



**City of Porterville Parks & Leisure Services
Burton School District Afterschool Program**

Afterschool Site my child will attend:

- Burton
- Summit (Mathew Campus)
- Summit (Lombardi Campus)

1st Child's Name _____
 Street Address _____
 City _____ Zip Code _____
 School _____ Grade _____

Start Date _____
 Circle One: Male / Female
 Age _____ Birth Date _____
 Teacher _____

2nd Child's Name _____
 Street Address _____
 City _____ Zip Code _____
 School _____ Grade _____

Start Date _____
 Circle One: Male / Female
 Age _____ Birth Date _____
 Teacher _____

Mother _____ Live in home? _____ Phone _____

Address _____ Cell _____

Employer _____ Phone _____

Email _____ Authorized to make changes to this agreement? _____

Father _____ Live in home? _____ Phone _____

Address _____ Cell _____

Employer _____ Phone _____

Email _____ Authorized to make changes to this agreement? _____

My child(ren) will be attending:

- RAP daily (end of school until 5:45 p.m.)
- 1 hr. program (1 hour maximum each day)

This Agreement is valid for the 2019 – 2020 school year and must be renewed each year.

Enrollment in the Recreation After School Program shall be granted to students without regard to race, religion, color or national origin. The After School Program attempts to both enrich and complement the school age child experience by providing a safe, secure and caring after school environment.

PARENT RESPONSIBILITIES

Please initial each of the following to indicate that you have read, understand and agree to each item:

- _____ 1. We do not accept TK or Pre-K students. Enrollees are subject to school verification and will be removed from the program if they do not meet the grade requirements. No refunds will be issued.
- _____ 2. My child is toilet trained. In the event of a bathroom accident, I will come and change my child.
- _____ 3. My child is not allowed to come and go freely from the after school site, and must sign in each day. I or an authorized person must sign them out each day. My child will not be allowed to leave the after school site after signing in to go back to the classroom, to go to afterschool sports, or to help a teacher without a written note from the parent.
- _____ 4. I must maintain communication with the program staff about my child and keep him/her informed on any pertinent changes. I must notify the program staff in writing of any daily departure changes.
- _____ 5. I must contact the after school program when my child(ren) will be absent on a scheduled day. I realize this is for my child's protection.

Burton Elementary	784-2401 school office	333-0289 cell phone
Lombardi	788-6445 school office	333-0281 cell phone
Summit Charter (Mathew)	782-5902 school office	333-1028 cell phone
Leisure Services	791-7695 (Heritage Center)	

- _____ 6. I must pick up my child within 30 minutes of being notified by the program staff that my child is ill, or his/her behavior is out of control. (***Failure to respond could result in dismissal.***)
- _____ 7. R.A.P. will operate from school end until 5:45 p.m. each school day. The program will not operate on major holidays or when the schools are closed. We will open at close of school on scheduled minimum days.
- _____ 8. I understand if my child is removed from the program due to disciplinary action they may be ineligible to enroll the following school year.
- _____ 9. Participant's enrollment will rollover each month unless otherwise noted from a parent wishing to remove their child from the program. If withdrawing your child from the program, it is the parents responsibility to notify the program site and the Heritage Center office.

PAYMENT PROCEDURES

Please initial each of the following certifying that you have read, understand and agree to each item:

- _____ 1. No refunds or credits are given when my child is sick or absent.
- _____ 2. I understand the person who completes this contract/agreement is responsible for all payments due, regardless of custodial arrangements.
- _____ 3. I am responsible for the monthly payment of fees, paid in advance. The City of Porterville will not bill me monthly. There is a one time, non-refundable administrative fee of \$25, which is for new enrollees or for participants who have not been enrolled in the program for 1 year. The following rates will be in effect until further notice.
- _____ 4. I understand failure to pay fees on time and failure to pick up my child on time is cause for removal from the program.
- _____ 5. Drop Policy Fee - \$10 a day for the first three days, 4th-15th day is a flat \$40, 16th-31st is a full monthly charge.

Month	RAP – daily	1 hr. program	Date Paid	Amount Paid
August	85.00	50.00		
September	115.00	65.00		
October	130.00	75.00		
November	80.00	45.00		
December	60.00	30.00		
January	105.00	60.00		
February	105.00	60.00		
March	100.00	55.00		
April	115.00	65.00		
May/June	145.00	80.00		

Use the above payment schedule to keep track of your child care expenses. **TAX ID #94-6000398.**

- _____ 6. I can pay for RAP fees at the Parks & Leisure office or online at our city website www.ci.porterville.ca.us. I may also pay at the RAP sites between the 1st and 5th day of the month. Please make checks payable to **City of Porterville**.
- _____ 7. I understand that after the 5th day of the month all payments are considered late ***and must be paid online or in person at the Parks & Leisure office*** with the following late payment fee **per child.**
- | | | | | | |
|-------------------------------------|------|-------------------------------------|------|-------------------|------|
| 6 th – 10 th | \$5 | 11 th – 15 th | \$10 | >26 th | \$25 |
| 16 th – 20 th | \$15 | 21 st – 25 th | \$20 | | |
- _____ 8. I understand and agree that if the 5th falls on a weekend, holiday or during school break; it is still my responsibility to pay prior to that date in order to avoid late fees.
- _____ 9. **Accounts need to be current and paid up to date by the 10th of each month.** Nonpayment will result in automatic removal from the program until payment has been made in full including late fees. After the 10th, the child will be sent to the school office. The child may be allowed back into the program 1 day after account is paid in full.
- _____ 10. **RAP will close at 5:45 p.m. school time.** Parents whose children remain past 5:45 p.m. must pay an overtime fee at the following rate ***per child at the time of pick up.*** Failure to pick up your child on time is cause for removal from the program. Children left past 6:30pm will be taken to the Police Department.
- | | | | |
|-------------|------|-------------|------|
| 5:46 – 5:55 | \$5 | 5:56 – 6:05 | \$10 |
| 6:06 – 6:15 | \$15 | 6:16 – 6:25 | \$25 |

I, the undersigned, hereby agree to defend, and hold harmless the City of Porterville and its officers, employees and agents from and against any and all loss, liability, charges and expenses including attorney’s fees and cause of action of whatsoever character which may arise from reason of participation in the above program/service or be in any way connected herein. The City of Porterville does not provide accident, medical, liability or any other insurance for the program participants. Please be advised that participants in Parks & Leisure Services activities are subject to being photographed, and such photographs may be used to promote city programs.

_____ Print name of Parent/Guardian

_____ Date

_____ Parent/Guardian Signature

_____ Date

ARRIVAL / DEPARTURE PROCUEURES:

How will your child arrive daily? will already be at school will come on bus Other _____

My child will be arriving by Bus from (School) _____ to _____
(Bus transportation is the responsibility of the Parent and School District. Please check with your school and/or transportation for current bus numbers and departure times – Burton Transportation # is 782-5949).

How will your child depart daily? pick up by parent or authorized person Other _____
 my child has permission to walk home and sign out

List below persons authorized to take your child from the facility, including parent’s names. Please list all that **might** pick your child up. (Your child will not be allowed to leave with any other person).

**Any changes in the above departure procedures must be received in writing from the parent or guardian.*

CHILD’S INTERESTS:

Special interests or favorite activities: _____

Particular behavior difficulties or potential problems that you would like us to be aware of: _____

OTHER COMMENTS: _____

PARENT INFORMATION:

Our program is a recreation based program. We cannot give individual homework assistance.

Abusive language and/or aggressive behavior by any parent/guardian or program participant is prohibited. The City of Porterville reserves the right to remove and/or permanently prohibit any participant/parent/guardian from participation should they engage in this behavior.

MEDICAL HISTORY INFORMATION

Does your child have or has your child ever had:	1st child	2nd child
<i>Please circle one:</i> Fainting Spells	Y/N	Y/N
Bronchitis	Y/N	Y/N
Convulsions	Y/N	Y/N
Cramps	Y/N	Y/N
Allergies	Y/N	Y/N
Heart trouble	Y/N	Y/N
Asthma	Y/N	Y/N
Lung trouble	Y/N	Y/N
Sinus trouble	Y/N	Y/N
Hernia (rupture)	Y/N	Y/N
Appendicitis	Y/N	Y/N

Explain all Yes marks _____

Is child currently under medical care? _____ Explain _____

Please list any handicaps or disorders that may limit your child’s activities in this program, such as eyesight, hearing, speech, paralysis, diabetes, ulcer, etc. _____

Please list all medications the child is presently taking**:

Name of medication	Dosage	Time taken
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**Program staff is not allowed to administer medication. Please check with the school administration on their policy and have them administer medication prior to attending program. Absolutely no over the counter medications will be administered by program staff.

Name of child’s physician _____ Phone _____

CONSENT TO TREAT A MINOR

The above has my permission to engage in all program activities, except as noted by me. In the event that I cannot be reached in an emergency, I hereby give the program director my permission to call an ambulance if needed and to hospitalize my child in an emergency. I understand that I am responsible for all medical expenses resulting from the emergency.

Signature _____	Relation to child _____	Date _____
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NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any medical attention in the event of illness or accident.

Signature _____	Relation to child _____	Date _____
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EMERGENCY NUMBERS: Please list the name, address, and phone number of people that can be notified in case of emergency or to pick up children when parents or guardian are not available. This gives authorization for your child to be released to those named below.

Name _____ Relation to child(ren) _____
Home Phone () _____ Cell () _____ Work () _____

Name _____ Relation to child(ren) _____
Home Phone () _____ Cell () _____ Work () _____

Name _____ Relation to child(ren) _____
Home Phone () _____ Cell () _____ Work () _____

**** Below is a copy of our discipline referral policy for your review.**

RAP Discipline Referral

Site: _____ Date: _____
Date of Incident: _____

Student's Name: _____
Staff Member: _____
Location: _____

Reason For Report

- ___ Disregarded safety or common sense rules
- ___ Damaged or misused school/personal property
- ___ Showed disrespect to authority or peers
- ___ Physically or verbally hurt another person
- ___ Excessive talking or disrupting program
- ___ Annoyed program participants

Description of Inappropriate Behavior.

Action Taken:

- Strike 1** Parent requested to discuss behavior with student.
- Strike 2** Parent notified of problem. Copy of report is given to Parent. Parent must sign and return form next program day.
- Strike 3** Parent called to pick up child. Child is dropped from the program. Parent must sign report at the site while picking up child.
- Severe Infraction:** Behavior requires immediate removal from RAP Program.

(Signature of responsible party picking up student)

(Signature of Parent)