

New Hope Expanded Learning Program

2020 – 2021

Program starts on Thursday, August 13, 2020

Hours of operation: Monday-Friday 2:30-6:00 p.m. Minimum Days 1:05-6:00 p.m.

Dear Parent or Guardian:

We are pleased to offer your child the opportunity to participate in the New Hope After School program. Please read the following program information to determine if you are able to commit to enrolling your child in the program. "First priority enrollment will be given to students who are identified by the program as homeless youth or in foster care ECsections 8483(c)(1)(A) and 8483.1(d)(1)(A). All other students will be enrolled on a first come, first serve basis until filled. The rest will be put on a waiting list.

Program Information:

The New Hope After School Program is open Monday through Friday, from the end of school until 6:00 pm. (Exceptions include school holidays.) The program is an academic intervention and enrichment program designed to give your child extra support with homework, literacy, math, and incorporates enrichment activities such as nutrition, physical education, science and art.

Attendance Policy:

Student success is dependant on regular attendance. Students enrolled in the New Hope After School program are expected to attend the after school program everyday. However, we recognize that there may be circumstances that require students to be released prior to closing. The circumstances and issues warranting **Early Release** may include:

- Transportation
- Family Emergencies (such as a death in the family, catastrophic incidents, etc.)
- Medical Appointments
- Weather conditions especially if the child walks home
- Child accidents that occur during program time (program staff should call parent or guardian).
- Other conditions as approved by the Administration

(Students will only be released to a parent or guardian, or with written parent/guardian instruction.

Parents/Guardians must notify New Hope After School Program of the need for early release, and the students' departure time must be noted in the "sign out" sheet on the day the child is released early.)

We look forward to a fun and exciting year and hope your child will be joining us! If you have any questions, please feel free to call us at 209-663-1694.

Thank you,

Rebeca Gallo

Expanded Learning Program Coordinator

Please check one and return form:

- ☐ I am interested in enrolling my child. I have read and accept the Early Release Policy.
- ☐ I am **not** interested in enrolling my child.

Please sign below and return with completed application if you wish to enroll your child.

Student Name : _____

Grade: _____

Parent/caregiver signature: _____

Date: _____

New Hope Expanded Learning Program Registration Form

2020 - 2021

Grade 1-8

Hours of Operation: Monday-Friday 2:30 - 6:00 p.m. Mini Days 1:05 - 6:00 p.m.

Child' First Name _____ Last Name: _____
Date of Birth: ____/____/____ Grade: _____
Father's Name: _____ Mother's Name: _____
Address: _____ Home Phone # _____
Mother's Work Phone # _____ Father's Work Phone# _____
Mother's Cell Phone# _____ Father's Cell Phone # _____

Person(s) authorized to pick up your child/Emergency Contacts

Name: _____ Relationship: _____ Phone# _____
Name: _____ Relationship: _____ Phone# _____
Name: _____ Relationship: _____ Phone# _____
Name: _____ Relationship: _____ Phone# _____

Is your child under medical care of taking any medication(s)? Yes _____ No _____
If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school.

Bee Sting Allergy__ Epi-pen Yes _____ No _____ Other Allergies: _____
Asthma _____ Inhaler Yes _____ No _____ Special Needs/Disability _____
Diabetes _____ Insulin Yes _____ No _____ Other: _____
Vision/Hearing Glasses Yes _____ No _____

Family Health Care: Physician's Nme: _____ Phone # _____
Address: _____ Medi-cal: Yes _____ No _____
Health Insurance # _____

Does the New Hope After School Program have permission to use photos of your child in educational or promotional materials? (There is no Cost) Yes _____ No _____

Please read and sign below:

I understand that the New Hope After School Program is a FREE program. These services are possible through state grants and district funding. I give permission for New Hope After School staff to review my child's academic files for the purposes of analyzing program effectiveness and reporting to funding sources.

Parent or Guardian Signature _____ Date _____

For Office Use Only:

Enrollment Date: _____ Initials: _____
Date Disenrolled: _____ Reason: _____

**New Hope Expanded Learning Program
Emergency Form
2020/2021**

Child's Name: _____ Date of Birth: _____ Age: _____ Sex: _____
(Last) (First)

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Day Phone: _____ Evening Phone: _____

Parent/Guardian: _____ Day Phone: _____ Evening Phone: _____

Name of 2 (TWO) alternative friends or relatives who can be contacted in case Parent/Guardian cannot be reached:

1. Name: _____ Day Phone: _____ Evening Phone: _____

2. Name: _____ Day Phone: _____ Evening Phone: _____

Physician to be called in an Emergency:

Name: _____ Address: _____
Phone: _____

Medical Insurance Carrier: _____ ID # _____

Medi-Cal # _____ Hospital used in Emergency: _____

Allergies/Medical Limitations: _____

Current Medications: _____ Dosage: _____ Time(s) Given: _____
_____ Dosage: _____ Time(s) Given: _____

I VERIFY that the information on my child, _____, is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in the event of an emergency. In the event of an emergency, if I cannot be reached, I hereby authorize transportation to a medical facility and/or calling my child's physician at my expense, to provide the necessary emergency medical treatment of my child.

Parent/Guardian Signature: _____ Date: _____

New Hope Elementary

EARLY RELEASE AGREEMENT FORM

2020-2021

A child may be released early from the afterschool program prior the end of program time at 6:00 p.m. This agreement will be in effect through the last day of school.

NAME OF STUDENT: _____

CHECK APPLICABLE BOX

- ☐ Off site enrichment progrsms
- ☐ Family Emergencies (such as death in the family, catastrophic incidents, etc.).
- ☐ Family Needs
- ☐ Medical Appointments
- ☐ Transportation
- ☐ Child accidents that occur during program time (program staff should call parent or guardian)
- ☐ Safety Issues (darkness, eeather)
- ☐ Participation in school athletic programs and team sports
- ☐ Other conditions as approved by the Administration (state reason)

Whatever the case may be, program staff should record the date and time of the early release departure of the child. Parent, guardian, or program staff should sign the child out; in the case of a program staff signing out the child, it is recommended that the child's signature or initial be recorded as well.

Name of Parent or Guardian

Date

**New Hope School Expanded Learning Program
LATE PICK - UP POLICY
2020- 2021**

The New Hope After School Program operates Monday through Friday from 2:30 to 6:00 p.m. and 1:05 to 6:00 p.m. on minimum days. The Program has a policy that all students must be picked up no later than 6:00 p.m. The program promptly ends at 6:00 p.m.

In the event that a student is picked up later than 6:00 p.m. Parent/Caregivers will be given a Late Warning Form. If a student receives three (3) Late Warning Forms, after the third warning, parent/caregiver will be notified and the student will be dropped from the program.

The Late Warning Form is below:

LATE PICK-UP WARNING # _____ TIME: _____

As stated in the Late Pick-up Policy, Parent/Caregivers will be given a warning when the student is picked up from the New Hope After School Program later than 6:00 p.m.

Your child, _____ was picked up late from the

Expanded Learning Program on _____. Please remember that the

program **promptly** ends at 6:00 p.m. If your child receives three (3) Late Warning Forms, she/he will be dropped from the After School Program.

Parent Signature

Date

Thank you for your continued help, understanding and support.

I have read and understand the Late Pick-Up Policy.

Parent Signature

Date