



Fountain Valley School District
EXTENDED SCHOOL PROGRAM



ESP 2019/2020 Registration Packet

NEW FAMILIES ONLY

New Families: Complete the following:

1. Print, complete and return the forms noted below to the ESP Office.
 - CONTRACT One for each child enrolling in ESP. Please note: If you are enrolling for 3 days per week you must designate the three days, even if you will not be using the second or third day.
 - EMERGENCY CARDS NOTE: Must print and complete two forms per family. The office will not make photo copies.
 - ENROLLMENT FORM One per family (2 pages)
 - DISCIPLINE CONTRACT One per child
 - ELECTRONICS CONTRACT One Per Family
 - IMPORTANT REMINDER Confirmation of Registration Receipt
2. Registration Fee - \$50.00 Per Child
 - Check or money order for \$50.00 per child payable to ESP.
 - You may write one check for all children you are enrolling in ESP.
 - Write your child/ren's names in the lower left corner of your check.
 - Kindergarten and TK families must bring confirmation of enrollment from your school office. **REMINDER: CASH OR CHECK ONLY FOR REGISTRATION**

Did you...

- Complete forms?
- Sign all forms as required?
- Attached your \$50.00 registration check?
- If you have questions, please contact Cindy (Courreges, Cox, Gisler & Plavan) at (714) 962-4072 or at sullivanc@fvsd.us. Or Janice (Newland, Oka & Tamura) at (714) 962-4079 or at valonej@fvsd.us

Monthly ESP Tuition Schedule for 2019/2020

BEFORE SCHOOL	AFTER SCHOOL TO 4:30		AFTER SCHOOL TO 6:00	
All Grades	EEK, TK, K <u>1st & 2nd</u>	<u>3,4&5</u>	EEK, TK, K <u>1st, & 2nd</u>	<u>3,4&5</u>
5 Days \$125.00	\$240.00	\$180.00	\$330.00	\$275.00
3 Days \$100.00	\$180.00	\$145.00	\$260.00	\$225.00

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

First Day	
Sib	Emp

2019/2020 EXTENDED SCHOOL PROGRAM CONTRACT

Child's Name _____ Grade for 19/20 _____ School _____

Do other siblings attend ESP? _____ Sibling Name _____

CIRCLE DAYS CHILD WILL ATTEND ESP

Before School	Mon	Tues	Wed	Thurs	Fri
After School to 4:30	Mon	Tues	Wed	Thurs	Fri
OR After School to 6:00	Mon	Tues	Wed	Thurs	Fri

Fee \$
Fee \$
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.** The person signing this contract is responsible for payment in full.

 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.
- The part-time – 3 day program requires 3 designated days, even if you will not be using the second or third day.
- 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 1st 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 _____

 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 _____

EXTENDED SCHOOL PROGRAM DISCIPLINE CONTRACT

1. You are expected to treat yourself, the other children, and the adults at ESP with respect. You are to be polite and courteous in your actions and conversation with others... (do not use bad language).
2. You are expected to keep yourself safe and to help your friends keep themselves safe by following ESP and school rules...(if you or someone else might get hurt, don't do it).
3. You are expected to use personal and school materials and equipment in a safe manner so it is not damaged or lost.
4. You are expected to listen and respond to directions given to you by adults the first time.
5. You are expected to use your best behavior on field trips, including on the bus.
6. What happens if your behavior is inappropriate? You will receive a reminder of the rules. If you do not respond to the reminder, you will be given time out to discuss and think about your behavior. You may owe a consequence for your behavior. A phone call or written warning to parents will be followed by dismissal from the program. Dismissal from the Extended School Program is permanent.
7. If you have a consequence to do, remember that while your behavior is being corrected, the adults still like you as a person.
8. Remember to treat everyone the way you like to be treated.
9. If someone hits you, threatens you, teases you, or plays unfairly, tell them how you feel. If they won't listen, ask an adult to help you. Do not hit or yell. The adult will help you learn ways to take care of yourself in these situations.
10. Remember all of us have bad days. Sometimes something is happening in our lives that makes us sad or mad. If you learn to talk to an adult or a friend about the things that are bothering you, then you will feel better and get along at ESP and home better.
11. If you have any questions about how you are expected to behave, please ask an adult.
12. If you damage or destroy any property, i.e. materials, electronics, etc., your parent will be required to replace the item.

I AGREE TO DO WHAT IS EXPECTED OF ME AT ESP:

Student Signature_____ **Date**_____

I have gone over the Discipline Contract and agree to support the ESP staff within the guidelines.

Parent or Guardian Signature_____ **Date**_____

Staff_____

ENROLLMENT FORM

Child(ren)'s Last Name _____ School _____
 Family Last Name _____ First Date in ESP _____

CIRCLE DAYS ATTENDING

	Child(ren) in ESP	Grade	Sex	Before School	After School	After School
					4:30	6:00
1.	_____	_____	_____	M T W Th F	M T W Th F	M T W Th F
	_____	_____	_____	M T W Th F	M T W Th F	M T W Th F
	_____	_____	_____	M T W Th F	M T W Th F	M T W Th F

2. Does your child require any special accommodations? Yes No

3. If yes to question #2, please explain _____

4. Child lives with (please circle):

Father/Stepfather: Name: _____

Mother/Stepmother: Name: _____

Other (please give relationship) Name: _____ Relationship _____

5. Other children in the home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

6. Adults other than parents in the home:

Name	Relationship
_____	_____
_____	_____

A parent conference may be required prior to attending if an accommodation plan is necessary for program participation.

**Enrollment Form
(page 2)**

7. **What are your child's physical, social or emotional needs?**
8. **How can we best meet your child's needs?**
9. **a. Does your child receive any special services from the school district? (Speech and Language, RSP, ESL, GATE, SDC) Please list.**
- b. If the answer to 9 a. is yes, please explain why your child receives services from the Special Ed Department.**
- c. Does your child ever experience violent outbursts?**
10. **Can your child express himself verbally so others can understand him?
If not, how does he communicate?**
11. **How does your child react in new social experiences?**
12. **What techniques are effective when your child is upset?**
13. **Please share any concerns or additional information about your child(ren) that will help the staff meet the individual needs of each child. All information is confidential. Please attach separate sheet if necessary.**
- [] **Prefer to discuss child's needs with teacher**

EXTENDED SCHOOL PROGRAM
ELECTRONICS CONTRACT

In conjunction with the Fountain Valley School District;

The FVSD Child Care Department and the Extended School Program are not responsible for damage to or the loss of any electronic devices brought into our program. This includes, but is not limited to: cell phones, lap tops, Game Boys, I-Touch, I-Pods, I-Pads, electronic readers, etc.

In addition, we are not to be held liable for the content on student devices.

I have gone over the Electronics Contract and agree to abide by these rules at all times.

Parent or Guardian Signature _____

Child/rens Name/s _____

Date _____

Staff _____

Fountain Valley School District
EXTENDED SCHOOL PROGRAM

2019/2020 ESP DAILY FEES

ESP tuition fees for 2019/2020 are as follows:

- If you are on a part time contract, you may request an additional day, and will be charged as follows:

Regular Days

EEK, TK, K, First/Second	4:30 pick up \$18.00	6:00 pick up \$23.00
Third/Fourth/Fifth	4:30 pick up \$15.00	6:00 pick up \$20.00

Modified Days

EEK, TK, K, First/Second	4:30 pick up \$20.00	6:00 pick up \$25.00
Third/Fourth/Fifth	4:30 pick up \$18.00	6:00 pick up \$23.00

The fee for a 4:30 to 6:00 extension is \$18.00.

The fee for adding an additional day before school is \$15.00.

- Full and partial month tuition rates are calculated as follows:

Full Monthly FeeMonths with 17 or more school days
3/4 Monthly FeeMonths with 13-16 school days
1/2 Monthly FeeMonths with 12 or fewer school days

- A fee of \$40 per day will be charged for all day childcare.
- Students attending four or five days are considered full time.
Students attending three days or less are considered part time.

**Fountain Valley School District
EXTENDED SCHOOL PROGRAM
ENROLLMENT POLICIES**

1. All forms must be completed and fees paid prior to admission. Admission is complete only when the ESP Contract, registration fee, and all required registration forms have been submitted to, and accepted by, the ESP office. Failure to return all completed forms by the required deadline will void the contract.
2. I will pay tuition by the 1st (first) of the month at the ESP site. After the first, I will bring the payment to the ESP Office, and I will pay a \$10 late fee. If my tuition is still not paid by the first Friday of the month, my child will be temporarily excluded from ESP until the tuition is paid. I will be responsible for payment for the days that my child is not attending ESP after this date. I will pay my tuition on time whether or not I receive a statement.
3. I will make other child care arrangements if my tuition has not been paid by the Friday of the same week, and I will be responsible for payment of any days missed due to unpaid tuition.
4. There is no reduction in tuition or refund for absences.
5. An additional fee will be charged for all-day child care on Staff Development Days and school vacations.
6. A \$10.00 fee will be charged for printing statements.
7. A check returned for insufficient funds will require all future payments to be made by cash or money order. A \$15 fee will be charged for a returned check. After one returned check, only cash will be accepted as payment.
8. Cash payment of tuition will not be accepted at the school. Cash (exact amount) must be brought to the ESP office between 8 am & 4 pm. The ESP Office does not have change.
9. I will pay a late pick up fee of \$10 per child for each 15 minutes or portion thereof if I am later than 4:30 or 6:00 (depending on my contract). Payment will be made at the school within 24 hours and may be made in cash.
10. If I pick up my child after 4:30 three times, my enrollment will be changed to the 6:00 pick up time. If I pick up my child after 6:00 three times, my child will be dropped from enrollment. Please note, dismissal from the Extended School Program is permanent.
11. If I cannot pick up my child on time, it is my responsibility to call the ESP site and to call another authorized adult to pick him/her up.
12. I will personally notify the ESP office in writing or via e-mail at least one week in advance of any schedule changes.
13. I will personally notify the ESP office in writing or via e-mail at least two weeks prior to withdrawing from ESP. I understand I must pay for tuition during this two-week period.
14. I will notify the ESP site if my child will be absent for any reason on a day he is scheduled for child care.
15. I will be contacted and agree to pick up my child immediately if his/her behavior poses a direct threat to himself or others and he/she refuses to cooperate and follow directions from staff.
16. I understand that my child will be dismissed from ESP if his behavior endangers the physical safety or emotional well being of others and that he is expected to follow the rules outlined in the Discipline Contract.
17. My child will be signed in and out by an authorized adult each day to protect his/her safety.
18. I will keep all phone numbers current and give written permission for other adults to pick up my child for any reason, i.e., scouts, sports, doctor, etc.
19. If I have not completed the proper Fountain Valley School District form, my child will not be given medication at ESP.
20. I agree to read and abide by the policies and procedures in the Parent Handbook.

IMPORTANT REMINDER!!

PLEASE NOTE:

This is your Confirmation of Enrollment for the September, 2019/2020 School Year

Please retain for your records, as this is your proof of registration.

PLEASE COMPLETE:

My child _____ is enrolled for September 2019/2020 school year for the following schedule:

Please mark an X on the days your child will be attending ESP in the appropriate box.

BEFORE SCHOOL:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

AFTER SCHOOL: (circle one) 4:30 or 6:00 Pick Up Time

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

If you need to change the above schedule for the first day of school you will need to notify the Childcare Programs Office in writing or via email before August 28, 2019. NO EXCEPTIONS!!!

Parent Signature

Date

Office Use Only

CONFIRMATION OF RECEIPT OF ENROLLMENT FOR 2019/2020 ESP	ESP Staff Signature _____	Date _____
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