

**POWAY UNIFIED SCHOOL DISTRICT EXTENDED STUDENT SERVICES
Highland Ranch ESS EMERGENCY & DISASTER STUDENT RELEASE INFORMATION**

Custody: _____

Child's Name: _____ Age: _____ Birthdate: _____

Address: _____ Home Phone: _____

Parent/Guardian: _____ Cell: _____

Work Phone: _____ Ext. _____ Email: _____

Parent/Guardian: _____ Cell: _____

Work Phone: _____ Ext. _____ Email: _____

Child's Medical conditions (including allergies)/Special needs:

Epi-pen needed?	Y	N
Medications needed?	Y	N

Please list at least **TWO additional people** who reside nearby as emergency contacts, or persons authorized to take your child from the ESS center. You must supply at least two emergency contacts before enrolling in the ESS Program. We will contact the people below in the event your child needs to be picked up at ESS and we cannot reach the parent/guardian. We will expect the emergency contact to be available. Your child will NOT be allowed to leave with any person without written authorization in note form from parent or guardian. All persons listed must be at least 18 years of age.

Name: _____ W _____ C _____

Name: _____ W _____ C _____

Name: _____ W _____ C _____

Name: _____ W _____ C _____

Name: _____ W _____ C _____

Name: _____ W _____ C _____

Name: _____ W _____ C _____

Name: _____ W _____ C _____

Name: _____ W _____ C _____

Name: _____ W _____ C _____

Name: _____ W _____ C _____

Name: _____ W _____ C _____

Name: _____ W _____ C _____

SIGNATURE OF PARENT OR GUARDIAN

DATE

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.

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

I give permission for my child _____ to be released from the
Child's Name

Extended Student Services Program to his or her older brother or sister _____ Age _____

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

PARENT SIGNATURE

DATE



STUDENT COMPUTER USE / INTERNET SAFETY & RESPONSIBILITY

Extended Student Services Parent Signature Verification of
Receipt of Documents/Release of Information
STUDENT AND PARENT/GUARDIAN MUST SIGN AND RETURN TO THE ESS OFFICE

Student Name: _____

School: _____ Grade: _____

Parent/Guardian Name (Please Print): _____

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 Web Site 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 other 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 <input type="checkbox"/>	No <input type="checkbox"/>
Individual photos:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Group photos:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Media:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parent/Guardian Signature

Date

Homework Contract

We would like to know what you would like their child/ren to complete while in homework time. Every day ESS provides a time within our daily schedule for the children to have a quiet environment where students are encouraged to work on their assignments given by their school teachers. The ESS program aides' role during this period of time, is to be available for questions & assistance to all students within their group. Each group Leader has about 1½hr or so to complete their homework assignments. If all homework is completed then the students are asked to partake in planned educational & engaging "Quiet" activities until all students complete their work. In order to have an environment with minimal distractions, the ESS students who have no homework will have the choice of participating in quiet academic activities or reading until all students are finished.

Our ESS Leaders strive for all of their students to be successful in their school studies. They will do their best to have your child/ren complete their homework here at ESS but we cannot guarantee that all assignments be fully completed before your child/ren are picked up. In the attempt to make sure that students are doing their homework, please check a box below to indicate what **YOU** would like your child/ren to complete while at ESS.

Please go over this letter with your child. Sign and return this letter to Ms. Sarah or Mrs. Pat so that we can work together as a team to make sure your child is successful in their studies. If you have any questions or concerns please feel free to contact us.

I _____ would like my child _____
Parent Name Child's name

to do the following while at Highland Ranch ESS:

I would like my child to complete **all homework including reading while @ ESS.**

I would like my child to complete all homework **except** reading, which will be done at home.

Additional work: _____

I would like my child to **NOT** complete their homework while @ ESS instead we will complete it at home together.

Child's Signature

Parent Signature

Date

ESS Tuition Payments Information

ESS fees are due at the 1st of each month. It is imperative that your monthly fees be paid in full & on time. ESS is no longer accepting monthly tuition checks on site. Failure to submit payment may result in your child(ren) being dropped from our program. Below are a couple of different ways to pay your dues:



Mail In: Please include children's name & school site on your check. Checks can be sent to the following address:

- o Poway Unified School District
- ESS Finance Department
- P.O. Box 500527
- San Diego, Ca 92150-0527



Pay online (the link is on our HR ESS webpage): www.powayESSpay.com

Sign up for Electronic Payment "Auto Pay": With auto pay your tuition will be taken out automatically each month from a:



- Bank account
- Credit card
- Debit card

of your choice. Please as Ms. Sarah or Mrs. Pat to fill out a form. We do not accept form of tuition in cash on site nor through the district office. All payments must be made from all forms of payment listed above.

2019-2020 Fee Schedule						
Enrollment into ESS Requires:						
<input type="checkbox"/> Enrollment Pack Paperwork						
<input type="checkbox"/> \$100.00 Annual Registration Fee (per family, per year)						
<input type="checkbox"/> First month's tuition						
Contract Options		Aug	Sept-May	June	Total fees	
AM Only		\$82.50	\$165	\$82.50	\$1,650.00	
PM Only		\$125	\$250	\$125	\$2,500.00	
FULL		\$165	\$330	\$165	\$3,300.00	
Sibling 10%		\$148.50	\$297	\$148	\$2,970.00	
TK Fees						
FULL		\$184	\$368	\$184	\$3,680	
Sibling		\$166	\$332	\$166	\$3,320	
PM Only		\$140	\$280	\$140	\$2,800	
No Sibling discount for AM or PM Option must be a FULL Contract to receive.						
"KID" Days						
K- FULL		\$184	\$368			
K- PM Only		\$140	\$280			
District Recess 2019		President's Break Feb 18-20		Spring Break April 13-16		Total Break Fees:
All Grades- Full Time Only		\$105		\$140		\$245.00
Sibling Discount		\$94.50		\$126		\$220.50
Parent Teacher Conference: Fees are site bases determined on the number of minimum days & non-student days during this conference week.						
SUMMER 2019		Session #1 June 19-July 3	Session #2 July 8-July 26	Session #3 July 29-Aug 14	Total Summer Fees:	
TK-6 th FULL ONLY		\$385	\$525	\$455	\$1365	
Sibling Discount		\$346.50	\$472.50	\$409.50	\$1,228.50	