



# Salida Union School District

4801 Sisk Road • Salida, CA 95368  
Telephone: 209-545-0339 • Fax: 209-545-2682

## AFTERSCHOOL PROGRAM

### *Student/Parent Guidelines*

(RETAIN FOR YOUR RECORDS)

#### **Sisk Elementary**

(209)456-4509

(209)545-1671

[aspsisksup@salida.k12.ca.us](mailto:aspsisksup@salida.k12.ca.us)

#### **Mildred Perkins**

(209) 545-1304

[aspmmps@salida.k12.ca.us](mailto:aspmmps@salida.k12.ca.us)

**Schedule:** The ASP program is designed as an educational and enrichment program that is an extension of the regular school day. We operate every day school is in session and begin immediately following dismissal (including early dismissal days) until 6:00pm. Each child enrolled will have a designated hour for academics and homework support, be provided with a snack, and participate in enriching recreational activities such as: science, physical education, arts & crafts, developmental and or social practices, as well as extended study hall if needed, on an individual basis.

**Enrollment:** All interested families must fully complete and submit the following application along with a registration fee and adhere to the program policies to guarantee enrollment. Once enrolled, program fees will be due monthly.

**Program Fee:** There is a monthly fee per student **due upon the first school day of each month.** A late fee of \$10.00 will be applied to each student whose payment is not received within five (5) business days from the original monthly due date. **(Returned checks may incur a \$35.00 charge.)** A reduced fee is available. You must fully complete a Gross Monthly Earnings worksheet in order for the district to determine if you qualify for the reduced fee or scholarship per student.

**Check In/Out:** Students enrolled in elementary programs **must check in daily.** \*Even if leaving campus for early release parents will be expected to come to the program to sign their child/ children out of the After School Program. If a student is absent from school for any reason they may not attend the after school program or check in late. Students who do not meet the daily attendance requirement will be subject for dismissal after 7 unexcused absences or early check outs. ***\*Priority for enrollment will go to students able to meet the attendance requirements. Please see early release policy on early check out. ED code 8483 (a) (1) and (2)***

**Emergency:** In case of a national or local emergency that affects the operation of the After School Program, parents should contact the Salida Union School District Emergency hotline (545-7017) for information.

**Concerns:** Parents/Guardians who have concerns related to their children's participation at the After School Program should contact the Site Supervisor. Parents/Guardians who do not feel their concerns have been satisfactorily addressed should contact the site principal.

This ASP complies with all federal statutes relating to nondiscrimination, including (a) Title VI of the Civil Rights Act of 1964 (45 USC) sections 2000d through 2000d-4) prohibiting discrimination on the basis of race, color, or national origin; Title IX of the Education Amendments of 1972 (20 USC sections 1681-1683) prohibiting discrimination on the basis sex; Section 504 of the Rehabilitation Act of 1973 (20 USC Section 794) prohibiting discrimination on the basis of handicap; and the Age Discrimination Act (42 USC Section 6101, et seq.) prohibiting discrimination on the basis of age.

**Any questions or concerns please call your selected site:** Sisk – All Stars (209) 456-4509 Perkins - Velocity (209) 545-1304



# Salida Union School District

4801 Sisk Road • Salida, CA 95368  
Telephone: 209-545-0339 • Fax: 209-545-2682

## AFTERSCHOOL PROGRAM

### REGISTRATION FORM

(Please submit all signed pages on registration day)

Student name: \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B \_\_\_\_\_ Teacher \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Email: \_\_\_\_\_

Please check each statement:

- My child and I will abide by the After School Program.Discipline Policy and Student/Parent Guidelines.
- I understand that early release of my student will be pursuant to the ASP Early Release Policy; and I must pick my child up by 6:00PM. **A fee of \$1.00 per minute per child will be added to monthly fee at all sites.**
- I understand that my child/ children may not be released to anyone not listed on this registration form, unless in case of extreme emergency the parents may grant permission by phone to the Site Supervisor. All individuals, including parents, are **required** to show picture ID at time of pick up.
- Photo release agreement: I give permission for my child/children’s picture to be taken and reproduced for educational and program promotional purposes, using still-motion or videotape. Initial: \_\_\_\_\_
- I give my child/ children permission to watch movies that are rated PG at the After School Program. I understand I may request that my child not watch particular movies at any time. **We will only show children’s movies that we have previously viewed and find appropriate.**
- I understand that my child/children will be dropped from the After School program if my child is picked up after 6:00PM more than three (3) times in a school year.
- I have legal custody of my child. I understand the After School Program staff members may release my child to either parent unless a court order is on file at the program.

In case of emergency, the following people can pick up my child/ children:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

- My child has a medical condition and/ or allergy (food allergies, nutritional needs, medications.) Please explain:** \_\_\_\_\_
- My child requires medication be kept at school.** (Complete Physician’s Request for Administration of Medications form)

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Salida Union School District

4801 Sisk Road • Salida, CA 95368  
Telephone: 209-545-0339 • Fax: 209-545-2682

## AFTERSCHOOL PROGRAM

### Discipline Policy

The after school program is designed to ensure students receive emotional, intellectual, and physical support that is essential for a child’s development. Our staff also provides fun, educational, and challenging activities, which help create a better learning atmosphere for the children. It is our responsibility that each child is in a safe, constructive environment. In order to support this environment, the following rules are to be followed at ALL After School Program Sites:

#### The Rules:

Students will be kind and respect self, others, and property

Students will not behave in a way that disrupts the classroom or campus.

Students will be on time and prepared.

Students are not allowed to bring toys or expensive equipment. SUSD Staff are not responsible for lost, stolen, or broken items.

Students will follow all school rules including: dress code, cell phone policy, and playground rules.

#### Discipline Plan:

1. Verbal Warning ( depending on incident)
2. Written warning or behavior contract (depending on incident.)
3. Referral: Child may be suspended.
4. Referral: Child will be suspended.
5. Referral: On the third and final Referral a child will be permanently dismissed from the program.

#### Grounds for immediate dismissal:

In the event of fighting, misuse of facilities, illegal or sexual activities, possession of drugs or firearms, or other extreme disruptive behavior, the SUSD After-School Program has the right to immediately dismiss the student from the program. The guardians of the students will be contacted, as will local authorities, if necessary. Decisions will be made based on all information on hand and will be final.

I, the parent/guardian of \_\_\_\_\_ fully understand the above rules of the After School Program and will do what is in my reach to see that these rules are followed through.

\_\_\_\_\_  
Parent/ Guardian’s signature

\_\_\_\_\_  
Date

I, the student participating in the After School Program understand these rules and will follow them while participating in the program and all activities.

\_\_\_\_\_  
Student’s signature

\_\_\_\_\_  
Date



# Salida Union School District

4801 Sisk Road • Salida, CA 95368  
Telephone: 209-545-0339 • Fax: 209-545-2682

## AFTERSCHOOL PROGRAM

### Early Release Policy

**A child may be released early from the After School Program prior to the end of the program time at 6:00 p.m. based on the following:**

1. Off Site enrichment programs such as: sports, religious activity, tutoring (complete Off Site Enrichment form)
2. Family emergency and family needs (such as death, catastrophic incidents or needs made clear to Site Supervisor.)
3. Medical Appointments (with verification from physician).
4. Weather Conditions, especially if the child walks home.
5. Child accidents that occur during program time (program staff should call parent(s) or guardian.
6. Transportation
7. Other safety conditions as prescribed by the school.

Once After School Program has begun for the day, a student who has left campus during regular school day or checked out from the program may not return to attend the After School Program.

Early release requires that the parent or guardian sign the child/children out and record the time of release daily. Please also indicate a code from one of the reasons listed above.

In accordance with the approved conditions above for: \_\_\_\_\_  
(Student's name)

I will sign and record the time of early release from the program daily.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(date)