



Before and After School Explorers

3800 Del Paso Road
Sacramento, Ca 95834
(916) 567-5768
jgardner@westlakecharter.com

2015/16 School Year Information Sheet

Program Information

Hours of Operation: 7:00am – 6:00pm, Monday through Friday

Please note: Morning BASE is not available at the Pebblewood location.

Program Begins: August 12th, 2015 and runs through June 15th, 2016

The following are requirements for attending BASE during the 2015/16 school year:

- € A completed BASE registration packet and registration fees must be turned in 24 hours prior to first day of attendance.
- € Behavior Agreement must be signed and dated by both Parent and Student
- € Your prior year and/or Summer account must be at a zero balance.

Program Costs

Registration Fee: \$30.00 per FAMILY (non-refundable)

Rates: \$6.50 per hour, with a Daily Cap of \$30.00

Late Pick Up Fee: \$1.00 per minute after 6pm

Late Payment Fee: \$5.00 as of the 15th of the month.

Sibling Discount: 10% off when more than one sibling attends for that month.

Payment Information

Statements will be available in the BASE room by the second business day of the following month. Payments are due on the 10th and late on the 15th. BASE services will not be provided after the last day of the month until balance is paid in full.

Payments must be made via PayPal (free to use) or Money Order. Cash or checks will not be accepted for the 2015/16 school year. Visit <http://westlakecharter.com/base-2/> to make a payment. Thank you!

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2015/2016 School Year Registration Form

Please Print Clearly

Circle your student's current school: Del Paso, Pebblewood, STAR

Student's Name _____ Male/Female (circle one)

Student's Birthday _____ Grade _____ (2015/16 School Year)

Parent/Guardian _____ Male/Female (circle one)

Emergency Phone Number _____

Parent/Guardian _____ Male/Female (circle one)

Emergency Phone Number _____

Student's Primary Address _____

Parent/Guardian Primary EMAIL Address _____

Known Medical Conditions _____

Requires Use of Inhaler/Epi Pen _____

If an Inhaler/Epi Pen is required, please provide an Inhaler/Epi Pen and submit physician's authorization forms by student's first day of attendance.

2015/2016 SCHOOL YEAR REGISTRATION AGREEMENT

1. **ENROLLMENT AND ATTENDANCE:** I must complete and submit a BASE Registration Packet and the \$30.00 registration fee 24 hours prior to my child's first day of attendance. I understand that my child(ren) MUST be checked in/out upon arrival and departure by parent/guardian or an authorized designee. I also understand that I, or anyone I authorize, will have to set up a PIN and Password to check students in/out from BASE. _____ (initials)

2. **INVOICES:** I understand that I am responsible for picking up my invoice each month from the BASE room. I know that invoices will be available within 2 business days following the month of care provided, and the payments are due on the 10th of each month. _____ (initials)

3. **LATE PAYMENT:** I understand that a \$5.00 late fee will be applied to my account if payments are not received by the 15th of each month _____ (initials)

4. **LATE PICK UP RATE:** If my child(ren) is/are not picked up by 6:00p.m., I understand I will incur a late pickup fee of \$1.00 per minute per child until my child is picked up. _____ (initials)

5. **ILLNESS:** My child(ren) will not attend, or be able to attend, when they are ill. If my child becomes ill while attending BASE, I or my emergency designee will pick up my child within 1 hour of being notified by BASE staff. The BASE Program Director, or their designee, reserves the right to identify children who are too ill to attend the BASE Program. _____ (initials)

6. **PROGRAM PARTICIPATION:** Participation in BASE is a choice and privilege. My child must be able to get along with others and adhere to the rules of the program. I also understand that it is necessary for parents to conduct themselves in a respectful manner with all staff and children, at all times. I understand acceptable behavior is required to continue participating in the BASE Program. At the sole discretion of the BASE Program Director, or their designee, participation in the BASE Program can be suspended for any reason, including behavioral issues from the child, parent or guardian. _____ (initials)

7. **PARENT INFORMATION:** I will read information provided by BASE and discuss any questions I have with the BASE Program Director. I will provide updated contact information to the BASE Program Director if the information on the Registration Form changes at any point during the 2015/16 session. _____ (initials)

8. **MEDIA RELEASE AGREEMENT:** I give permission for BASE staff to photograph or videotape my son/daughter & release it to be used in a brochure, web page, or other means promoting the BASE Program to the public. _____ (initials)

9. **UNPAID BASE FEES:** I understand that my account must be paid in full through the month of July by August 10th, 2015 in order for my child(ren) to attend BASE during the 2015/16 session. _____ (initials)

I have read, understood and will abide by the conditions of this entire Registration Agreement. I have received a copy of the BASE Program Information Sheet, and understand the Hours of Operation, Rates, my responsibilities to obtain the Invoice for Services and make payment for such services. I am signing below as the indication of my intent to have my child(ren) _____, participate in the Westlake Charter School BASE Program. This registration agreement becomes effective the first day of care and supersedes all previous agreements.

Parent Name _____

Parent Signature _____

Date _____



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BASE Safety and Behavioral Agreement

I have read the Parent/Student Handbook for my school and agree to follow all rules set forth by my school and BASE. I understand that these rules are for my safety and the safety of others. I also understand that inappropriate behavior towards staff, students or visitors is unacceptable and may result in suspension and/or expulsion from the BASE program, with the length of suspension to be determined by the severity of the situation and at the sole discretion of the BASE Director. Disregard for student and staff safety, written or verbal directions given by staff, or bullying will result in termination of services. I have discussed and reviewed this information with my parent/guardian.

Student Name _____

Student Signature _____ Date _____

I have read all information provided by BASE – including the BASE Safety and Behavioral Agreement paragraph above and have discussed all rules and expectations with my child. I understand that my child’s participation in the BASE program is a privilege, and that services may be discontinued, at the sole discretion of the BASE Director, should my student choose to disregard the BASE Safety and Behavioral Agreement.

Parent Name _____

Parent Signature _____ Date _____

Westlake Charter Elementary Student Information

This section for office use only

PACKET RCVD

START DATE

SSID

GRADE

SPECIAL ENTRY

___/___/___

___/___/___

*Please initial here
if there are no changes:*

Court order on file?
 Yes No

*If yes, please provide
copy to the front office*

Student Name: _____ SSID: _____ Grade: _____
Birthdate: _____ Gender: _____ Ethnicity: _____
Home phone: _____
Address: _____ City: _____ State: _____ Zip: _____

GUARDIAN CONTACT INFORMATION

PHONE NUMBERS

Guardian 1: _____ Home: _____ Cell: _____ Work: _____
Relationship: _____ Email: _____
NOTE: _____

Guardian 2: _____ Home: _____ Cell: _____ Work: _____
Relationship: _____ Email: _____
NOTE: _____

Guardian 3: _____ Home: _____ Cell: _____ Work: _____
Relationship: _____ Email: _____
NOTE: _____

Guardian 4: _____ Home: _____ Cell: _____ Work: _____
Relationship: _____ Email: _____
NOTE: _____

MEDICAL INFORMATION

Insurance Provider: _____ Insurance ID: _____

Physician Name: _____ Phone: _____

Special Medical Considerations: _____

Allergies: _____

Medical Alert Text: _____

EMERGENCY CONTACTS

Contact 1: _____ Home: _____ Cell: _____
Relationship: _____ Work: _____ Pgr: _____

Contact 2: _____ Home: _____ Cell: _____
Relationship: _____ Work: _____ Pgr: _____

Contact 3: _____ Home: _____ Cell: _____
Relationship: _____ Work: _____ Pgr: _____

:: More Information on Back ::

Westlake Charter Elementary STUDENT INFORMATION

NOTICES:

In the event of a suspension, accident, or other emergency, when a parent or guardian is unavailable, I hereby authorize a representative of the school to make arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgement. Under such circumstances I further authorize the physician/insurance provider named on page 1 to undertake such care and treatment as is considered necessary. In the event said physician/insurance provider is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

A signed medication release must be on file in the Health Office for any student taking medication (physician prescribed or over-the-counter) during school hours. This release **MUST** be renewed yearly. Per California Education Code, Section 48900 through 48926, students in possession of prescribed, over-the-counter, or illegal drugs for personal use, sale, or supplying another student are subject to suspension and/or expulsion.

:: MEDICATION RELEASE FORMS ARE AVAILABLE IN THE HEALTH OFFICE ::

Parent/Guardian Signature: _____

Dated: _____

The above signature acknowledges that I have read and consent to the above notices.

STUDENT HEALTH INFORMATION

Please check here if there are no known problems:

Is your child allergic to any drugs or food?

Yes

No

If yes, please identify: _____

Does your child have any condition which may result in a classroom emergency? Yes

No

If yes, please explain: _____

Does your child have a physical condition which limits participation in:

Classroom activities

Yes

No

Physical Education

Yes

No

If yes, please explain: _____

Does your child wear glasses?

Yes

No

Does your child wear contacts?

Yes

No

Does your child wear hearing aids?

Yes

No

Does your child have tubes in the ears?

Yes

No

Any other known vision or hearing issues? _____

Medication to be given
during school hours?

	Medication prescribed by doctor	Dosage:	Medication to be given during school hours?	
			Yes	No
<input type="checkbox"/> Asthma				
<input type="checkbox"/> Epilepsy				
<input type="checkbox"/> Fainting Spells				
<input type="checkbox"/> Diabetes				
<input type="checkbox"/> Heart Condition				
<input type="checkbox"/> Migraines				
<input type="checkbox"/> Allergies				
<input type="checkbox"/> ADHD/ADD				
<input type="checkbox"/> Other (Specify):				

Is there anyone who is NOT to sign out the student or NOT to have access to the student? Please identify below:

NAME: _____

NOTE: _____



Before and After School Explorers

Permission Slips

Skate/Skateboard/Scooter Release

By signing below, I understand and agree to the following:

When my child brings their skates, skateboard or scooter, they are required to wear a helmet while using these items. If they do not have a helmet, they will not be allowed to use their skates, skateboard or scooter.

Students are not to share or trade usage of these items with students other than their siblings.

While the BASE staff will do their best to protect your child and their belongings, BASE is not responsible for lost, stolen, or damaged equipment.

Bikes are not permitted.

All equipment must be taken home nightly.

Movie Release

As you may have noticed, most of the “KIDS” movies are now rated PG. We ask for your permission so we can, on occasion, show some of the newer movies. If you do not give permission, we will set up a G-rated movie in another room, or find your child an alternate activity.

_____ I give permission for my child to view movies with a PG rating.

_____ I do not give permission for my child to view movies with a PG rating.

Sunscreen Release

_____ I give permission for the BASE staff to apply a spray-on sunscreen of SPF 30 or higher to all of my child’s exposed areas, including face.

_____ I do not give my permission for the BASE staff to apply sunscreen to my child.

We ask that each family donate two (2) cans of **spray-on sunscreen with a SPF 30 or higher**. **If your child has allergies to certain sunscreens, please provide the BASE staff with alternative sunscreen or apply before attending BASE.**

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Facebook permission slip

In the registration packet, we had you fill out a media release form. We also ask that you complete a Facebook permission slip. The BASE page is strictly monitored by staff and is only available to BASE parents. You can check out what we are doing at BASE while you are working.

_____ I give permission to Westlake Charter BASE staff to take pictures of my child and post them on the BASE Facebook page.

_____ I do not want pictures of my child posted on the BASE Facebook page.

Student Name: _____

Parent Signature _____

Dear Parents/Guardians:

Throughout the year, the District will be updating its web site with pictures featuring students involved in school activities. In order to use your child's picture, we need to have the attached consent form signed and returned. The Natomas District web address is www.natomas.k12.ca.us. Please complete and return this form to your child's teacher as soon as possible. *If you choose not to return this form, we will consider this as implied consent by you.*

Please see your school principal for any questions regarding the photo release.

Thank you.

STUDENT PHOTO RELEASE

I hereby give Natomas Unified School District and its agents or assigns, referred to as Natomas Unified School District permission to copyright and/or use, reuse and/or publish, and republish photographic pictures or portraits of me, in which I may be distorted in character, or form in conjunction with my own or a fictitious name, or reproductions there in color, or black and white, made through any media by Natomas Unified School District, for any purpose whatsoever, including the use of any printed matter in conjunction with the pictures.

I hereby waive my right to inspect or approve the finished photograph or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release and agree to hold Natomas Unified School District harmless from and against any liability as a result of any distortion, alteration or use, either intentionally or unintentionally or otherwise, that may occur in the processing or reproduction of the finished product, its publications or its distribution.

I further understand that there will be no compensation paid to me for the use of my photographic image.

- **A COPY OF THIS RELEASE FORM IS AVAILABLE ON THE DISTRICT WEBSITE**

PHOTO RELEASE CONSENT

■ Please sign and return this page to school

TO BE COMPLETED BY STUDENT IF 18 YEARS OR OLDER

I hereby warrant that I am of legal age in California and competent to contract in my own name.

I have read this release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

Print Name: _____

Signature: _____ Date: _____

Address: _____

TO BE COMPLETED BY PARENT IF STUDENT IS YOUNGER THAN 18 YEARS

I hereby certify that I am the parent and/or legal guardian of:

(Student's Name): _____

I have read this release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

I hereby consent that any photographs in Natomas Unified School District's possession may be used by Natomas Unified School District for the purpose set forth in the above release.

Print Name: _____

Signature: _____ Date: _____

Address: _____

TO BE COMPLETED IF YOU DECLINE THE USE OF PHOTOS

I do not give my consent to Natomas Unified School District to use photographs of my student.

Print Name: _____

Signature: _____ Date: _____

Address: _____