



## Williams Ranch Before and After School Program Information

PLEASE TAKE PARTICULAR NOTE OF THE FOLLOWING:

The Before and After School program is available to students who are enrolled at WRS only.

The registration form should be returned as soon as possible, along with the Emergency and Identification Information Form and your first month's payment. These items may be returned to the Before or After School Program, Williams Ranch Office or to the District Office.

### **ALL OUTSTANDING FEES FROM THE PAST SCHOOL YEAR MUST BE PAID IN FULL BEFORE REGISTRATION FOR THE UPCOMING SCHOOL YEAR WILL BE ACCEPTED**

The first month's payment is due prior to your child(ren) starting in the program.

Payment is due by the **1st** of each month - Invoices are generated prior to the start of the month based on the number of days selected in the contract. If the 10-day drop-in voucher is selected, you will receive an invoice for another 10 days when your voucher is exhausted. ***Your child(ren) will not be allowed to attend if payment is not received by the 1st.***

### **CONTRACT RATES**

The program is open every school day.

- ❖ Before School is from 7:00 to 8:00 am.
- ❖ Afternoons from 2:30 pm to 5:30 pm and 12:00 to 5:30 on Wednesdays.
- ❖ Wednesday 12:30 pm to 5:30 pm are billed the normal contract rates including Conference Days.
- ❖ Before School Care is \$4.00 per morning.

Below are the After School Rates:

Number of Days	Full Day (Pick Up by 5:30 PM) Select One	Partial Day (Pick Up by 4:00 PM)
2 days/week	\$18.00/day	\$9.00/day
3 days/week	\$18.00/day	\$9.00/day
4 days/week	\$16.00/day	\$8.00/day
5 days/week	\$16.00/day	\$8.00/day
Prepaid Drop In (10 Days)	\$18.00/day	\$9.00/day

Payment for After School is to be paid in accordance with the policy mentioned above. Late pick-up fees are detailed in the Bill Procedures.



### Parent Contract

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity (Check one):  Non-Hispanic White  Black  Latino  East Asian  
 South Asian  Middle Eastern  Native American  Other

Primary Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

Contracting Parent #1 _____	Home Phone: _____
Work Phone _____	Cell Phone _____
Email _____	
Mailing Address _____	City/Zip _____

Contracting Parent #2 _____	Home Phone: _____
Work Phone _____	Cell Phone _____
Email _____	
Mailing Address _____	City/Zip _____

#### Before School Contract Days (S4.00 per day)

- Please mark the days needed

Day	Monday 7:00-8:00	Tuesday 7:00-8:00	Wednesday 7:00-8:00	Thursday 7:00-8:00	Friday 7:00-8:00

Before School Contract Rate is \$4.00 per morning. Invoicing will be completed based on the number of days indicated above. Monthly payment **MUST** be **paid in advance** to participate in the before school program.

#### After School Contract Days and Times (2-day minimum)

- Please mark the days needed with the expected pick up time

Day	Monday Begins @ 2:30-5:30	Tuesday Begins @ 2:30-5:30	Wednesday Begins @ 12:30-5:30	Thursday Begins @ 2:30-5:30	Friday Begins @ 2:30-5:30
Pick Up Time					

Monthly payment MUST be **paid in advance** to participate in afterschool **Colt Care**. Partial Day is 2:30 - 4:00 p.m. pick up with Wednesdays being 12:30 - 4:00 p.m. Full day is 2:30 until any time after 4:00 p.m. pick up with Wednesdays being 12:30 until anytime after 4:00 p.m.

After School Contract Rates:

Number of Days	Full Day (Pick Up by 5:30 PM) Select One		Partial Day (Pick Up by 4:00 PM) Select One	
2 days/week		\$18.00/day		\$9.00/day
3 days/week		\$18.00/day		\$9.00/day
4 days/week		\$16.00/day		\$8.00/day
5 days/week		\$16.00/day		\$8.00/day
Prepaid Drop In (10 Days)		\$18.00/day		\$9.00/day

\_\_\_\_\_ Parent received a copy of the contract (Initial)

I agree to adhere to the Parent Responsibilities as outlined on the reverse side of this contract.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## Emergency and Identification Information

**1. Family Information (One form per child)**

Child's Name (Last, First, Middle): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name \_\_\_\_\_

Child's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Names of persons authorized to take child from the facility (child will not be allowed to leave with any other person without written authorization from parent or guardian)**

Name	Telephone	Relationship
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_____	_____	_____
_____	_____	_____

**3. Additional persons who may be called in an emergency to take child from the facility**

Name	Telephone	Relationship
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_____	_____	_____
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**4. Physician to be called in an emergency**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**5. Medi-Cal Number \_\_\_\_\_ Medical Insurance \_\_\_\_\_**

**Insurance Number** \_\_\_\_\_

**6. Allergies or Other Medical Limitations**

\_\_\_\_\_

**7. Permission for Medical Treatment** Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of parent/guardian. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

*In case of an accident or an emergency, I authorize a staff member of the child development agency to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Parent Responsibilities / Agreement**

### **RETAIN FOR YOUR RECORDS**

I understand and agree that:

1. My child will be signed in by a staff member and signed out each day by myself or an authorized person listed on the Emergency and Identification Information Form.
2. I must maintain communication with the Before and After School Program Coordinator about my child and keep staff informed of any pertinent changes, especially those related to health issues and emergency information.
3. I must notify the After School Program Coordinator in writing of any daily departure changes.
4. If a medical emergency arises, the Before and After School Program will first attempt to contact me. If the emergency is such that immediate hospital attention is necessary, the Before and After School Program staff will secure appropriate treatment at the nearest medical facility. The child will be transported by trained medical professionals. I, as the Parent/Guardian, will be responsible for all costs incurred.
5. If a child is to receive any medication during the hours of the Before and After School Program, the Before and After School Program Coordinator must have the following information:
  - Written and signed request from the parent or guardian authorizing personnel to administer the medication.
  - Medication must be in its original container as delivered by the pharmacy with the child's name on it along with instructions for dosage.
  - We cannot give any medication that has expired. We cannot administer over-the-counter medications if your child is showing signs of illness.

### **Billing Procedures**

I understand and agree that:

1. I am responsible for the monthly payment of fees based on the schedule selected in the contract, **due and payable before the 1st of the month**
2. Failure to pay Before and After School Program invoices by the 1st of the current month will result in child(ren) not being allowed to attend.
3. Fees are based on contracted days of service and are due whether the child attends or is absent.
4. Payments must be made by cash, check, cashiers check, or money order. A \$12 fee will be charged on all returned checks.
5. Any questions or disputes regarding billing issues must be resolved within 60 days of the original date of the disputed charge. No adjustments will be made to charges more than 60 days old.
6. The After School Program closes at 5:30 p.m. Parents whose children remain past 5:30 p.m. must pay an overtime fee of \$5.00 per child per 10-minute increments. A ten-minute increment(s) is defined as follows:
  - 1-10 minutes= a ten minute increment= \$10.00 per child
  - 11-20 minutes= 2 ten minute increments= \$15.00 per child
  - 21-30 minutes= 3 ten minute increments= \$20.00 per child

### Abandoned Child at Close of Program

If your child has not been picked up by 5:30 p.m. the following steps will be taken:

- Parents' home and work telephone numbers including cell and pagers will be called.
- All other telephone numbers listed on the child's emergency card will be called.
- Staff will try all numbers again. Remember, staff may not release a child to ANYONE except those listed on the child's emergency card.
- At 6:00 p.m. the child is considered an "abandoned" child and the local Sheriff's Office or DSS Child Protective Services will be called.
- The child will be released to the responding agency and staff will share with them what steps they have taken to locate the parents and all persons they have called or left messages with.
- Staff will post a note on the door advising the parent who the children were released to.

### Positive Behavior Intervention/Discipline

Discipline will be administered and maintained in a positive manner, which is child-centered, contributes to the child's development, and is consistent with our Positive Behavior Interventions and Supports (PBIS). Before and After School Program students will be required to follow all established school rules also known as the Colt Code of being Safe, Respectful, and Responsible. All restorative practices will be offered to help use behavior interventions as an opportunity to learn and thrive for mutually respectful behaviors and interactions.

This discipline policy applies to all children in order to ensure a safe, fun, and enriching environment. We appreciate your support and communication in this area. If intervention is required, the following process will occur:

- First Occurrence - The Before and After School Program Coordinator will discuss the unacceptable behavior with the child and explain why it is unacceptable and work with the student to utilize a restorative practice to right the wrong.
- Second Occurrence – The Before and After School Program Coordinator will discuss the unacceptable behavior with the child and provide thinking time and a "PBIS Communication Form" for the parents/guardian. They will discuss how the behavior will be changed and a restorative practice will be utilized to right the wrong.
- Third Occurrence – Should inappropriate behavior continue, the situation will be documented and an additional "PBIS Communication Form" will be given to the parent/guardian. The form will outline the behavior problem, the steps that will be taken to avoid future incidents, and may include a specific "Behavior Contract". In addition, steps may be taken to suspend or dismiss the student from the program depending on the severity of the behavior.