



# 2014/2015

## SERRF After School Program REGISTRATION FORM

Antelope, Bidwell, Gerber, Jackson Heights, Kirkwood, Lassen View, Los Molinos, Metteer, Olive View, Reeds Creek, Richfield, West Street and Woodson

### Monthly fees for 2014/2015 will be as follows: First payment due September 2014

1 - Student per family - \$35.00 per month

2 - Students per family - \$50.00 per month (\$25.00 per student)

3 - or more students per family - \$60.00 per month (\$20.00 per student)

Due the 5<sup>th</sup> of each month September 2014 through May 2015 (no fees charged for August or June)

- The SERRF After School Program requires a monthly fee for the above school sites. Checks should be made out to TCDE/SERRF. Monthly fees may be paid online by going to [www.tehamaschools.org/departmentserrf/serrf-payments](http://www.tehamaschools.org/departmentserrf/serrf-payments).
- Once a site reaches the maximum enrollment, students will be placed on a waiting list and will be called when enrollment opens. Many sites fill the day registration opens, be sure to register early. **Students with a fee balance from previous school year will be placed on waiting list until balance is paid or payment arrangements have been made and approved by the SERRF Administrator.**
- All information on attached registration packet must be completed and submitted to SERRF before student may attend the after school program. Incomplete forms will be returned to parent for completion before student may attend SERRF.
- Financial Hardship – See your SERRF Site Facilitator to obtain a *Fee Adjustment Request Form*. **Verification of income is required** when submitting a request for a lowered fee.

**Thank you for your support. We look forward to serving you in the 2014/2015 school year.**

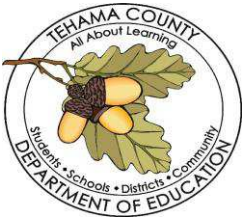
### Tehama County Department of Education

Larry Champion, Superintendent

Karla Stroman, Administrator SERRF After School Program

1135 Lincoln Street, Red Bluff, CA 96080

(530) 527-5811 ♦ FAX (530) 529-4120



### **Attendance Requirements:**

We are so pleased that you have enrolled your child in the SERRF After School Program. Our expectation is that parents will pick students up from the school site each day by 6:00 P.M. Our policy is to release students from one safe environment to another safe environment – specifically, from the SERRF Program into the custody of a parent or guardian.

If another arrangement needs to be made in an exceptional situation (i.e., dental appointment, school or other organized function) please let us know in advance and indicate on sign in/out sheet.

Due to state funding parameters, students who are registered in the SERRF After School Program have minimum attendance requirements. Students not meeting these guidelines may be dropped from the program.

- **Elementary School Students** – Grade K-5<sup>th</sup> – are required to attend the full day of After School Program on a daily basis - full day meaning from the time of school release until 6:00 PM.
- **Middle School Students** – Grades 6<sup>th</sup> – 8<sup>th</sup> – are required to attend the After School Program a minimum of nine hours a week, and a minimum of three days a week – meaning a minimum of three hours each day for three days.
- All exceptions must be in compliance with the established Early Release Policy.

### ➤ SERRF program:

Daily Snack, Enrichment, Recreation, Homework Help, Go Far, No Excuses University, Clubs, Leadership Opportunities, Field Trips, and Much More.

# Tehama County Department of Education – SERRF After School Program



**S**afe **E**ducation and **R**ecreation for **R**ural **F**amilies

## 2014/2015 Student Enrollment Packet

The SERRF After School Program provides a balanced program that includes academic, enrichment, and recreation curriculum in a safe, secure and caring after school environment.

**To be completed by SERRF Staff when registration received:**

Date Received	Time Received	Payment Attached ✓	Fee Adjustment Attached ✓	# in Family Enrolling

**FOR OFFICE USE ONLY:** Date Registration Packet Received in Office \_\_\_\_\_

Amount Received	Cash/Check/MO #	Receipt #	Student ID	Date Logged In	Fee Adjustment	Additional Paperwork

School Attending \_\_\_\_\_ Grade August 2014 \_\_\_\_\_ Teacher August 2014 \_\_\_\_\_

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Student Social Security # \_\_\_\_\_

“Student” Mailing Address \_\_\_\_\_ Street Address or P.O. Box # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

➔ Circle student t-shirt size: (Youth sizes) YXS – YS – YM – YL (Adult sizes) AS – AM – AL – AXL – A 2XL

Mother’s First Name \_\_\_\_\_ Mother’s Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Place of Employment \_\_\_\_\_

Father’s First Name \_\_\_\_\_ Father’s Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Place of Employment \_\_\_\_\_

Please inform SERRF of any changes in address/phone/authorized pickup procedures ASAP.

➔ **Emergency numbers and persons authorized to pick up students other than parents listed above:**  
 (Children will not be allowed to leave with any person not listed below.) Please complete all information. (Photo ID may be required.)

	Full Name (Please Print Clearly)	Phone Number(s)	Relationship to student
1.			
2.			
3.			
4.			

➔ **Departure Procedures** - Unless otherwise stated below, student will be picked up and signed out by parent as listed above or by authorized person as listed above:

ALL students must be signed out by an adult unless other arrangements have been made with Facilitator in writing.

➔ **Your child will be receiving a snack. Please list any known food allergies your child may have :**

➔ **My child has a medical condition requiring treatment:**  No  Yes

If yes – condition: \_\_\_\_\_

**Medications:** \_\_\_\_\_

**To be completed by School Nurse:** School Nurse Clearance  Yes  No School Nurse initials: \_\_\_\_\_ Date: \_\_\_\_\_

➔ **Initial each statement below showing you agree and approve:**

1. \_\_\_\_\_ I have read the parent handbook and agree to comply with the program policies and fees and give my child permission to participate fully in the program.
2. \_\_\_\_\_ I give my permission for my child to be filmed and photographed during the SERRF After School Program activities for newspaper articles and web-based publication.
3. \_\_\_\_\_ I give my permission for my child to have access to the internet with the understanding that inappropriate use will result in his/her being denied access at the discretion of the Site Facilitator. (If not initialed your student will not be given access to the internet)

➔ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ ➔  
 (Signature denotes parent who is responsible for fee; signature is required before student will be enrolled)

-- Staple Receipt & Money Here --



# Tehama County Department of Education SERRF After School Program 2014/2015

## Insurance and Medical Release Information

My child \_\_\_\_\_ has permission to attend the SERRF After School Program located at \_\_\_\_\_ School between the dates of August 2014 and July 2015.

I hereby certify that my child is in good health and can participate in the SERRF After School activities.

### **All information must be completed:**

Insurance carrier name and address: \_\_\_\_\_

Policy No. \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of medication being taken and dosage frequency: \_\_\_\_\_

**(All medications must be registered on this form with a physician's written instructions on dispensing. All prescriptions, except those which must be kept on the student's person for emergency use, must be kept and disbursed by staff.)**

Medical instructions:

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 medical staff of the hospital or facility furnishing medical or dental services. As stated in California Education Code Section 35330, I understand that I hold the Tehama County Department of Education, 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. I fully understand that students are to abide by all rules and regulations governing conduct during the program participation. Any violation of these rules and regulations may result in that student being sent home at the expense of his or her parents or guardian.

\_\_\_\_\_  
Name of Parent/Guardian (Please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Mother Cell Phone Number

\_\_\_\_\_  
Father Cell Phone Number

# 2014/2015 SERRF AFTER SCHOOL PROGRAM

## Early Release Policy



Dear Parent:

We are so pleased that you have enrolled your child in the SERRF After School Program. Our expectation is that parents will pick students up from the school site each day by 6:00 P.M. Our policy is to release students from one safe environment to another safe environment – specifically, from the SERRF Program into the custody of a parent or guardian.

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- All exceptions must be in compliance with the established Early Release Policy.

We appreciate your support in the effort to obtain this highest level of grant funding for your students and community.

Thank you for your support! Please do not hesitate to call us with questions.

**Karla Stroman**

Karla Stroman, Administrator  
SERRF After School Program

➔ Student Full Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Family/School Information - Please complete "ALL" Questions**

**School Site:** \_\_\_\_\_

- ➔ Is the family new to the school?     Yes     No
- ➔ Is the family eligible for free/reduced lunch?     Yes     No
- ➔ Primary language spoken in household: \_\_\_\_\_
- ➔ My child currently participates in special programs or services at school:  
 ELD (English Language Development)  
 Other/Type: \_\_\_\_\_

➔ **Student Information** – Please complete all information for **"ALL"** children in the household **"INCLUDING"** student currently being enrolled in SERRF.

Student's <u>Full Name</u> (Please Print)	Grade	Date of Birth	Ethnicity i.e. Caucasian, Hispanic, etc	Male or Female		Retained (Held back)		Special Education		English as Second Language	
				M	F	Y	N	Y	N	Y	N
1.				M	F	Y	N	Y	N	Y	N
2.				M	F	Y	N	Y	N	Y	N
3.				M	F	Y	N	Y	N	Y	N
4.				M	F	Y	N	Y	N	Y	N
5.				M	F	Y	N	Y	N	Y	N
6.				M	F	Y	N	Y	N	Y	N
7.				M	F	Y	N	Y	N	Y	N

Attach additional sheet if required