

**POWAY UNIFIED SCHOOL DISTRICT
EXTENDED STUDENT SERVICES (ESS) PROGRAM
ALTERNATIVE PROGRAMS – PARENT CONTRACT**

PLEASE **PRINT** LEGIBLY IN INK – PRESS HARD

| | | | |
|---|------------------------------|---|-------------|
| SCHOOL NAME | | STARTING DATE IN ESS | |
| PARENT/GUARDIAN LAST NAME | | PARENT/GUARDIAN FIRST NAME & INITIAL | |
| HOME ADDRESS/BILLING ADDRESS | | CITY & STATE | ZIP |
| DRIVERS LICENSE NUMBER & STATE | | | |
| HOME PHONE NUMBER () | CELL NUMBER () | WORK PHONE NUMBER () | Ext. |
| PRINT E-Mail Address: | | BILLING IS BY E-MAIL | |
| | | | |

PLEASE LIST CHILDREN:

| 1 ST CHILD'S LAST NAME | FIRST NAME | SEX | GRADE |
|-----------------------------------|------------|-----|-------|
| 2 ND CHILD'S LAST NAME | FIRST NAME | SEX | GRADE |
| 3 RD CHILD'S LAST NAME | FIRST NAME | SEX | GRADE |

REGISTRATION FEE PER FAMILY (due upon enrollment)

\$100.00

| Day of Week Attending: (indicate with an "X") | Fall Semester Fees | Spring Semester Fees | Indicate the following: |
|--|--------------------|----------------------|--|
| Monday | \$306.00 | \$306.00 | <input type="checkbox"/> Will attend BOTH semesters <input type="checkbox"/> Will attend 1 st semester ONLY <input type="checkbox"/> Will attend 2 nd semester ONLY |
| Tuesday | \$333.00 | \$333.00 | |
| Wednesday | \$342.00 | \$342.00 | |
| Thursday X | \$342.00 | \$342.00 | |
| Friday | \$306.00 | \$306.00 | |

Method of Payment: Check # _____

Credit Card Authorization Attached

I UNDERSTAND THAT MY CHILD(REN) WILL BE DROPPED FROM THE ESS PROGRAM FOR NON-PAYMENT.

| | |
|--|----------------------|
| PARENT/GUARDIAN SIGNATURE (FINANCIALLY RESPONSIBLE) | DATE ENROLLED |
| SIGNATURE OF ESS SUPERVISOR/ASSISTANT | DATE |

POWAY UNIFIED ESS ENROLLMENT
Terms and Conditions

I wish to enroll my child _____ in the ESS program at
_____ School.

By initialing the blank beside each item below, you indicate that you have read, understood the statement, and will abide by the Enrollment Terms and Conditions.

_____ The ESS program may not be available at a particular school site based on enrollment. The program may be available at another site.

_____ There is a two (2) day wait period after all paperwork is submitted to the ESS site before your child can attend.

_____ **ANNUAL REGISTRATION FEE:** The nonrefundable annual registration fee is \$100.00 and is due at time of registration. If a child is withdrawn from the program for any length of time during the year and subsequently reenrolls, a new registration fee of \$50.00 is due at that time.

_____ **FEES:** Fee payments are due in full on the 1st day of each month. Fees will not be prorated for illness, holidays or emergency closure of the program. If fees are not paid by the 15th of the month the payment is due, a late fee of \$20.00 will be charged.

Payments can be made by choosing one of these options:

- Online payments using electronic checks, debit and credit cards can be made using this web link: www.PowayESSpay.com. A \$2.95 convenience fee is applied when using this online payment method.
- Checks or money orders may be mailed to:
PUSD ESS Department, P.O. Box 500527, San Diego, CA 92150-0527
- Checks can be dropped off at Poway Unified District Office at:
15250 Avenue of Science, San Diego, CA 92128

_____ There is a returned check fee of \$20.00 for each occurrence. After two returned checks, all future payments must be made using e-check, debit/credit card, money order, or cashier's check. Returned check activity may result in immediate termination of ESS enrollment.

_____ **LATE PICK-UPS:** A late pick-up fee will be assessed when my child is left beyond ESS operating hours. The late pick-up fee does not constitute an agreement for the ESS to provide after hours service, nor will the late fee be applied toward monthly fees. Chronic lateness at closing time may be grounds for termination of enrollment, per Parent Handbook. Late pick-up fees will be charged as follows:

00 to 10 minutes late, the late pick up fee is \$1.00 per minute per child
11 to 30 minutes late, the pick-up fee is \$30.00 per child
31 to 60 minutes late, the late pick up fee is \$60.00 per child

_____ If the parent or other authorized person fails to pick up my child and/or contact the ESS, and if no one can be reached within sixty minutes after closing time, ESS and/or school personnel may release my child to the custody of Child Protective Services or other legal authorities.

POWAY UNIFIED ESS ENROLLMENT
Terms and Conditions

Child's Name _____

_____ **ABSENCES:** I agree to inform the school as soon as possible if my child will be absent on any day. Payment of full fees is required even if my child is absent for one or more days. There are no allowances, credits, refunds, or make-up days for occasional absences (i.e., sickness).

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** Circumstances that may require ESS to close or that may disrupt service include but are not limited to inclement weather, natural or national disaster, imminent major health or safety hazard as determined by the County Health Department or law enforcement agencies. Parents will be notified should severe weather or any other conditions prevent the ESS from opening. Fees will continue if ESS is closed up to three consecutive days due to an emergency. If ESS is closed more than 3 days, a credit may apply starting on the fourth day until ESS re-opens. If it becomes necessary to close early on any day, parents will be responsible for arranging their child's early pick-up.

_____ **HOLIDAYS:** ESS is closed on Federal and State holidays, some district breaks, employee professional development and training days. The schedule may be changed if necessary at any time. Calendars will be posted and distributed each year.

_____ **VACATION CREDITS:** Parents must provide a two-week written notice in order to receive vacation credit, applicable to full and P.M. contracts only. Vacation credits are given in 5 consecutive day increments only and are limited to ten days per year.

_____ **WITHDRAWAL FROM PROGRAM:** Parents must provide a two-week written notice of withdrawal from the program. If this written notification is not provided, fees will be charged for two weeks, whether or not the child attends ESS. All account balances must be paid in full on withdrawal. Any prepaid balance of \$10.00 or less which remains at the time of withdrawal from ESS will not be refunded unless requested in writing within 30 days.

_____ **RE-ENTRY ADMISSION:** When my child is withdrawn, s/he will be eligible for re-admission based upon space availability and all other enrollment criteria. If selected for re-enrollment, a new Enrollment Agreement and payment of a new non-refundable registration fee of \$50.00 is required.

_____ **TERMINATION OF ENROLLMENT:** Accounts two weeks in arrears may result in immediate termination of enrollment. Upon payment, enrollment may be reinstated with applicable paid tuition and \$50.00 registration fee. *Past due accounts may be referred to collections for past due balances.* ESS contracts with a Collections Agency. If the account is sent to collections, parents will be responsible for the balance due plus fees associated with the collection of the account.

Parent/Guardian Signature

Date

**POWAY UNIFIED SCHOOL DISTRICT
STUDENT RELEASE INFORMATION**

Child's Name: _____ Age: _____ Birthdate: _____
Address: _____ Home Phone: _____
Parent 1: _____ Work Phone: _____ Ext. _____ Cell: _____
Parent 2: _____ Work Phone: _____ Ext. _____ Cell: _____
Email: _____ Doctor: _____ Phone: _____

List below emergency contacts and other persons authorized to take the child from the center.
Child will **NOT** be allowed to leave with any person without written authorization from parent or guardian.

All persons listed must be at least 18 years of age.

| | | | |
|-------------|-------------|-------------|-------------|
| Name: _____ | H (_____) | W (_____) | C (_____) |
| Name: _____ | H (_____) | W (_____) | C (_____) |
| Name: _____ | H (_____) | W (_____) | C (_____) |
| Name: _____ | H (_____) | W (_____) | C (_____) |
| Name: _____ | H (_____) | W (_____) | C (_____) |
| Name: _____ | H (_____) | W (_____) | C (_____) |
| Name: _____ | H (_____) | W (_____) | C (_____) |

Medical conditions (including allergies):

ESS Center personnel are authorized to use their discretion to secure the necessary emergency services for my child at my expense. This includes **emergency medical treatment, paramedic services, and ambulance service.**

| | |
|----------------------------------|-------|
| SIGNATURE OF PARENT OR GUARDIAN: | DATE: |
|----------------------------------|-------|

**POWAY UNIFIED SCHOOL DISTRICT
EXTENDED STUDENT SERVICES (ESS)
PERMISSION TO RELEASE CHILD TO A SIBLING/MINOR**

I give permission for my child _____ to be released from the ESS program to his/her older brother/sister _____, age _____.

I understand that the Extended Student Services Program's liability for my child ends when they sign out from the center.

Parent Signature

Date

Extended Student Services (ESS)

Parent Signature Verification of Receipt of Documents/Release of Information

Student and Parent/Guardian must sign and return to ESS Office

Student Name: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

1. Student Computer Use/Internet Safety & Responsibility-

- I hereby give permission for my child to use the Internet. I give permission for my child to access information through the Web and engage in other educationally relevant electronic communication activities.
- I have read the Poway Unified School District’s Internet Safety and Responsible Use Administrative Procedure 3.39.1 *If you would like more information, please refer to the PUSD District Website at <http://www.powayusd.com/about/SIS> (Acceptable Use Agreement)*
- I hereby release the District, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my student’s use of, or inability to use the District system, including, but not limited to, claims that may arise from the unauthorized use of the system to purchase products or services or exposure to potentially harmful or inappropriate material or people. I understand that I may be held liable for damages caused by my student’s intentional misuse of the system.
- I will instruct my child regarding any restrictions I have against material that are in addition to the restrictions set forth in the District Procedure. I will emphasize to my child the importance of following the rules for personal safety and responsibility.

Student: I agree to follow the rules contained in this procedure. I understand that if I violate the rules, my account may be terminated and I may face disciplinary measures.

Student Signature

2. Web Page- I permit the school district and/or news media to print photographs, student’s work, and identification of the above-named student on the ESS web pages, Newspaper Articles, and Television Programs. Identification of students on web pages will be limited to first name only at elementary level. All student-posted work on the web will adhere to copyright laws.

- **Web Pages:** Yes Individual Photos Group Photos
No
- **Media:** Yes No

Parent/Guardian Signature

Date



ESS Parent Handbook

Each family receives a copy of the ESS Parent Handbook at enrollment. The Parent Handbook is filled with important information about our program policies and procedures. Please sign and return this form to ESS indicating that you did review this information. Thank you!

Student Name: _____ Grade: _____

Yes, I have reviewed the information in the ESS Parent Handbook.

Parent Signature: _____ Date: _____

ESS PG Movie Permission Slip

Periodically, ESS gives an option to watch a movie. Some of the most popular children movies have a PG (Parental Guidance) rating. ESS uses our best discretion to avoid inappropriate content but any movie with a PG rating requires written parent consent. Please indicate below whether you give permission for your child to view PG rated movies while at ESS or not. If you have any questions, please feel free to talk with the Supervisor or the Lead Assistant.

Please select one...

_____ I give permission for my child to view PG rated movies in ESS.

_____ I **DO NOT** give permission for my child to view PG rated movies in ESS.

(On days when a PG movie is shown, the children will choose from other activities provided during that time.)

Student's Name

Parent Signature

Date