

Re-Enrollment Checklist

Below is a list of all forms included in this packet. Please sign and return all forms as per the instructions on the cover letter that you received via email. Keep copies of completed forms for your records. Both Westside Parent Education Nursery School and the Santa Cruz City Schools Adult Education department require separate forms. We sincerely apologize for any redundancy, but it cannot be avoided.

WPENS forms

- Class Workday Selection
- Child's Emergency Information
- Rules, Requirements and Policies – VERY IMPORTANT
- Permissions to Publish Photographs

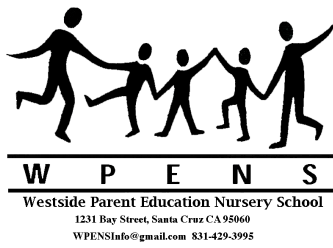
Adult School forms

- Waiver, Release, and Hold Harmless Agreement
- Registration
- Adult Student Health Data

Field Trip Packet

- Field Trip by Private Vehicle
- Voluntary Excursion - Child
- Voluntary Activities
- Student Health Data
- Non-District Transport
- Voluntary Excursion -Adult

If you have any questions or concerns regarding this Membership packet or pertaining to any of the additional resources found on the website please email us at WPENSInfo@gmail.com, or contact your Membership Coordinator directly.



Class Workday Selection

Each co-op member is assigned a day of the week to work in their class. Members in the MWF class work one day per week. Members in the Tue/Thur class work a bit more than every other week. We will make every effort to accommodate your scheduling needs. However, flexibility to substitute on non-assigned workdays is important. Please indicate your preferred work day(s) below (even if you already phoned the scheduler with your request).

MWF Classes (circle two days) Monday Wednesday Friday

T/TH Classes (circle one day) Tuesday Thursday

Your name: _____ Your child's name: _____

YOUNGER SIBLINGS

In each class, one younger sibling (under 2 years old) is allowed to attend class when their parent is scheduled to work. A younger sibling can no longer come on your workday after turning two years old. Older siblings may not attend. The work schedule allows a maximum of 4 younger siblings in each of the Tue/Thur classes, and a maximum of 3 younger siblings in each of the Mon/Wed/Fri classes. Due to these capacity limits, parents wishing to bring younger siblings to class must be approved by Membership prior to class enrollment. Please indicate if you wish to bring, or plan to bring, a younger sibling.

No / Yes DOB: _____ Name: _____

MATERNITY LEAVE

WPENS policy provides for a 6 week maternity leave of absence from your work day requirements, however, child care arrangements may need to be made for your newborn if the class is already at sibling capacity. During maternity leave, the remaining students in the class must cover the workday.

Will you require a maternity leave of absence during your child's attendance? Yes / No

If yes, please specify time frame: _____

Signature _____ Date _____



W P E N S

Westside Parent Education Nursery School

1231 Bay Street, Santa Cruz CA 95060

WPENSInfo@gmail.com 831-429-3995

Child's Emergency Information

Child's Last Name: _____ First: _____ Middle: _____

Sex (circle): M / F Birth Date: _____ Phone: _____

Home Address: _____ City: _____ Zip: _____

Parent/Guardian: _____ Mother Father Other _____

Tel: _____ Cell: _____ Employer: _____

Parent/Guardian: _____ Mother Father Other _____

Tel: _____ Cell: _____ Employer: _____

With whom does the child live? _____ Custody arrangements? Yes / No

Does child have any medical problems such as: hearing or vision loss, asthma, diabetes, allergy, heart problems, epilepsy, etc?

Daily medication(s) taken **at school?** Yes / No **at home?** Yes / No

Name of medication(s): _____

Primary Doctor: _____ Tel: _____

If we are unable to reach you, we **MUST** have at least 3 LOCAL contact persons who you authorize to pick your child up from school if: your child is ill, needs medical attention, or must be evacuated due to a natural disaster.

Name: _____ Relationship: _____ Tel: _____ Cell: _____

Name: _____ Relationship: _____ Tel: _____ Cell: _____

Name: _____ Relationship: _____ Tel: _____ Cell: _____

Does your child currently have medical insurance? Yes / No Insurance carrier: _____

Siblings attending this school:

Last name: _____ First name: _____ Grade: _____ Room #: _____

Last name: _____ First name: _____ Grade: _____ Room #: _____

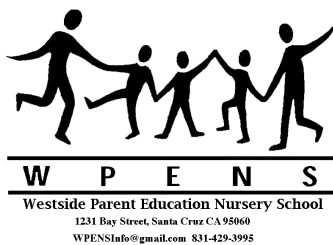
Last name: _____ First name: _____ Grade: _____ Room #: _____

In case of natural or civil disaster, I wish my child:

____ Released as soon as Office of Emergency Services indicates it is safe to do so,
____ or Released only to listed emergency contacts.

In case of emergency (serious illness or injury) when I cannot be reached, I hereby authorize SCCS personnel to obligate me for services of a local doctor/hospital for my child.

Parent/Guardian Signature _____ Date _____



Rules, Requirements, and Policies Understanding

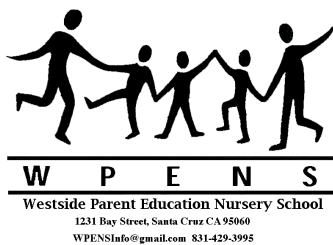
Westside Parent Education Nursery School is a cooperative endeavor that thrives with parent participation. For the Cooperative to function, each family must participate in a variety of responsibilities. As a member of WPENS, you are required to fulfill these obligations. Failure to fulfill these requirements can affect membership status for the current year and/or for the following year.

The list of requirements below is just a short summary of the requirements described in the ***Rules, Requirements, and Policies Handout***. It is important to us that you understand the requirements of attending WPENS. Therefore, we ask you to read the summary and sign the statement below. If you have any questions, feel free to ask the Membership Coordinator.

Area of Responsibility	Description
1) Membership Meetings	Attendance by one adult family member is required. Meetings are scheduled monthly with the addition of a September Orientation Meeting and a May Photo Album Seminar.
2) Support Job	All members must perform a support job. It is your responsibility to speak with your teacher regarding what job will fit your skills and talents best. You must contact the Jobs Coordinator within your first month at WPENS.
3) Clean-up Days	All members must participate in three classroom clean-up days each year.
4) Forms	All enrollment forms must be completed and turned in before a child may attend the school.
5) Tuition	All dues are payable by the 1 st of the month, a \$10 late fee must be added to all payments received after the 10 th of the month.
6) Fund-Raising	All members must participate in a school fund-raiser. You must notify the Fund-Raising Chair your choice of Fund-Raising activity within your first month at WPENS.
7) Parent's Code of Conduct	Members must follow the Parent's Code of Conduct as described below: a) Participate in all assigned responsibilities. b) Communicate in an appropriate and positive manner with children, members, the Board, and Teachers. c) Model appropriate behavior (positive and cooperative) during supervision of children, at seminars, and during meetings. d) Cooperate with and support member families.
8) Classroom Work Days	Working parents arrive 15 minutes before class and remain 45 minutes following class. Working parents provide supervision and practice positive parenting skills with the children during class.

I/We, have read the *Rules, Requirements, and Policies Handout* and understand what my/our responsibilities will be upon joining Westside Parent Education Nursery School. Must be signed by any Parent/Guardian that will be working in the classroom:

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



Permission to Publish Photographs

WPENS follows Santa Cruz City Schools publishing guidelines:

Published documents may not include a child's phone number, street address or box number, or names of other family members;

Documents may not include any information which indicates the physical location of a student at a given time other than attendance at a particular school or participation in school activities;

Documents may not contain objectionable material or point directly or indirectly to objectionable material;

Documents must conform to school board policies and established school guidelines;

No student last names may be used on any web page.

Parent/Guardian Permission:

Child's full name: _____

Siblings that may be photographed at the school: _____

Select ONE of the followings statements and initial as indicated.

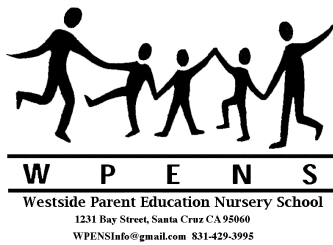
(initial) _____ I do not grant WPENS permission to publish photographs or documents of my child.

(initial) _____ I grant WPENS permission to publish photographs or documents of my child as follows: (initial all that apply)

- _____ in local newspapers and publications
- _____ in the WPENS newsletter
- _____ on the WPENS website
- _____ on the 3PENS website
- _____ on the World Wide Web
- _____ on posters
- _____ child's first name
- _____ large group photograph

Parent/Guardian Signature _____ Date _____

This permission will stay in effect until cancelled by the parent, guardian, or child if 18 years or older. If at any time you wish to change this permission, you may contact WPENS to complete a new form.



Addendum to Santa Cruz City Schools
Memorandum of Understanding for
Parent Education Nursery Programs

WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

This is information for the adult parent enrolling at WPENS – NOT YOUR CHILD

Effective Dates: September 1, 2015 through June 15, 2016

1. _____ (hereafter “STUDENT”) is enrolled in the
(Print name of **adult** student(s).)
Santa Cruz City School’s (hereafter “DISTRICT”) Adult Education Parental Education Program
and its laboratory component, the parent nursery at:

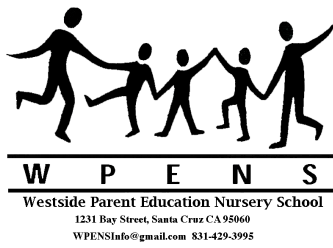
Westside Parent Education Nursery School
1231 Bay Street, Santa Cruz, CA 95060

2. The purpose of the parent nursery is to provide the participating Adult Education School student with in-depth training and experience in order to develop his/her parenting knowledge and skills through interaction with his/her pre-school children between the ages of two and five years of age.
3. STUDENT acknowledges and agrees that the parent nursery is not intended to be and does not constitute a District operated childcare center.
4. STUDENT acknowledges and agrees that he/she is participating in the Parent Education Program and parent nursery voluntarily.
5. STUDENT further acknowledges and agrees that he/she has voluntarily enrolled his or her child(ren) in the parent nursery component of the Parent Education Program and that STUDENT hereby voluntarily releases, hold harmless, and indemnifies the DISTRICT; the District’s Board of Trustees, each individual Board member, or the District and the Parent Education Nursery Schools, and each and every District officer, agent, employee, and representative, for and against all claims, actions, charges, losses, or damages which arise out of STUDENT’s and his/her child(ren)’s participation in the Parent Education Program and the parent nursery component, including but not limited to negligence, personal injury, wrongful death, or property loss damage.

List the names and birth dates of all the children the STUDENT might bring to the Parent Education Program . Include all younger and older siblings that may occasionally attend on a parent STUDENT’s workday.

Child’s full name and birth date: _____
Child’s full name and birth date: _____

(continued)



6. STUDENT acknowledges his or her understanding of the provisions of section 1542 of the Civil Code of the State of California and hereby expressly waives all rights, benefits, and remedies under section, which provides as follows:

A General Release do not extend to claim which the creditor does not know or suspect to exist in his favor at the time of executing the Release, which if known by him must have materially affect his settlement with the debtor.

7. STUDENT has been fully advised of the potential risks incidental to participation in this District Adult Education Parenting Program and hereby acknowledges and assumes such risks on behalf of him/herself and his/her children.

8. STUDENT is fully aware of the legal consequences of signing this agreement and does so voluntarily.

STUDENT(s): Print names of all adult students that may attend, then sign & date.

Print name

Signature

Print name

Signature

Print name

Signature

Date: _____

By Superintendent, Santa Cruz City Schools

Date



W P E N S

Westside Parent Education Nursery School
 1231 Bay Street, Santa Cruz CA 95060
 WPENSInfo@gmail.com 831-429-3995

Santa Cruz Adult School Registration/Entry Form

Please print clearly.

Today's Date _____ Social Security Number (Optional) _____

Last Name _____ First Name _____

Address _____ City/Zip _____

Telephone _____ Circle: Male Female Birthdate Month _____ Day _____ Year _____

Education Number of years of school completed (circle highest completed): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 College

Highest degree or diploma earned (circle one): None GED HS Diploma Technical Certificate AA/AS Degree

4 years College Graduate Graduate Studies Other _____ Earned in US? Yes No

Are you on CalWORKS? Yes No Have you attended Santa Cruz Adult School before? Yes No

Concurrent Students only: Attach referral form. High School: _____

Ethnicity (mark one or more):

White Filipino
 Hispanic Amer Indian
 Black Alaskan Nat
 Asian Pacific Isl
 Other: _____

Language (mark one):

English Tagalog
 Spanish Korean
 Vietnamese Lao
 Chinese Russian
 Hmong Farsi
 Other: _____

Instructional Program (mark one):

ABE Adults w Disabilities
 ESL Health & Safety
 ESL Cit Home Economics
 CTE Parent Education
 HS Dip Older Adults
 GED Community Ed

Attainable Goal within Program
 Year 1=Primary 2= Secondary

Improve reading & writing
 Improve English skills
 HS Diploma/GED
 Get a job
 Get a better job
 Retain a job
 Enter college or training
 Work-based project
 Family Goal
 US Citizenship
 Military
 Personal goal
 Other _____

Special Programs

None
 Jail
 Community Corrections
 State Corrections
 Homeless Program
 Family Literacy
 Workplace Ed
 Tutoring
 Distance Learning
 Special Needs
 Alt Ed K12
 Non-traditional Training
 Other _____

Labor Force Status (mark one):

Employed
 Unemployed
 Not employed; not looking for work
 Retired

Emergency Information:

In case of emergency please contact:

Name: _____
 Phone: _____

The office will provide this number:

ID Number _____

Signature of Student _____

Section #	Course Title	Location	Day	Time	Start Date	Fees
TOTAL FEES						

OFFICE USE ONLY:

Form of Payment: Cash Check Check # _____ Receipt # _____ Term 1 2 3
 AIM Date Entered: _____ Initials _____ CASAS Tested Date _____ Initials _____



W P E N S

Westside Parent Education Nursery School

1231 Bay Street, Santa Cruz CA 95060

WPENSInfo@gmail.com 831-429-3995

SANTA CRUZ CITY SCHOOLS

STUDENT HEALTH DATA

FOR SCHOOL YEAR 2015-16

This is information for the adult parent enrolling at WPENS – NOT YOUR CHILD

Note: A copy of this form will be taken on field trips where the student named below is a participant. Please notify the student's teacher if any information changes during the school year.

STUDENT'S NAME _____ GRADE NA

TEACHERS NAME _____ ROOM # NA

STUDENT'S DATE OF BIRTH _____

EMERGENCY NAME AND TELEPHONE NUMBER _____

HEALTH DATA

Medical Insurance Carrier _____

Policy Number _____

Physician's Name _____

Physician's Phone # _____

Students special medical conditions _____

A special note to Parent/Guardian

- (1) All drugs must be registered on this form
 - (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
 - (3) _____ Check here if there are no special problems that the staff should be aware of and no drugs are required.
 - (4) If any medications or drugs are to be taken by student, list them here. (Name of drug and reason)
-

DATE _____
STUDENT SIGNATURE OR PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE _____

PHONE _____



SANTA CRUZ CITY SCHOOLS
FIELD TRIP BY PRIVATE VEHICLE
DECLARATION OF EMPLOYEE/PARENT/VOLUNTEER DRIVER OF
_____ SCHOOL STUDENTS

(Name of School)

The undersigned acknowledges that the purpose of this Declaration is to establish the primary liability and responsibility of the undersigned driver for any and all claims arising out of undersigned driver's transportation of Santa Cruz City Schools students to and from school-sponsored and supervised activities.

STUDENT'S NAME _____ TEACHER/HOME ROOM _____

DRIVER'S NAME _____ BIRTHDATE _____

DRIVERS LICENSE # _____ EXPIRATION DATE _____

DRIVING RESTRICTIONS _____

YEAR & MAKE OF AUTO _____ VEHICLE LICENSE # _____

INSURANCE CARRIER _____ LIABILITY LIMITS _____

AGENT'S NAME & PHONE # _____

POLICY # _____ EXPIRATION DATE OF POLICY _____

If you drive your personal automobile while on school business and you are involved in an accident, by law, your own insurance policy is used first. The District liability policy would be used only after your liability policy limits have been exceeded. The District does not cover, nor is it liable for, comprehensive and collision coverage to your vehicle.

The undersigned certifies that the above information is correct and that the insurance coverage is in force. The undersigned understands that he/she must have liability insurance coverage in force and agrees to advise the District, in writing, of any changes in the above information. Minimum coverage requirements as set by the State of California: Public Liability - Bodily Injury- \$15,000/\$30,000; Property Damage - \$10,000.

The undersigned understands that California law requires that each passenger be provided with a seat belt and that seat belts are worn by all passengers at all times. The undersigned further agrees that the passenger capacity of his/her vehicle, determined by the number of seat belts, will not be exceeded. In no event shall more than 9 passengers plus the driver ride in the vehicle at any time. Children in grades K-6 must be seated in the back seat(s) only. California Law requires that children under the age of 8 must be secured in a car seat or booster seat in the back seat. Children under the age of 8 who are 4' 9" or taller may be secured by a safety belt in the back seat.

The undersigned certifies that he/she is not a registered sex offender.

The undersigned agrees not to transport a student on a field trip, without the prior written permission from the parent/guardian of the student. That written permission shall be in the possession of the site administrator.

Vehicle Owner's Signature _____ DATE: _____

Driver's Signature _____ DATE: _____

School Administrator's Approval _____ DATE: _____

During the school year, we plan many field trips to various locations in the community. We depend on parents to help transport students to and from these locations. If you think you might be able to drive on one of our school field trips, please fill out this form and enclose a copy of your driver license and a copy of current vehicle insurance. Thanks.



SANTA CRUZ CITY SCHOOLS
**VOLUNTARY EXCURSION/FIELD TRIP NOTICE
AND MEDICAL AUTHORIZATION**

To be completed by School Staff:

Activity: _____ Date: _____

Method Of Transportation: _____ Person In Charge: _____

To be completed by Parent:

Student's Name _____ Teacher/Home Room _____

Date Of Birth: _____

Emergency Name & Telephone Number: _____

I understand that students continuing in this activity will be under the jurisdiction of Santa Cruz City Schools employees and are expected to comply with all regulations and directions given to them by the person(s) in charge.

In the event that my daughter/son/ward fails to comply with instructions of school officials, I will assume the responsibility for his or her return to Santa Cruz. This expense will be assumed by me upon notification from the Superintendent or his designated representative.

SECTION I: WAIVER OF LIABILITY, INDEMNITY AGREEMENT AND CERTIFICATION

As stated in California Ed Code Section 35330, I understand that I hold the Santa Cruz City School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. The undersigned assumes full responsibility for and risk for bodily injury, death, or property damage arising out of the participant's participation in the above activity.

SECTION II: EMERGENCY MEDICAL TREATMENT AUTHORIZATION

In the event of illness or injury, 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 judgment of the attending physician, surgeon, 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.

Permission to participate in the above mentioned program sponsored by Santa Cruz City Schools is given by myself and/or my minor child as shown above.

PARENT/GUARDIAN SIGNATURE

DATE

ADDRESS

PHONE

STUDENT SIGNATURE

DATE



**VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

I authorize my son/daughter, _____ to
participate in the District-sponsored activities of _____

I understand that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | |
|------------------------------|--------------------------|
| 1. Sprains/strains | 6. Paralysis |
| 2. Fractured bones | 7. Loss of eyesight |
| 3. Unconsciousness | 8. Communicable diseases |
| 4. Concussion | 9. Death |
| 5. Head and/or back injuries | |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand and acknowledge that in order to participate in these activities, I am required to have my own medical and accident insurance for my son/daughter, and certify that I do have such insurance.

I understand and acknowledge, and agree that the District, its employees, officers, agent or volunteers, shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES PARTICIPATION FORM** and that I understand and agree to its terms.

Parent/Guardian Date

Student Signature Date

Medical Insurance Carrier Policy No. Address

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.



SANTA CRUZ CITY SCHOOLS

STUDENT HEALTH DATA

FOR SCHOOL YEAR: _____

*** Note: A copy of this form will be taken on field trips where your child is a participant. Please notify your child's teacher if any information changes during the school year.*

STUDENT'S NAME: _____ GRADE: _____

TEACHER'S NAME: _____ ROOM #: _____

STUDENT'S DATE OF BIRTH: _____

EMERGENCY NAME & TELEPHONE NUMBER:

HEALTH DATA:

Medical Insurance Carrier: _____

Policy Number: _____

Physician's Name: _____

Physician's Phone #: _____

Student's special medical conditions: _____

A special note to Parent/Guardian:

- (1) All drugs must be registered on this form;
- (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff;
- (3) Check here if there are no special problems that the staff should be aware of and no drugs are required.
- (4) If any medication or drugs are to be taken by student, list them here. (Name of drug and reason):

PARENT/GUARDIAN SIGNATURE

DATE

ADDRESS

PHONE

For Staff Use Only. Please update as necessary:



SANTA CRUZ CITY SCHOOLS

NON-DISTRICT TRANSPORTATION NOTICE

The undersigned hereby acknowledges and understands that the District is NOT providing transportation to school-sponsored activities and that it is the responsibility of the undersigned to arrange for transportation.

As parent/legal guardian, I hereby authorize and give permission for my child:

_____ (child's name),

to drive himself/herself (if the student is a licensed driver) or to ride as a passenger in a vehicle driven by a parent or another adult over 21 years of age, but not another student, to and from school-sponsored activities during the time period beginning

_____, 20_____ and ending _____, 20_____.

This authorization will remain in effect throughout the above period unless revoked in writing.

The undersigned acknowledges and understands that the driver is not driving on behalf of or as an agent of the District. Further, the undersigned understands that the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

As stated in California Ed Code Section 35330, I understand that I hold the Santa Cruz City School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. The undersigned assumes full responsibility for and risk for bodily injury, death, or property damage arising out of the participant's participation in the above activity.

Parent/Guardian's Signature

Date

Student's Signature

Date



SANTA CRUZ CITY SCHOOLS

**VOLUNTARY EXCURSION/FIELD TRIP NOTICE
AND MEDICAL AUTHORIZATION - ADULT**

Kindly complete, sign and return this form to: _____ (School)

Name of District: Santa Cruz City Schools

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

As stated in California Education Code Section 35330, I understand that I hold the Santa Cruz City Schools District, its officers, agents and employees harmless from any and liability or claims arising out of or in connection with my participation in this activity.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Name (print): _____

Signature: _____ Date: _____

Address: _____ Phone: _____

Medical Insurance Carrier Policy No. Address

In the event of illness or accident, please notify:

Name Address Phone

If there are any special medical problems, kindly attach a description of the problem to this sheet.

Thank you.