



## AFTER SCHOOL PROGRAM

1859 Bird Street, Oroville, CA 95965

Phone: (530) 532-3051

Fax: (530) 532-5699

**2015 – 2016 School Year**

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Dear Parent/Guardian:

The After School Program is provided free of charge except for an annual, non-refundable, registration fee of \$30 to help offset the cost of program supplies, resources and sports. The registration fee for families with three or more students is \$80. If you were to pay for after school child care you could easily spend upwards of \$2,000 a year per child.

Registration fees must be in the form of either cash or money order (payable to BCOE).

Unfortunately we are unable to accept personal checks. This is the first time since 2006 that we have had to increase our registration fee from \$20 to \$30. We do everything within our power to keep our fees as low as possible.

**To assure your child(ren) a place in the after school program, please do the following:**

1. Return completed Registration Form, Parental Permission Form and registration fee (**cash or money orders ONLY**) to the Site Coordinator at the start of the after school program.

**To assure student safety:**

1. In August make sure your child's regular day teacher knows that he or she is attending the After School Program.
2. Program staff will check the identification of all individuals picking up students from the After School Program. Please make sure that individuals picking up students are permitted to do so and are listed on the registration form. Please note that all elementary school age students must be signed out by a parent or guardian.

**Children are unable to attend the program until all of their paperwork and registration fees have been received.** Program is offered every day after school from the final school bell until approximately 6:00 p.m. A site-specific information sheet will be sent home with your child/children the first week of attendance. If you have any questions, please do not hesitate to contact your child's After School Program Site Coordinator or our Administrative Assistant, Tammy Long at 532-3051.

## WELCOME BACK TO SCHOOL

***FROM ALL OF BCOE'S EXPANDED LEARNING PROGRAMS' STAFF***



# After-School Program Enrollment Form – 2015-2016

School: **Concow**

Paid: Yes ☐ No ☐

Student Name (last, first): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_ Home Phone: \_\_\_\_\_

So we may better serve your child, please advise us of any allergies or medical needs him/she has. Please be specific.

☐ My child does not have allergies and/or medical needs ☐ My child DOES have allergies and/or medical needs.

If yes please explain: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home/Mailing Address (if different than student): \_\_\_\_\_

Name of Person to call in case of emergency: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Permission to pick-up student? ☐ Yes ☐ No

Secondary Person to call in case of emergency: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Permission to pick-up student? ☐ Yes ☐ No

Student's Primary Language: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: ☐ F ☐ M

## Student Background:

☐ American Indian ☐ Alaska Native ☐ Asian ☐ White (non Hispanic) ☐ Pacific Islander ☐ Hispanic ☐ Black/African American (non Hispanic)

Does your child have any type of disability? ☐ No ☐ Yes - Description: \_\_\_\_\_

## Early Release Policy

I understand that the intent of the BCOE After-School Program is to keep my child safe and engaged in meaningful activities after school each day until around 6:00 p.m. Our policy is to release students from one safe environment to another safe environment – specifically, from the BCOE After-School Program into the custody of a parent or guardian. If another arrangement needs to be made in an exceptional situation (i.e., dental or doctors appointment, last available bus, special activity or other organized function); please let us know in advance and specify reason for early departure on the sign in/out sheet. I understand and agree to comply with the Early Release Policy.

## Parent-Student Handbook:

The Parent-Student Handbook is online at [http://www.bcoe.org/programs/afterschool\\_programs/about\\_after\\_school/](http://www.bcoe.org/programs/afterschool_programs/about_after_school/). Signing the enrollment form validates that you have read and reviewed the handbook with your student and that you understand the policies and procedures. A hard copy can be obtained from your student's After School Program Site Coordinator.

## Please check all that apply below and sign your name.

- Please check one of the following:  
☐ My child will walk or ride a bike home from the After-School Program. ☐ I will pick up my child from the After-School Program.  
☐ Other - \_\_\_\_\_
- We may place articles in local newspapers / media to inform the community about the program.  
☐ Yes, my child has my permission to be photographed or video taped (pictures may be used in the newspaper or other media).  
☐ No, my child does not have my permission to be photographed or video taped.
- Your child will be asked to complete a survey to determine our progress. Students are asked about their attitude toward school, resiliency, and future plans. Their responses are confidential and will never be reported in association with their name.  
Your written permission is needed before your child can complete the survey. The information is valuable to our project and funding; however, completing the survey is voluntary. You may review a copy by calling Tammy Long at (530) 532-3051.  
☐ My child has my permission to participate in the survey and the after school program.  
☐ My child does not have my permission to participate in the survey, but may participate in the After-School Program.
- My child currently participates in the following education programs at school:  
☐ Migrant Education ☐ ESL/LEP ☐ Special Education ☐ Intensives
- My child currently has health insurance coverage: ☐ No ☐ Yes Type: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_



**BUTTE COUNTY OFFICE OF EDUCATION**  
**Expanded Learning Programs**  
1859 Bird Street, Oroville, CA 95965  
Phone: (530) 532-5686 – Fax: (530) 532-5699



## **Registration Fee Waiver**

Student(s) Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Name: \_\_\_\_\_

School: \_\_\_\_\_

Due to financial constraints I(we) are unable to provide the \$30.00 registration fee for our child(ren) to attend the Butte County Office of Education's After School Program at the school site noted above.

For this reason I(we) are requesting that the registration fee be waived and that our child(ren) be allowed to attend the program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ASP Site Coordinator

\_\_\_\_\_  
Date