

EXTENDED STUDENT PROGRAM (ESP) REGISTRATION & ENROLLMENT FORM

I understand that I am enrolling my child(ren) in the Extended Student Program for the 2017/2018 School Year.

Child (1) Name	Birthdate
Child (2) Name	Birthdate
Address	Phone #
School	Grade Child 1 Child 2

ESP PROGRAMS K-6 GRADES - PLEASE CHECK THE PROGRAM YOU ARE SIGNING UP FOR

5 Day Programs	3 Day Programs	Minimum Day Afternoon Only	School Recess Days Only																												
	Must be same days each week M T W Th F (Circle 3 Days)																														
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; height: 15px;">Before School</td><td style="width: 50%; height: 15px;">Before School</td></tr><tr><td style="height: 15px;">After School</td><td style="height: 15px;">After School</td></tr><tr><td style="height: 15px;">Before & After School</td><td style="height: 15px;">Before & After School</td></tr></table>	Before School	Before School	After School	After School	Before & After School	Before & After School	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; height: 15px;">Before School</td><td style="width: 50%; height: 15px;">Before School</td></tr><tr><td style="height: 15px;">After School</td><td style="height: 15px;">After School</td></tr><tr><td style="height: 15px;">Before & After School</td><td style="height: 15px;">Before & After School</td></tr></table>	Before School	Before School	After School	After School	Before & After School	Before & After School	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; height: 15px;">Barnett</td><td style="width: 50%; height: 15px;">Barnett</td></tr><tr><td style="height: 15px;">Hanson</td><td style="height: 15px;">Hanson</td></tr><tr><td style="height: 15px;">James Dukes</td><td style="height: 15px;">James Dukes</td></tr><tr><td style="height: 15px;">Mt. Woodson</td><td style="height: 15px;">Mt. Woodson</td></tr></table>	Barnett	Barnett	Hanson	Hanson	James Dukes	James Dukes	Mt. Woodson	Mt. Woodson	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; height: 15px;">Thanksgiving</td><td style="width: 50%; height: 15px;">Thanksgiving</td></tr><tr><td style="height: 15px;">Winter</td><td style="height: 15px;">Winter</td></tr><tr><td style="height: 15px;">Spring</td><td style="height: 15px;">Spring</td></tr><tr><td style="height: 15px;">Other Non-School Day</td><td style="height: 15px;">Other Non-School Day</td></tr></table>	Thanksgiving	Thanksgiving	Winter	Winter	Spring	Spring	Other Non-School Day	Other Non-School Day
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Spring	Spring																														
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Start Date: _____

Parent/Guardian Name	Relation to child
Address	Home #
Email Address	
Employer	Work #
Drivers License #	Pager or Cell #
Parent/Guardian Name	Relation to child
Address	Home #
Email Address	
Employer	Work #
Drivers License #	Pager or Cell #
Doctor	Phone #
Insurance Co.	Ins. #

People Authorized to pick up your child.

Name	Home #
	Work/Cell #
Name	Home #
	Work/Cell #
Name	Home #
	Work/Cell #

Medical History

Allergies?

Chronic illness or disorder?

Medication and dosage to be given during program hours?

Please give any information that will be helpful to staff in caring for you child:

<input type="checkbox"/> Please send an additional statement at \$1.00 per statement to: Name:	<input type="checkbox"/> Release Account Information to: Name:
Address:	

Parent Signature **Date**

Office Use Only	Receipt#	Check#	Enroll	Regist. Fee	Statement	Copies(Off/Emer)	Roster
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EXTENDED STUDENT PROGRAM ENROLLMENT AGREEMENT

Please check the boxes in front of each statement and then sign the bottom. Your checks and signature indicate that you have read, understand, and will abide by the policies stated below. This information is also found in the Parent Handbook.

- The parent/guardian who signs the contract documents and registers the child(ren) is solely responsible for the payment of childcare fees.
- Statements are made available at the end of the month for the following month. Statements are a courtesy and not a requirement for payment. A fee schedule is provided with your contract.
- Only one statement per account will be sent unless the contract holder specifies another person to receive a statement. There is a \$1.00 fee per additional statement.
- All mail is considered delivered and received if sent to the parent/guardian's address that is on file in our office.
- Registration fee of \$40.00 per family is non-refundable.
- Fees are based on the number of school days in the year and averaged over that time. Therefore, the months of November, December, and spring recess, have the same monthly fee as non-holiday months. June is the only month that is pro-rated.
- A sibling discount of 10% is given on 5-day afternoon programs and 5-day full day programs.
- Three-day programs must have the same schedule each week.
- Tuition is based on the contracted schedule, not attendance.
- Tuition payments are due and payable before or on the 1st school day of the month. If taking advantage of the divided monthly payment, tuition is due on or before the 1st school day of the month and the 15th of the month.
- No post-dated checks will be accepted.
- A late payment fee of \$20.00 is charged if payments are not received or post marked by the due date.
- NSF check fee of \$20.00 will be charged. Checks cannot be re-submitted. They must be replaced by cash or money order.
- A late pick up fee of \$1.00 per minute per child will be charged for the first 5 minutes after 6:30 p.m. A fee of \$2.00 per minute per child fee will be charged after 6:35 p.m.
- Payments can be made on-line at www.myschoolbucks.com, mailed, or delivered to Ramona Unified School District/ESP, 720 Ninth Street, Ramona, CA 92065. Credit card payments can now be made at the district finance office. Payments may be left at the center or with site staff.
- Holiday and Non-Student Day care must be signed up for separately. No child will be accepted for those days without sign up and payment by deadline. Reservation sheets are at the sites for student recess months.
THERE ARE NO REFUNDS OR TRANSFER OF PAYMENTS FOR UNUSED RESERVATIONS.
- Inquiries regarding your statement should be directed to Gina Walter 760-787-2030.
Any discrepancies you may have concerning your statement must be resolved before the due date to avoid the \$20.00 late payment fee.
- Your child will be dropped from the program for non-payment of all incurred fees and/or behavior issues.
- It is required that emergency contacts be local people who are authorized to pick up your child in case of an emergency, illness, or when a parent/guardian is not available. A picture ID will be required by emergency pick up people.

Parent Signature

Date

Extended Student Program Behavior Contract

- You are expected to treat yourself, other children, adults, materials, and equipment with respect.
- You are expected to be polite in words and actions.
- You are expected to keep yourself safe and help keep your friends safe by following ESP rules.
- You are expected to listen to directions given by adults and respond to them the first time given.
- You are expected to take responsibility for your actions.
- If someone is threatening you, bullying you, hurting you, or treating you unfairly, get the help of an adult.

There are consequences for behavior that is disrespectful, rude, unsafe, threatening, or bullying. They are:

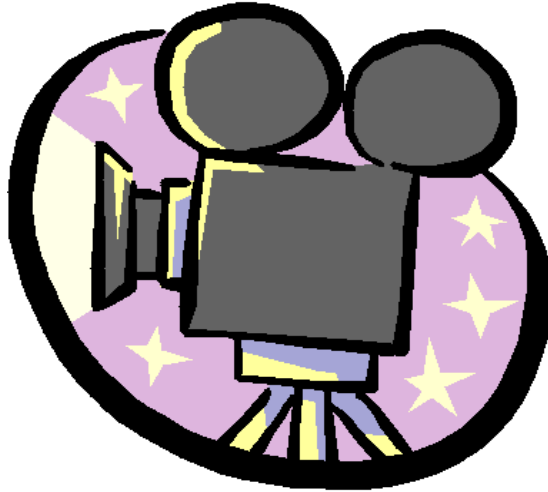
- You will be reminded of the rules and your behavior choices.
- If you do not respond positively to the reminder, you will receive a “cool off” time to think about your behavior choices.
- If this behavior continues, your parents will be notified when you are picked up.
- Repeated disregard for ESP behavior expectations will result in the termination of your ESP contract.

I agree to do what is expected of me at ESP.

Child's Signature _____ Date _____

I have read and gone over the Behavior Contract and Discipline Plan with my child. We agree to support the Extended Student Program in the above stated guidelines and the Discipline Plan. I also agree to follow the guidelines of the Extended Student Program Handbook.

Parent's Signature _____ Date _____



PG MOVIE CONSENT FORM

Dear Families,

Occasionally throughout the school year, we present videos in ESP that are rated PG. We would like your child to participate in viewing these and ask that you please sign this consent allowing them to do so. Please call with any questions or concerns.

Thank you,

I give permission for my child to watch PG movies in ESP.

Child's name

Parent/Guardian signature

Date

Extended Student Program 2017-2018 School Year

School Year Registration Per Family - \$40.00

Fees are based on 180 school days. There will be no fee adjustments for short months as there will be no fee adjustments for long months.

When choosing a 3-day program, days must be the same each week.

No sibling discount for morning or 3-day programs.

Barnett Elementary

Program Description	Monthly		Monthly
	Fee	Sibling	3 days or less
Grades K- 6			
Before School - 6:30-7:45	\$103.00	\$103.00	\$77.25
After School - 2:20-6:30	\$298.00	\$268.20	\$223.50
Before & After - 6:30-7:45 & 2:20-6:30	\$300.00	\$270.00	\$225.00
Minimum Day only - 11:45-6:30	\$17.00 per Friday		
Daily Holiday Rate - \$23.00 and \$21.00 Sibling			

Hanson Elementary

Program Description	Monthly		Monthly
	Fee	Sibling	3 days or less
Grades K- 6			
Before School - 6:30-8:30	\$152.00	\$152.00	\$114.00
After School - 3:05-6:30 +wkly min day	\$250.00	\$225.00	\$187.50
Before & After-6:30-8:30 & 3:05-6:30+min day	\$300.00	\$270.00	\$225.00
Minimum Day only - 12:35-6:30	\$17.00 per Friday		
Daily Holiday Rate - \$23.00 and \$21.00 Sibling			

James Dukes Elementary

Program Description	Monthly		Monthly
	Fee	Sibling	3 days or less
Grades K- 6			
Before School - 6:30-8:30	\$152.00	\$152.00	\$114.00
After School - 3:05-6:30 +wkly min day	\$250.00	\$225.00	\$187.50
Before & After-6:30-8:30 & 3:05-6:30+min day	\$300.00	\$270.00	\$225.00
Minimum Day only - 12:45-6:30	\$17.00 per Wednesday		
Daily Holiday Rate - \$23.00 and \$21.00 Sibling			

Mt. Woodson Elementary

Program Description	Monthly		Monthly
	Fee	Sibling	3 days or less
Grades K- 6			
Before School - 6:30-8:40	\$152.00	\$152.00	\$114.00
After School - 3:10-6:30+wkly min day	\$250.00	\$225.00	\$187.50
Before & After-6:30-8:40 & 3:10-6:30+min day	\$300.00	\$270.00	\$225.00
Minimum Day only - 1:00-6:30	\$17.00 per Friday		
Daily Holiday Rate - \$23.00 and \$21.00 Sibling			

Late Pick Up Fees

After 6:30 p.m. - \$1.00 per minute per child
After 6:35 p.m. - \$2.00 per minute per child

Late Payment Fees

After the first school day of the month - \$20.00
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