Dear Walker Elementary School Families:

We have included information to help guide your family through the EXCEL After-School Program application process. In order for your child to be considered for enrollment in the EXCEL program for the 2020-2021 school year, a new application must be completed and returned to the office. **Children who currently attend EXCEL are not automatically re-enrolled** in the program for the next school year. In keeping with our grant funding guidelines, we must first give preference to students who are academically at risk. Due to the popularity of our program, and the limited space available, a maximum of 85 students will be enrolled. The remainder of applicants are placed on a waiting list and are considered for enrollment as openings occur.

**As the bulk of our program funding is based on student daily attendance, your child(ren) must attend EXCEL 5 days a week, three hours per day. Our hours of operation are:**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st-4th</td>
<td>EXCEL begins from the time school is dismissed and ends at 6:00pm</td>
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<tr>
<td>TK and Kindergarten</td>
<td>EXCEL begins from the time school is dismissed and ends at 6:00pm</td>
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</table>

We are closed holidays, school vacations, in-service days, and weekends. **Continuous unexcused absences and early pick-ups on regular school days are not permitted and will be cause for dismissal.**

**Please be aware there is a fee for attending EXCEL. EXCEL fees are due in advance. South Fortuna EXCEL reserves the right to terminate for non-payment of EXCEL fees. If you are a week or more behind on your payment, your child will be placed back on our waiting list. South Fortuna EXCEL has a late pick-up policy. Parents will be charged a fee of $1.00 per minute for each minute your child is here after 6:00 P.M.** You can refer to the chart below for the fee amount that applies to your family. Scholarships are available. Contact EXCEL Site Coordinator, Carolyn Throssel, for more information regarding scholarships.

<table>
<thead>
<tr>
<th>EXCEL fee schedule</th>
<th>1st child enrolled in EXCEL</th>
<th>2nd child enrolled in EXCEL</th>
<th>3rd child enrolled in EXCEL</th>
<th>4th child enrolled in EXCEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular rate</td>
<td>$20.00/week</td>
<td>$15.00/week</td>
<td>$10.00/week</td>
<td>$0</td>
</tr>
<tr>
<td>Free &amp; Reduced lunch rate</td>
<td>$15.00/week</td>
<td>$10.00/week</td>
<td>$5.00/week</td>
<td>$0</td>
</tr>
</tbody>
</table>

Your child is expected to follow all EXCEL rules. The EXCEL rules are included in the application packet under the heading “After-School Program Discipline Slips.” We have also included a copy of the playground rules we have for our program. Please go over these rules with your child before he/she starts EXCEL.

If you are interested in having your child(ren) attend our program, please complete all of the application forms and return them to the office no later than **May 24, 2020.** Families will be notified in mid-August as to the status of their child’s enrollment in the program for the 2020-2021 school year.

Laurie Ciendenen- Principal                           Carolyn Throssel-EXCEL Site Coordinator
EXCEL After School Program
Registration 2020/2021

School Attending in Fall 2020: ____________________________ Child’s Teacher: _________________

Childs Name: ________________________________________ Date of Birth: _______________________

Grade child WILL BE IN during 2020-2021 school year: __________________

Street Address: ______________________________________ City: ________________________________

Zip: ______________________ Home Phone #: ______________________________

Parent/Guardian Information:

Name: ______________________________________ Relationship to child: _______________________

Day Phone: ______________ Evening Phone: ______________ Cell Phone: _______________________

Name: ______________________________________ Relationship to child: _______________________

Day Phone: ______________ Evening Phone: ______________ Cell Phone: _______________________

Emergency Contacts (please choose at least two) The emergency contacts are allowed to pick up my child.

1.) Name/Relationship ______________________________ Phone #: _______________________

2.) Name/Relationship ______________________________ Phone #: _______________________

3.) Name/Relationship ______________________________ Phone #: _______________________

4.) Name/Relationship ______________________________ Phone #: _______________________

Who lives in the child’s home? (parents, siblings, grandparents, etc.)

____________________________________________________________________________________

Does the child have any medical needs? (i.e. allergies, asthma, medications or other special needs)

____________________________________________________________________________________

Days and times you expect your child to attend- See example below. Please contact us if your child’s schedule changes or if he or she will not be attending on a regularly scheduled day.

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example</strong></td>
<td>Until 6 p.m.</td>
<td>Until 6:30 p.m.</td>
<td>Until 5:30 p.m.</td>
<td>Until 6 p.m.</td>
<td>Until 6 p.m.</td>
</tr>
<tr>
<td><strong>Your child's schedule</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is there any other information we should know about your child?

____________________________________________________________________________________

**SITE COORDINATOR USE ONLY**

Date Application Received: __________ Start Date: __________

All Paperwork in: Yes/No Letter Sent/Phone Call Made: Yes/No
EXCEL Afterschool Program

PARENT AGREEMENT 2020-2021

Pupil's Name: ___________________________ Grade _____

First

Last

I have read the EXCEL Letter of Acceptance with the basic 7 rules of the afterschool program. In addition I agree to the following:

*I will make sure my child attends the program regularly as scheduled.

*My designated person or I will pick up my child on time by the end of the program each day.

*I will notify my child’s Site Coordinator of absences in advance

*I will see to it that my child brings his/her homework to the program and review it when she/he comes home from the program.

*I understand that disruptive and disrespectful behavior will not be tolerated and would be reason for dismissal from the program.

*I understand that if my child is absent from school they may not attend EXCEL that day.

*I will notify my Site Coordinator or Check-Out person of any changes in our phone number or emergency contacts.

*I will keep my child’s EXCEL fees paid and up-to-date.

Parent/Guardian Signature: ___________________________ Date: __________

*return to student’s teacher, school office or Group Leader before the first day of EXCEL.

Can we take pictures of your child for projects and/or media?

Yes____ No____ parent signature________________________

PG Movie Release?

Yes____ No____ parent signature________________________
Student name: _______________________________ (First) _______________________________ (Last)

EXCEL Early Release Policy for 2020-2021

Legislation 8483 requires the EXCEL program to remain open until 6:00 pm and for 15 hours per week during the regular school year. Every afterschool program must establish a policy regarding responsible early daily release of pupils from the program.

A child may be released early from the EXCEL afterschool program prior to the end of the program at 6:00 p.m. based on any of the following conditions.

* Transportation Necessity from site to home

* Family Needs

* Attending a Parallel Activity (community programs such as soccer, dance, academic enrichment programs, etc.)

* Health Needs as identified by EXCEL staff or parent

* Weather and Safety

Grades Kindergarten – 4th may only be released to parents, or other adults that are specified on the pupil’s enrollment form.

I understand the terms and requirements of the EXCEL Early Release Policy

Parent/Guardian Signature _______________________________ Date ______________
After School Program Discipline Slip

Pupil's name: ____________________________ Date: ____________

*Rule that was broken:

_____ 1. Respect my school community by following directions.

_____ 2. Respect my school community by keeping it clean and safe.

_____ 3. Be responsible for using an appropriate voice level and language.

_____ 4. Stay in designated areas.

_____ 5. Be safe and care for others by walking in the hallways.

_____ 6. Keep my hands, feet, and objects to myself.

_____ 7. Treat others the way you wish to be treated.

_____ 8. Refusal to participate or disruption of study hall

Consequence:

1st Discipline Slip  Pupil will receive a warning and a note will be sent home to the parent.

2nd Discipline Slip  Pupil will have a loss of a privilege such as computers, cooking, or activity time. Parent contact will be made.

3rd Discipline Slip  Pupil will not be able to attend the program for one (1) day. A parent conference will be required.

4th Discipline Slip  Pupil will not be able to attend the program for three (3) days. A parent conference will be required.

5th Discipline Slip  Pupil will be removed from the After School Program and his/her place will be filled by a student on the waiting list.

*Description: ________________________________________________

______________________________________________________________

Parent Signature: _____________________________________________
North Coast Schools' Insurance Group
Field Trip/Excursion Waiver and Medical Authorization - Minor

__________________________ has my permission to participate in the activities listed below. I fully understand the following:

1. Participation in these activities is voluntary.
2. I may revoke this permission at any time by notifying the school district in writing.
3. Revocation is not effective until receipt is acknowledged by the school district.

As stated in California Education Code Section 35330:
"All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

<table>
<thead>
<tr>
<th>Activity</th>
<th>Location</th>
<th>Approximate Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
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</tbody>
</table>

Consent to Treat

In the event of illness or injury during a field trip or excursion, I do hereby consent to whatever X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physicians or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

A special note to parents/guardians in accordance with Ed. Code Section 49423:

1) Check here if there are no special problems that the staff should be aware of and no medications are required on the trip.
2) All medications must be registered on this form with a physician's written instructions on dispensing.

3) All prescriptions, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.

If your son or daughter has a special medical problem, attach a description of that problem to this sheet. Thank you.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in the school contacting the parents and arranging transportation home for that child at his/her and/or parents' expense.

__________________________
Signature of Parent or Guardian

Date

__________________________
Signature of Student

Date

__________________________
Address

Phone

__________________________
Parent's/Guardian's Health insurance Company/MEDI-CAL

Policy Number

I do not consent to medical treatment _______________________

Signature of Parent of Guardian

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