



To Be Filled In By City
PARA SER COMPLETADO Por La CIUDAD

Date Received: _____

Time Received: _____

Name: _____

Grade in 2022/23: _____



**After School Program
Packet**

2022-2023

*"Committed to Empowering Children
Through Education and Beyond."*

*"Comprometidos con Empoderar a Los
niños a través de la Educación y Mas Allá"*

This institution is an equal opportunity provider.



Winters After School Program Information/Registration Packet

Welcome to the Winters After School Program (WASP).

The completed registration packet must be returned to City Hall between the hours of 8:00am to 5:00pm, Monday through Friday in the Finance Office or completed online at <http://www.cityofwinters.org/wasp-sign-up/>. **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 by priority. 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. Enrollment Priority: Homeless and foster youth, teacher referrals, students in dangerous situations at home per WJUSD, students qualifying for free or reduced lunch with a qualifying letter, siblings of students enrolled, previously enrolled WASP students.

General Information / Payment Schedule

The After School Program is funded and operated largely through grants from the State Department of Education. The grant funds do not cover the entire cost of the program. Families of children need only pay a modest amount for participation in the After School Program. **Parents will be charged \$120 per month per child if they do not qualify for the Free/Reduced Lunch Program. Homeless and foster youth are never charged tuition. Students who qualify for the Free and Reduced Lunch Program through WJUSD and produce a current letter will not be charged tuition.** The City of Winters will mail a bill on the 15th of each month to the mailing address provided on your child's emergency form. Note siblings will be grouped together on one bill. Tuition is due by the 1st of each month. Tuition can be paid directly to the City of Winters by check, cash, money order or credit. Online payments are accepted as well as checks or money orders paid on site.

Proof of qualification for the Free/Reduced Lunch Program from the School District must be presented by September 1st to the student's WASP teacher, to City Hall during regular business hours or via email to Nicole.jordanhalley@cityofwinters.org in order to receive waived tuition fees. If it is determined that your child does not qualify, you will be expected to pay the normal costs due for your child to participate in the program.

Paying may be a significant burden and hardship for some families. For this reason, a few scholarships are available as well as payment plans. Payment plans will be set up by the Program Coordinator. Scholarships are on a first come first serve basis and will be decided by the Program Coordinator.



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. There are 2 pickup times: 4:00pm and 5:30pm-6:00pm. You must notify staff before 1:00pm that day if your child will be leaving at the 4:00pm pickup. Kinder students are allowed to leave at 4:00pm daily. All other students must have one of the excused reasons listed below to be picked up at 4:00pm.

If the Winters Joint Unified School District is operating as 100% distance learning or hybrid learning, your student is required to stay at the program for its entirety. In this case specific pick-up times will be arranged for the program and will include a 5pm pick up time.

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
- 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.

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.



City of Winters After School Program Registration Packet

Student Legal First and Last Name: _____

Student Date of Birth: _____ Student Grade (2022-2023): _____

School of Attendance: _____ Sibling in program? Yes / No

Student Gender: _____ Foster Child or Homeless Youth? Yes / No

Mailing Address: _____

Person of Contact for this student: _____ Relationship: _____

Contact Phone Number: _____ Contact Email: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Name: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Please list any medical problems, allergies or current medications:

Persons allowed to pick up this student other than parents/guardians:

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

4. _____ Phone Number: _____

Planned parallel Programs (specifics can be filled out later):

1. _____ Day/Time: _____

2. _____ Day/Time: _____

3. _____ Day/Time: _____

4. _____ Day/Time: _____



City of Winters After School Program Registration Packet

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.

Parent Initial: _____

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.

Parent Initial: _____

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.

Parent Initial: _____

4. Repeated late pick-ups, misconduct, or failure to meet the attendance requirements can result in dismissal of my child from the program.

Parent Initial: _____

5. If my child is participating in a parallel program or other activity, I understand that it is my responsibility to notify the program of such activity including timing. I understand that my child will miss any components that are covered during that time.

Parent Initial: _____

6. Tuition is charged to each student enrolled in the program who does not qualify for free or reduced lunch through the school district. \$120 a month per child for is charged starting in September for those not qualifying. A copy of your child's free or reduced lunch letter must be turned in no later the September 1st to receive a waived fee. Homeless and foster youth are never charged tuition, indicate this on your packet. If I cannot pay my tuition, I will contact the Program Coordinator for further information.

Parent Initial: _____

7. 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.

Parent Initial: _____



City of Winters After School Program Registration Packet

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

Parent Initial: _____

9. 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.

Parent Initial: _____

10. If the Winters Joint Unified School District has all students on distance learning, I understand that my child can only continue in the program if they attend all days that the program is offered for the entirety of the program day.

Parent Initial: _____

11. If the Winters Joint Unified School District has all students on hybrid learning, I understand that my child can only continue in the program if they attend all days that the program is offered for the entirety of the program day. I also understand that my child will need to attend hybrid school if they are to remain in the program and that the program may be closed at the time hybrid school is in session.

Parent Initial: _____

12. 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.

- 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 and test scores (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.

Parent Initial: _____

Parent/Guardian Name: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



Waiver of Liability, Medical Release & Indemnification Agreement Minor

In consideration of the minor child being permitted by the above City to participate in the Winters After School Program (the “described activity”), 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 the described 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. Each of us further understands that by engaging in the Winters After School Program, the minor child could be exposed to COVID-19. COVID-19 is by its nature contagious and each of us voluntarily assume the risk that the minor child and each of us may be exposed to, or infected by COVID-19 by attending or participating in the described activity and that such exposure may result in personal injury, illness, permanent disability, or death. 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 or arising from the pick up and/or drop off of the child by myself or others as authorized on the City of Winters After School Program Early Release Policy.

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 Winter 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 Winters After School Program and I sign of my own free will.

Name of Participant: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Winters After School Program Transportation Emergency Form

Dear Parent/Guardian,

A master list of bus riders for the Winters After School Program is being assembled. Please complete a Transportation Information sheet for each child requesting transportation from Shirley Rominger Intermediate School to Waggoner Elementary School ONLY.

All students must have a form on file each year to be able to use District transportation to the Winters After School Program.

No Exceptions

Student Name: _____

Address: _____

Grade for 2022-23: _____

Parent Name: _____

Telephone Number: _____

Cell Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

All students requesting transportation must have a form on file