

# RETURNING FAMILIES MUST REGISTER FOR SEPTEMBER 2017

This Registration Packet Is For Returning Families Only

Please complete the attached contract and emergency card and turn in to your ESP site or the Childcare Programs Office with the \$50.00 registration check.

**IMPORTANT REMINDER:** We are currently full (for the current school year 2016/2017) at all of our ESP sites, therefore, registration for September is first come first serve. Once we are full at a site we will close registration for that site. Please register early, otherwise you may not get a spot for September.

The deadline to make changes to this contract or to drop from the program is August 28, 2017. Any changes must be done in writing or via e-mail. No changes may be made to your September schedule after August 28 and you will be responsible for payment for the month of September.

**NO EXCEPTIONS**

Fountain Valley School District-ESP  
 9625 Warner Avenue  
 Fountain Valley, CA 92708  
 714-962-4072

OFFICE USE ONLY	
First Day	
Last Day	
Sib	Emp

## 2017/2018 EXTENDED SCHOOL PROGRAM CONTRACT

Child's Name \_\_\_\_\_ M / F Grade for 17/18 \_\_\_\_\_ School \_\_\_\_\_

Do other siblings attend ESP? \_\_\_\_\_ Sibling Name \_\_\_\_\_

**CIRCLE DAYS CHILD WILL ATTEND ESP**

Before School	Mon	Tues	Wed	Thurs	Fri	Fee \$
After School to 4:30	Mon	Tues	Wed	Thurs	Fri	Fee \$
OR After School to 6:00	Mon	Tues	Wed	Thurs	Fri	Fee \$
						Disc.

I agree to a Monthly Fee of \$ \_\_\_\_\_

I agree to abide by the ESP Parent Handbook procedures and the ESP Enrollment Policies. I understand that tuition is due at the site the first of each month, whether or not I have received my statement. I also understand **NO CHANGES MAY BE MADE FOR THE MONTH OF SEPTEMBER AFTER AUGUST 28.**

\_\_\_\_\_  
 Signature of Parent/Guardian Responsible for Payment

\_\_\_\_\_  
 Date

E-Mail Address \_\_\_\_\_

Child lives with (PLEASE CIRCLE): Father, Mother, Stepfather, Stepmother, Grandfather, Grandmother, Other  
 Father/Stepfather Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_

Mother/Stepmother Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_

- \$50 Non-Refundable Registration Fee Required With Contract.
- During the regular school year a 2 week written or e-mailed drop notice is required to drop from ESP.
- **ABSOLUTELY NO CHANGES MAY BE MADE FOR THE MONTH OF SEPTEMBER. NO EXCEPTIONS!!** October 1<sup>st</sup> changes may be made in writing or via e-mail with a one week notice. Once a change is made, it must remain in place for one month.
- Registration and tuition are non-refundable and non-transferable.
- Please always write your child's name & school site in the bottom left corner of your check.
- Cash is not accepted at the ESP Sites. You may pay cash (exact amount) at the ESP Office. The office does not have change.
- Your statement will be sent to you electronically every month. Please save these statements for taxes, as there will be a \$10.00 charge each time you request copies of your statement.

Office Use Only: PAYMENT RECEIPT

Date Paid \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Received By: \_\_\_\_\_

\_\_\_\_\_  
**Student Last Name**                      **Home Address**                      **City**                      **Zip Code**                      **Phone**  
 (Legal if Different)

**Is your child enrolled in ANY Special Needs classes in the Fountain Valley School District?** \_\_\_\_\_

**LIST CHILDREN ENROLLED IN ESP, ELDEST FIRST**

First Name	Birth Date	Sex	Grade	Food Allergies	Special Medical Problems	Daily Medications
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Custody Ruling (Attach Court Order) prohibits release of children to:** \_\_\_\_\_

**Student(s) live with (please circle):** Father Mother Stepfather Stepmother Other \_\_\_\_\_

\_\_\_\_\_  
**Father Last Name**                      **First**                      **Employer/Location**                      **Work Telephone**                      **Cell**

\_\_\_\_\_  
**Mother Last Name**                      **First**                      **Employer/Location**                      **Work Telephone**                      **Cell**

\_\_\_\_\_  
**Stepparent/Legal Guardian Name**                      **Employer/Location**                      **Work Telephone**                      **Cell**

Adults authorized to pick up children who have agreed to be responsible in case of minor injury, illness or emergency evacuation if parents cannot be reached. THIS INFORMATION MUST BE KEPT UP-TO-DATE. YOU MUST INCLUDE AT LEAST 2 LOCAL PEOPLE. ONLY THESE PEOPLE ARE ALLOWED TO TAKE CHILDREN HOME FROM CHILD CARE PROGRAM AND MUST BE AT LEAST 18 YEARS OF AGE.

Name	City	Relationship	Telephone
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**MEDICAL EMERGENCY INSTRUCTIONS:** In the event of an emergency, the Lead Instructor or his/her designee will call 911, your physician and/or emergency physician. The undersigned parent/guardian will pay any fees involved.

Physician Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Drug Allergies \_\_\_\_\_

In case of emergency, list who should be contacted first: \_\_\_\_\_

**PUPIL TRANSPORTATION PERMIT:** In accordance with Education Code 35330, you are required to give written permission before your child can be transported. By signing below I grant this permission.

**PHOTO RELEASE:** By signing below I authorize CHILD CARE PROGRAMS to use pictures taken of my child for any educational purpose, including newspaper publicity or check statement below.

I DO NOT APPROVE of photograph release of my child.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_