

RETURNING FAMILIES MUST REGISTER FOR SEPTEMBER 2018

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 2017/2018) 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. At that time you will need to go to our waiting list. 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 29, 2018. Any changes must be done in writing or via e-mail. No changes may be made to your September schedule after August 29 and you will be responsible for payment for the month of September.

NO EXCEPTIONS

Monthly ESP Tuition Schedule for 2018/2019

BEFORE SCHOOL	AFTER SCHOOL TO 4:30		AFTER SCHOOL TO 6:00	
<i>All Grades</i>	EEK, TK, K <u>1* & 2nd</u>	<u>3,4&5</u>	EEK, TK, K <u>1*, & 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-ESP
 9625 Warner Avenue
 Fountain Valley, CA 92708
 714-962-4072

OFFICE USE ONLY	
First Day	
Last Day	
Sib	Emp

2018/2019 EXTENDED SCHOOL PROGRAM CONTRACT

Child's Name _____ M / F Grade for 18/19 _____ 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						Fee \$
After School to 6:00	Mon	Tues	Wed	Thurs	Fri	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 29.

 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 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 _____