



Please complete one packet for each child

Child Name: _____ School: _____ Grade: _____

Parent/Guardian: _____ Teacher: _____ Student has IEP/504: Yes No

Initial FEES AND TUITION

~~Before~~ my child is fully enrolled in the Upland Unified School District Child Care Program, I will pay a registration fee of \$50.00 with a maximum of \$125.00 per family.

REGISTRATION FEES ARE NOT REFUNDABLE

Tuition and additional fees are due and payable on the FIRST of each month. Based on the date of enrollment, the first month's fees will be prorated and paid before the day my child begins the program. Thereafter, payment is due on the FIRST of the month. Monthly invoices will not be provided. If a child is withdrawn from the program before the last day of the school year, tuition will be prorated for the total days attended. **The Child Care sites accept personal checks, cashier checks or money orders. We do NOT accept cash.**

If tuition is not paid in full by the fifth of the month, a \$15.00 late' payment fee will be charged. If the fifth falls on a weekend or holiday, tuition will be due on the first school day after the fifth to avoid a late payment charge.

If full payment has not been received by the 15th of the month, my child will be dropped from the program until all fees are paid (including a \$50.00 re-registration fee). Accounts in arrears may be turned over to a collection agency.

A ten percent (10%) discount is given on the lowest tuition fees for siblings enrolled in the program.

OR

A ten percent (10%) discount is given to Upland Unified district employees. (One discount per student)

Returned checks will be charged a \$25.00 fee. All returned checks must be paid with a money order.

 Initial **WITHDRAWAL/ Change of Contract**

I understand that if I withdraw my child or change his/her schedule at any time, a Withdrawal/Change of Contract Form must be completed and delivered to the Site Coordinator two (2) weeks prior and tuition is to be paid up to the withdrawal date. The tuition will be prorated for days attended. A withdrawal from Child Care must be for a minimum of four (4) consecutive weeks, otherwise it is considered vacation time and full tuition is due. The District may, for any reason, terminate this contract with a two (2) week notice, with the exception of disciplinary reasons (see Dismissal section below.) Changes to your child's schedule require completion of a Withdrawal/Change of Contract form delivered to the site coordinator two (2) weeks prior to the schedule change. There is a \$10 charge for every contract change form submitted. There is no fee for withdrawal notices (must be submitted on the form) however, a two (2) week notice is required. There is a \$50 re-registration fee to re-enroll your child in the child care program.

____ Initial **ADDITIONAL HOURS (OVER CONTRACT)**

I may add additional days beyond the contracted days for occasional or for emergency purposes only. I understand and hereby agree to pay the daily prorated fee, beyond his/her contracted schedule after arrangements have been made with the Site Coordinator. Repeated use of this will necessitate a change in contracted hours. A daily placement form must be completed and payment made for each placement and submitted to the Site Coordinator.

____ Initial **LATE PICK UP FEES**

All Upland USO Child Care Sites are open from 6:30 am - 6:00pm. Any child not picked up by 6:00 pm will be charged a late pick up fee of \$5.00 per 5 minutes per child. Fees will be invoiced and due the following day. Any children not picked up within a reasonable time after closing of the site (not to exceed 30 minutes), and_ without parent contact will be placed in the care of the Upland Police Department. After the 3rd occurrence of lateness, at the discretion of the District, the child may be dismissed from the program.

____ Initial **DISMISSAL**

If at any time the District determines that my child is unable to benefit from the program, or if he/she impairs the ability of other children to benefit from the program, the District may terminate this agreement without notice and refund any fees paid as deemed necessary. All regular school rules are in effect and failure to comply may necessitate consequences that may lead to suspension or dismissal from the UUSD Child Care Program.

____ Initial **PERSONAL PROPERTY**

Students should *avoid* bringing personal property (including valuable-and collectible items) to the Child Care Program. Students are expected to take reasonable precautions to protect his or her personal property and assume all risk related to such property. The Child Care Program is not responsible for items that are brought to, used during, or left at the Child Care Program and are lost, stolen, damaged, or destroyed.

Initial **SIGN IN/OUT PROCEDURES**

I understand and agree that my child must be signed in and out at the Child Care site each day on the Child Care Attendance Sign-In/Sign-Out sheets, and may not be dropped off at the curb for the AM program. I further understand that my child will only be released to a parent/guardian or other persons authorized by me who are listed on the Child Care Release and Emergency Information form. This procedure is for my child's safety. For emergency situations, additional authorized persons may be added *to* the list by email or text to the Site Coordinator or designee, but must present a valid picture ID at pick up. The parent/guardian must add the additional authorized person to the Release and Emergency Information Form the following day with date and initial to the entry. All students who are scheduled to attend any Upland USO Child Care Program will be required to be checked in at their Child Care site on their scheduled days of attendance. Students will not be released to meet parents or other persons at the gate or parking lot on their scheduled Child Care days. Students are not being permitted to return to Child Care after they *have* been signed out for the day.

____ Initial **ABSENCES**

If my child is absent from school, I will notify the Child Care Site by 8:30 am, that my child will not be attending Child Care. If my child is picked up early for any reason, I will notify the Child Care site. Repeated failure to notify the site could result in my child being dismissed from the program. Absences cannot be made up, as space is reserved for each participant. If my child is absent from school (for any reason) or sent home from school, he/she may not attend Child Care for that day.

____ Initial **HOLIDAYS, BREAKS AND SUMMER SESSIONS**

All sites will be closed on weekends and scheduled District Holidays. A schedule of holidays will be given out each school year. I understand that there are additional tuition fees for non-school days, fall, winter and spring sessions. The summer session will have a separate contract. There is no tuition credit for absences during the school year including fall, winter, spring and summer breaks. I understand that fall, winter, spring breaks and summer sessions may be held at a different site within the school district.

____ Initial **NUTRITION AND LUNCH**

Snacks are provided daily and are included in the monthly tuition fees. It is my responsibility to provide a well-balanced and nutritious lunch for my child on regular school days and non-school days during fall, winter, and spring sessions.

____ Initial **MEDICATION**

Only physician prescribed medication, in the original container, will be administered at the Child Care site. The container must be labeled by the pharmacist. The pharmacist will designate the name of the student, doctor, date, dosage, name of medication and method of administration. Medication improperly labeled or contained cannot be administered at Child Care. A UUSD consent form for the administration of medicine must be completed by the physician and parent/guardian, and be on file at the Child Care site.

____ Initial **ILLNESS AND EMERGENCY**

Children that are ill or had a fever during the past 24 hours may not attend Child Care. When my child is sent home from school due to injury or illness (or disciplinary reasons) they may not attend Child Care. When my child becomes ill or injured at Child Care, I will be immediately notified and expected to pick him/her up promptly. In the case of an emergency, serious injury or a life-threatening situation, the paramedics and parents will be called.

____ Initial **AGREEMENT**

I understand that Child Care will be provided for my child only as long as I fulfill each of the above requirements. I also understand and agree that the tuition fee schedule is subject to change at the District's discretion, but that I will receive at least a four (4) week notice of any changes in rates or fees. Additionally, in the event the Upland Unified School District must institute legal proceedings or other collection proceedings to enforce monies owed, reasonable attorney and other fees paid in connection with the collection of monies due on my account will be paid by the parent/guardian to the Upland Unified School District. I also understand that I will be responsible for any reimbursements necessary for damages to property caused by my child.

I HAVE READ THESE REQUIREMENTS AND AGREE TO UPHOLD THEM.

Parent/Guardian (Print Name) Parent/Guardian Signature Date

Address City Zip Code

Cell Phone Home Phone Work Phone

Site Coordinator Site Coordinator Signature Date

**UPLAND UNIFIED SCHOOL DISTRICT
Child Care Program
Release and Emergency Information**

Student Last Name	Student First Name	Middle	Gender	Date of Birth	Grade
Address Apt#	City	Zip	Phone	Language spoken in home	
Sibling	Grade	Age	Gender	School of Attendance	
Sibling	Grade	Age	Gender	School of Attendance	
Sibling ...	Grade	Age	Gender	School of Attendance	
Sibling	Grade	Age	Gender	School of Attendance	
Parent/Guardian			Parent/Guardian		
Place of Employment			Place of Employment		
Cell Phone			Cell Phone		
Work Phone			Work Phone		
Parent Email Address			Parent Email Address		
Student Lives With: Mother Father <input type="checkbox"/> Both <input type="checkbox"/> other _____					

EMERGENCY CONTACT INFORMATION

PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY AND/OR CALLED IN AN EMERGENCY

{Child will not be released to any other person without authorization from Parent/Guardian and must have a valid picture ID}

Name	Relationship	Address	Home Phone	Cell Phone	Date/Initials
Name	Relationship	Address	Home Phone	Cell Phone	Date/initials
Name	Relationship	Address	Home Phone	Cell Phone	Date/Initials
Name	Relationship	Address	Home Phone	Cell Phone	Date/Initials

List any medical condition that may require attention or result in an emergency during Child Care:

My Child is currently taking the following medication: (include dosage, med name mg/dose):

Upland Unified School District
STUDENT HEALTH UPDATE

NAME _____ BIRTH DATE _____ M ____ F ____

DOES YOUR CHILD HAVE ALLERGIES:

Seasonal	Yes	No
Bee Sting	Yes	No
Medication	Yes	No
Food	Yes	No

(If medication or food)
List specific allergy item _____

type of reaction (hives, anaphylaxis) _____

Med required (Benadryl, Epi pen, auvi Q, etc.) _____

ADHD/ADD Yes No

Asthma Yes No
Inhaler Yes No
Self-carry Yes No
 (MD note required re/urn form to school health office)

Diabetes Yes No
Takes Insulin Yes No

Seizures or Epilepsy Yes No
Date of last seizure _____

Frequent Ear Infections Yes No

Heart Condition Yes No

Restrictions (specify) _____

Joint/Bone Problems Yes No

(Specify) _____

Migraine Headaches Yes No

Blood Disorder (specify) _____

Stomach Disorder (specify) _____

MEDICATION POLICY

California law and district policy require doctor and parent permission for any medication to be taken at school. You can obtain the necessary forms in the health office or on line at the District web site. All medication must be kept in a prescription container with the student's name, name of the medicine, dosage and prescribing doctor's name on the bottle. No "over the counter" medications such as cough drops, cough medicine, pain medication (i.e. Tylenol), etc., may be taken by students without a doctor's prescription. All medications are kept in the health office and given with adult supervision and not carried on the person of a student (with the exception of asthma inhaler and epinephrine auto-injectors) accompanied by appropriate physician instruction. Any physical restrictions must be confirmed by a written physician's note stating the type and duration of the restriction (i.e. casts, crutches, wheelchairs, etc.).

Parent/Guardian Signature: _____

Date: _____

HAS YOUR CHILD HAD:

Serious Injury/Illness Yes No Specify _____

Major Surgery Yes No Specify _____

Have trouble seeing close work? Yes No Specify _____

Have trouble hearing? Yes No Specify _____

Have any other medical or physical restriction? Yes No Specify _____

UPLAND UNIFIED SCHOOL DISTRICT
CHILD CARE PROGRAM
BEHAVIOR GUIDELINES

Students must abide by all regular school day rules while in the Child Care Program. Good behavior guidelines include: treating all adults, other students, facilities, equipment and supplies with respect; following directions; behaving in a safe manner; and using appropriate language. If a student violates the guidelines, the parent/guardian will be notified and the following disciplinary process will be followed.

- **1st -Behavior Notification:**
A warning for the behavior violation is given.
- **2nd Behavior Notification:** The student may be asked to leave the program for the day.
- **3rd Behavior Notification:** The child may be suspended from the Child Care Program.
- **4th Behavior Notification:** The child may be dismissed permanently from the Child Care Program.

Serious violations of the guidelines may result in the student being immediately dismissed from the program at the discretion of the Director of Support Services. The parent/guardian will be contacted and asked to pick up the student.

Parent Signature

Parent Name (printed)

Child's Name

Date

Upland Unified School District
Student Acceptable Use Agreement

Student Section

Student Name (Print) _____ Grade _____

School/Teacher _____

I have read *Students' Use of Computer Technology and Electronic Communications* that was attached to this Agreement. I agree to follow the rules and procedures in this document. I understand that if I violate these guidelines, board policy, or school rules, my access can be terminated and that I may face other disciplinary measures, including suspension or expulsion from school and/or legal action in accordance with law and board policy. I further understand that any files, electronic mail and other information on the district's network or equipment is subject to inspection at any time, and that I retain no rights of privacy or ownership of that information, regardless of any personal password I may have.

Student Signature _____ Date _____

Parent or Guardian Section [Must be completed for students under 18]

I have read *Students' Use of Computer Technology and Electronic Communications* that was attached to this Agreement. I understand that if my child violates these guidelines, board policy, or school rules, his/her access may be terminated and my child may face other disciplinary measures, including suspension or expulsion from school and/or legal action in accordance with law and board policy. I further understand that any files, electronic mail and other information on the district's network or equipment is subject to inspection at any time, and that neither I nor my child retain rights of privacy or ownership of that information, regardless of any personal password I or my child may have.

I hereby release the district, its personnel, and any institutions or organizations with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the district's network or technology 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 can be held liable for damages caused by my child's intentional misuse of the system.

I will emphasize to my child the importance of following these rules for personal safety.

Permissions

Yes. I give permission for my child to use the internet and to access information through the web and to engage in other educationally relevant electronic communication activities.

No. I do **not** give permission for my child to use the Internet nor to access information through the web nor to engage in other educationally relevant electronic communication activities.

Yes. I give permission that my child may be photographed as part of normal educational activities and that those photographs may be used in school/district publications including school/district web pages. Pictures will not be personally identified unless I have given written permission. Pictures with personal identification may be used for inclusion in the school yearbook and on student identification cards.

No. I do **not** give permission that my child's photograph be used in school/district publications including school/district web pages. Pictures with personal identification may be used for inclusion in the school yearbook and on student identification cards.

I further understand that my child's full name and grade in school may be included on any list on district-sanctioned web sites (e.g. honor roll lists, sports rosters, etc.) unless I indicate otherwise in writing.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Print) _____

Please Print Last Name:

First Name:

UPLAND UNIFIED SCHOOL DISTRICT
CHILD CARE PROGRAM REGISTRATION SCHEDULE
2022-2023

Requested Enrollment Date: _____ Site: _____

Parent's Name _____

Options For K - 6th Grade

Child's Name	Grade	Circle Days Attending 3 Day per week minimum	Circle Time Option for 1st-6th
		M T W TH F	AM
		M T W TH F	PM
		M T W TH F	AM
		M T W TH F	PM
		M T W TH F	AM
		M T W TH F	PM
		M T W TH F	AM
		M T W TH F	PM

Option For Modified Day

		Wednesday	Early School Day Release 1:05pm To Regular School Day Release 2:30pm

Options For Transitional Kindergarten (TK)

	TK	M T W TH F	6:30am-6pm
	TK	M T W TH F	Regular School Start Time to 6pm 7:40am - 6:00pm
	TK	M T W TH F	For Late Bird TK Regular school start time to Late Bird start time. Only Available for select schools. Check with Coordinator

To be completed by office:

Child Care Site: _____ Date of Enrollment _____

Monthly Fee _____ Registration Fee _____ Total Received _____ Ck# _____