



Sequoia Healthy Start

east bay agency for children

OUSD/SHS AFTER-SCHOOL PROGRAM Application (September 1, 2010 - June 15, 2011)

Please select the program you are applying for:

- Academic and Enrichment program (1-5 grade; ends at 6:00)
- Enrichment only program (3-5 grade; ends at 4:30)

PARENT PERMISSION AND STUDENT INFORMATION

I give my child permission to participate in the 2010-2011 After-School Program.

Student's Name	10-11 Grade	Date of Birth
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Parent/Guardian Name (Please print)	Signature	Today's Date
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Home Address	City	Zip
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Home Phone	Work Phone	Cell Phone
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Email: _____

Gender: Boy Girl Ethnicity: _____

EMERGENCY CONTACT INFORMATION

In case of emergency please contact:

Name	Relationship	Phone: work/home/cell
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Name	Relationship	Phone: work/home/cell
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Name	Relationship	Phone: work/home/cell
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Does your child have health coverage? _____ Yes _____ No

Name of Medical Insurance

Policy/ Insurance #

Primary Insured's Name

Medical History that may be of importance

Medication Child is taking

List any Allergies

Name of Child's Doctor

Telephone

I authorize the After-School Program Staff to furnish and/or obtain emergency medical information and treatment which may be necessary for my child during the After-School Program.

Parent/Guardian Name

Signature

Date

STUDENT RELEASE/ PICK UP POLICY

As parent/guardian, I understand that the After-School Program will begin immediately after school is out and will end by 6:00 p.m. or 4:30 p.m. if in the enrichment only program. Please pick up your child on time. If students are not picked up by dismissal time, the After-School Program staff is required by law to report to Child Protective Services or law enforcement. Please note: **Three instances of tardiness in picking up your child may result in his/her dismissal from the program.** Students will not be released to go home from the After-School Program until they are signed out by the parent/guardian or one of the individuals listed below:

Parent/Guardian/Caretaker Signature

Date

When I am unable to pick my child up, I give After-School Program staff permission to release my child to:

Name

Relationship

Phone: work/home/cell

Name

Relationship

Phone: work/home/cell

Name

Relationship

Phone: work/home/cell

Name

Relationship

Phone: work/home/cell

*** (If you need more space, please continue on a separate sheet of paper)

RELEASE OF LIABILITY

I understand the nature of the after-school program and that participation is voluntary. I understand that the Oakland Unified School District is not responsible for loss, damage, illness, or injury to person or property as a result of participation in the after-school program. I hereby release and discharge the Oakland Unified School District and its officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss or damage as a result of after-school program activities.

Parent/Guardian Signature: _____ Date _____

PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS

I give permission for the After-School Program Staff to review my child’s school data (test scores, report cards and other performance indices), for the purpose of providing targeted academic instruction and assessing the academic effectiveness of the After-School Program. I also give permission for After-School Program staff to monitor my student’s progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness.

_____ Parent/Guardian Signature

PHOTO/VIDEO RELEASE

During your child’s attendance in the After-School Program, s/he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional or funding purposes.

I authorize the OUSD or any third party it has approved to photograph or videotape my child during After-School program activities and to edit or use any photographs or recordings at the sole discretion of OUSD. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless the OUSD and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

_____ Parent/Guardian Signature



WALK HOME PERMISSION FORM (OPTIONAL)

FOR STUDENTS AGES 8 and older ONLY

Name of Student: _____

Grade: _____

Date of Birth of Student: _____

If I arrive later than the dismissal time or am unable to pick up my child from the After-School Program:

I give the After-School Program staff permission to release my child from the after-school program without supervision.

As parent/guardian, I hereby release and discharge the Oakland Unified School District, Collaborating agencies and employees from all claims for injury, illness, death, loss or damage as a result of my signed waiver of the After-School Program pick up policy.

Signature of Parent/Guardian

Date

WALKING FIELD TRIP RELEASE FORM

These trips are for educational or recreational purposes such as going to Dimond library or to Dimond Park. The after-school staff will give notice before taking a walking field trip. The field trips will take place within the time frame of the program; M, T, TH, F between 3:00 - 6:00 p.m. and on Wed. between 1:10 - 6:00 p.m. Students will be chaperoned by Sequoia Healthy Start Staff at all times. Written permission and waiver of liability from parent or guardian must be on file for each student attending these trips. These study trips are voluntary; your child is not required to attend. If your child does not attend, alternate activities will be provided to him/her at the school site.

I understand that participants in this study trip are to abide by all rules and regulations governing conduct during the study trip and that any violation of these rules and regulations can result in my child being sent home and his/her and/or my expense.

Please sign the attached form.



TRIP / EXCURSION PERMISSION SLIP **PARENT / GUARDIAN AUTHORIZATION**

I hereby grant my own permission and permit East Bay Agency for Children

to allow for, my daughter/ son/ ward ("child") _____ (Name of Student)

to participate in the field trip or excursion to _____ (the "Field Trip/Excursion")

with _____ (school or program name) (the "School") on _____ (date).

Student's Critical Medical Needs/Medications/Allergies/Conditions:

Authorization to treat minor: In the event of illness or injury to my child, I do hereby consent to whatever X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical, surgical, or dental services.

Do you agree to be financially responsible for expenses incurred for treatment under the circumstances described above? Yes No

Please note: EBAC or School may refuse to permit your child to attend the Field Trip/Excursion if you answer "No" to this question.

1. **I understand** that the Field Trip/Excursion is optional and attendance by my child is voluntary, not required, and that an alternative activity at School may be provided if I do not give permission for my child to participate.
2. **I understand** that all students going on this Field Trip/Excursion must act responsibly and take direction from the bus driver(s), teacher(s), coach(es) and if applicable, the adult chaperone(s) at all times.
3. **I understand** that students are required to go to and return from this event on the transportation provided, unless prior arrangements have been made and agreed to in writing by the EBAC Program Director or designated EBAC staff.
4. **EBAC has advised me, and I understand, acknowledge and appreciate,** that the Field Trip/Excursion may involve inherently dangerous activities (including but not limited to hazards pertaining to the primary activities of the Field Trip/Excursion and transportation to and from the site of such activities), and that, although unlikely, my child may sustain property damage or loss, personal injury or death as result of participating in the Field Trip/Excursion. **I knowingly and voluntarily assume all such risks.**
5. **I understand** that there is no insurance provided to me or my child by EBAC for this Field Trip/Excursion, although EBAC has made student accident insurance available to me for purchase at my expense. **To access the application on-line, please follow the following steps:**

- Log onto www.studentinsuranceagency.com
- Click on link labeled "K-12 Plans"
- Click on "APPLICATION"
- Print application, complete and mail.

Notice of Waiver: Education Code 35330 provides that all persons making a field trip/excursion shall be deemed to have waived all claims against any school district or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion.

I Agree to Waive All Claims: In consideration for permission being given by EBAC for my child to participate in the Field Trip/Excursion, for my child, myself, our heirs, personal representatives and assigns, **I do hereby voluntarily release, waive, discharge, and relinquish** EBAC, the School, and any of EBAC's or the School's directors, officers, employees, and agents **from any and all claims or causes of action including but not limited to any claim of negligence**, for personal injury, financial or property loss or damage, accident or illness (including death), or any other loss arising from or in connection with the Field Trip/Excursion. The foregoing waiver does not apply to claims of gross negligence or willful misconduct.

Parent/ Guardian Phone #: _____ Alternate Phone #: _____

Emergency Contact Person: _____ Emergency Phone #: _____

Health Insurance Plan Name: _____ Subscriber/ Policy No.: _____

I have read the foregoing and have voluntarily signed this document. I am fully aware of the risks involved in this activity and of the legal consequences of signing this Authorization. I am the custodial parent or lawful guardian of the child and am authorized individually to execute this Authorization.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Students over 17 years old must also sign:

Date: _____ Student Signature: _____

FOR HIGH SCHOOLS ONLY: With the supervising EBAC staff, a high school student may wish to meet at and/or leave from the destination on his/her own. If this choice applies to your child and you approve, please check one of the options below.

By checking below, and without limiting any other waiver of liability in this agreement, you acknowledge and agree that your child's transportation on his/her own to/from the destination (as applicable) is outside the control or supervision of EBAC or the School, and neither EBAC, the School, nor any of EBAC's or the School's Representatives will be liable for any claim whatsoever for any incidents that may occur to your child during such transportation.

Additionally, your child may not transport any other students.

- My high school student will arrive at the destination on his/her own.
- My high school student will leave the destination on his/her own.

I further certify that my child has a valid driver's license and that the vehicle is properly registered and has full liability coverage.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Sequoia Healthy Start After-School Agreements

I understand and agree that if my child participates in the After-School Program, my child and I will also enter into a behavioral contract with Sequoia Healthy Start After-School Program.

The SHS After-School Program will:

- Create a safe, supportive and meaningful learning environment for all students participating in the program.
- Provide structured, supervised activities with trained, caring adults.
- Invite and address student and guardian input.
- Provide a snack each day.
- Model the SHS SPARK Values: Responsibility, Respect, Honesty and Compassion.
- Enforce Sequoia School Day Rules during the after-school program.

As a parent/guardian I will:

- Discuss with my child the importance of participation and cooperation to get the most out of the After-School Program.
- Pick up my child on time at the end of each After-School Program session (by 6:00 or 4:30). I understand that if I am late picking up my child 3 times, my child may be dismissed from the program.
- Understand that my child is responsible for his/her behavior and that disruptive, aggressive, or disrespectful behavior will not be tolerated. I understand that my child will abide by the behavior management system of the program and that I will be notified if my child is disruptive or disrespectful. After notification, I understand that if my child's behavior continues he or she may be permanently dismissed from the program. I understand that this rule will be strictly enforced.

As a SHS student I will:

- Ask permission to leave a supervised area and when I leave an area I will take a buddy.
- Attend each activity that I am registered for, on time and ready to participate.
- Have a positive attitude toward program staff, students, school, and myself.
- Do my best to represent the SHS SPARK Values: Responsibility, Respect, Honesty and Compassion. I will follow the Sequoia Healthy Start discipline code.
- Follow all Sequoia School rules during the after-school program.
- Seek support from an adult when disagreements occur.
- Understand that everyone is here to learn and have fun. I understand that I am responsible for my behavior and that disruptive, aggressive, or disrespectful behavior will not be tolerated. I understand that my parent/guardian(s) will be notified if I am disruptive, aggressive, or disrespectful. After notification, I understand that if this behavior continues, I may be permanently dismissed from the program. I understand that this rule will be strictly enforced.

I have reviewed the above behavioral contract with my child:

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____ Date: _____

Student Signature: _____ Date: _____

2010-2011 PROGRAM FEES

The Sequoia Healthy Start program fees allow us to continue serving the same number of children and preserve the quality of our programming despite significant reductions in the grants that have traditionally supported the program. Due to these budget cuts and other budget restrictions we have lost approximately one third of our funding. With the financial support of our families we have been able to continue providing our programming. Unfortunately it is still not enough. For the 2010-2011 school year, we will be increasing fees by 10%. We know that this is a difficult time for everyone and we truly thank you all for your financial support. Our program staff continues to work very hard to prevent these funding cuts and continues to search for new funding options.

The full cost to provide the SHS Afterschool program for each student is \$6 per hour. Families will not be charged this full amount. Program fees are based on a sliding scale according to families' GROSS (before taxes) monthly household income. We will not be asking for proof of income, but expect all families to be honest and fair. By requesting a sliding scale discount and indicating your family income below you are making a financial declaration that the income stated is completely true. However, we reserve the right to request that you provide proof of family income via copies of your most recent 1040 tax forms and/or any other reasonable forms of proof that SHS may request.

- The amount you contribute will remain confidential.
- You may qualify to claim childcare credit on your income taxes.
- If you are facing significant economic hardship, scholarships are available. Please let us know so we can work with you to make the program accessible.

Please indicate your monthly household income using the chart below:

Please state the number of people in your household: _____

Please state the total GROSS monthly income for your household: _____

Please state the number of students enrolled in the SHS Program: _____

Directions: Using the scale below, look at the top row and find the number that corresponds to the number of people living in your household. Then look down the column and find the box that matches your GROSS (before taxes) household monthly income. Then look to the left and see what category you are in: full cost, moderate, reduced or low. Using the chart on the next page find the category and see what your monthly program fee will be. We are providing a discount if you have more than one child in the program. Enrichment only students also qualify for a discount. These spaces are limited.

Income categories are based on GROSS monthly income (before taxes) & Family Size					
Persons in Family/Household	2	3	4	5	6
Full Cost	Over \$2,725	Over \$3,225	Over \$3,725	Over \$4,225	Over \$4,725
Moderate	\$2,225-2,725	\$2,725-3,225	\$3,225-3,725	\$3,725-4,225	\$4,225-4,725
Reduced	\$1,724-2,224	\$2,224-2,724	\$2,724-3,224	\$3,224-3,724	\$3,724-4,224
Low	\$1,223-1,723	\$1,723-2,223	\$2,223-2,723	\$2,723-3,223	\$3,223-3,723
Partial Scholarship	Less than \$1,223	Less than \$1,723	Less than \$2,223	Less than \$2,723	Less than \$3,223

Monthly Program Fees

Persons in Family/Household	Cost for First Child Academic & Enrichment	Cost of Additional Child	Enrichment Only
Full cost	\$275	\$137	\$154
Moderate	\$198	\$99	\$110
Reduced	\$110	\$55	\$66
Low	\$88	\$44	\$55
Partial Scholarship	\$55	\$27	\$33

We accept cash, cashier's check, check or money order (MADE OUT TO: East Bay Agency for Children (EBAC)). Program fees are accepted on a monthly or bimonthly basis. Late invoices will be distributed at the end of each the month.

I agree to pay a monthly family fee of \$ _____

I choose make my payments installments: monthly bimonthly

I would like to contribute an additional amount to help sponsor a student: _____

This extra amount will be seen as a donation and you can receive a charitable contribution tax credit.

If you pay a monthly amount of:	You are paying an hourly rate of:
\$55/month	Less than \$1/hour
\$110/month	\$1.61/hour
\$198/month	\$2.91/hour
\$275/month	\$4/hour
\$340/month	\$5/hour
\$410/month	\$6/hour

Sequoia Healthy Start:

- is well aligned with the school's academic goals
- offers a wide array of quality enrichment programs
- is non-profit agency program and subsidized by grants and donations
- has built solid relationships with the school and staff over the past 9 years
- has a long history with Sequoia families
- employs high quality and caring staff who are screened and well trained
- is an on-site program, with no need to worry about transportation

You know the quality of service that we provide. So, you know what you are paying for!

I certify that all of the information I have provided on this form is true, accurate, and complete information to the best of my knowledge. I understand that the information provided will be used in consideration of scholarship, that SHS may verify the information provided and that the deliberate misrepresentation of any information will be grounds for the denial of my application.

Parent Signature: _____ Date: _____