals per request of the school. Once referral spaces are filled, admission will be on a first come, first serve basis. A waitlist for each grade will be provided when all program slots are filled and will be enrolled on a first come, first serve basis.



Winters After School Program/Emergency Contact Information

DATE _____ () Male () Female Foster Child? () Yes () No

Student Name: _____ Age _____ DOB: _____
LAST FIRST

Mailing Address: _____
STREET CITY STATE ZIP

Home Telephone () _____ Email: _____

School: Waggoner Elementary Shirley Rominger Intermediate Grade in 2020-21: _____

1. Parent/Guardian's Name

2. Parent/Guardian's Name

1. Parent/Guardian's Cell Phone

2. Parent/Guardian's Cell Phone #

1. Parent/Guardian's Work Phone #

2. Parent/Guardian's Work Phone #

Emergency Contact _____ Phone: _____
(not parent)

Medical Information

Please list any medical problems, allergies, and/or current medications

Doctor _____ Phone: _____

Hospital _____ Phone: _____

Insurance _____ Policy#: _____

We are not able to administer any medication from our facility nor are we able to keep any medication at our facility.



**Winters After School Program
Authorization for Release of Information**

Child's Name: _____

Child's Grade in 2020-21: _____ Child's Date of Birth: _____

Some important information regarding your child may not be available to the program staff without your expressed permission. Such information may be necessary to complete program reporting requirements requested by the State Department of Education.

Your signature on this form does hereby authorize the release of the requested information as cited from the Winters Unified School District records and/or staff. Such information shall be used for program reporting or program evaluation purpose only.

We appreciate your cooperation in this endeavor. Thank you.

- Daily Attendance Records
- Helpful Behavior Indicators and Instructions
- Classroom or Activity Period Teacher/Aide Communication (in written or verbal form, can include homework assistance guidance)
- Grades (for program evaluation purposes only. To be kept strictly confidential and reported as "group totals" and "group averages" only, not individual statistics)

I hereby authorize the release of the information cited above for such purposes and uses only as stated. I understand that I can rescind this authorization in writing at any time.

Signature of Parent/Guardian

Date



City Of Winters After School Program Student Absence and Early Release Policy

City of Winters After School Program has been made available to your child through the State of California After School Education and Safety (ASES) as well as 21 Century Learning Centers program funding. As a funding requirement, students are expected to attend the program every day they attend school and remain for a minimum of 3 hours each day. For students 1st-5th grade on regular school days students can be picked up no earlier than 5:30pm, for minimum days students can be picked up no earlier than 4:15pm. For kinder students on regular days they can be picked up no earlier than 4:45pm, for minimum days they may be picked up no earlier than 3:15pm.

We understand that situations do occur that cause students to need to leave early or miss a day altogether. The bulleted items contain examples of excusable reasons for signing out of the program early or missing the program.

Please speak to your child's Site Coordinator regarding any excuse that is not listed.

- Medical Appointments
- Family Emergency
- Illness

- Religious
- Suspension from school
- Parental choice*

- Parallel Program such as school sponsored homework club, Girls Scouts, Boy Scouts, sports league, band, choir, martial arts, etc. (see early release policy in registration packet)

Excessive early release is a serious threat to program funding. For this reason, all early dismissals, absences and parallel programs need to be documented and will require proof of activity from parent/guardian in the form of parallel program/activity schedule, doctor's note, or letter from parent/tutor/coach.

Late arrival to the program is only acceptable if the student is on campus with a school staff member for purposes of their regular school day. Ex- reading intervention, math intervention, etc.

*PC sign outs before 5:30pm, without proper documentation, will be considered an unexcused absence.

Repeated late pick-ups, pattern of poor attendance, failure to meet the attendance requirements or failure to pay late pick up fee can result in the removal of your child from the program.