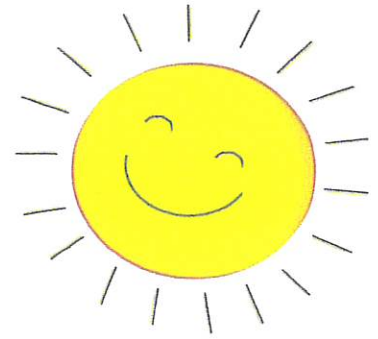




UPLAND UNIFIED  
SCHOOL DISTRICT

# CHILD CARE Summer Camp



Magnolia Elementary

465 W. 15<sup>th</sup> Street

Open to all Upland USD students TK-6 (2021-2022 school year)

**SPACE IS LIMITED**

Registration will close when the program is full

Our Summer Program Will Be Open:

Monday, June 13<sup>th</sup> - Friday, August 12<sup>th</sup>

Hours: 6:30AM - 6:00PM

SUMMER  
FUN!

Registration Fee: \$25.00 per child

Tuition: \$34.00 per day / MINIMUM 3 DAYS PER WEEK  
(includes all activities)

BRING YOUR OWN LUNCH



For enrollment information contact site coordinators at:

Foothill Knolls/Sierra Vista (909) 949-7747 or (909) 942-1889

Cabrillo/Sycamore/Baldy View (909) 942-1873

Magnolia (909) 949-7755

Pepper Tree (909) 949-7536

Valencia/Citrus (909) 942-9000



# UPLAND UNIFIED SCHOOL DISTRICT

## 2022 SUMMER CHILD CARE PROGRAM CONTRACT

Child Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ IEP ☐ yes ☐ no

### **SPACE IS LIMITED – REGISTRATION WILL CLOSE WHEN THE PROGRAM IS FULL**

#### **\_\_\_\_ 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 \$25.00. REGISTRATION FEES ARE NOT REFUNDABLE

**First payment due by June 1, 2022 for 1<sup>st</sup> Term: \$ \_\_\_\_\_**

Tuition is due and payable 2 weeks prior to the first day of each term my child attends the program. (See Contract Schedule for tuition payment due dates) Invoices will be provided upon request. **The Summer Child Care site accepts personal checks, cashier checks or money orders. No cash is accepted.**

If full payment has not been received by the scheduled payment date, my child will not be able to attend the program until paid in full.

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

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 I must submit a Withdrawal / Change of Contract form to the Site Coordinator two (2) weeks prior to the withdrawal date and tuition will be paid through that date. 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 contract must be submitted with a two (2) week notice on a Withdrawal / Change of Contract Form with a \$10.00 fee for each change of contract

#### **\_\_\_\_ Initial LATE PICK UP FEES**

Upland USD Summer Child Care Site is open from 6:30 am - 6:00 pm. 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 child 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 3<sup>rd</sup> occurrence of lateness, at the discretion of the District, the child may be dismissed from the program.





# UPLAND UNIFIED SCHOOL DISTRICT

## \_\_\_\_ 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 Summer Child Care Program.

## \_\_\_\_ Initial **PERSONAL PROPERTY**

Students should avoid bringing personal property (including valuable and collectible items) to the Summer 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 Summer Child Care Program is not responsible for items that are brought to, used during, or left at the Summer 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, and may not be dropped off at the curb. I further understand that my child will be released only to a parent/guardian or other persons authorized by me who are listed on the Child Care emergency information form. This procedure is for my child's safety. For emergency situations, additional authorized persons may be added to the list by e-mail or text to the Site Coordinator or designee, but 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.

## \_\_\_\_ Initial **ABSENCES**

If my child is going to be absent from Child Care, I will notify the Child Care Site by 8:30 am. 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 and no credit is given for absences. There is no tuition credit for absences during the Summer Child Care Program.

## \_\_\_\_ Initial **NUTRITION AND LUNCH**

It is my responsibility to provide a well-balanced lunch and nutritious snacks each day my child attends the summer child care program.

## \_\_\_\_ Initial **MEDICINE**

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 Summer Child Care site.



# UPLAND UNIFIED SCHOOL DISTRICT

## \_\_\_ Initial ILLNESS AND EMERGENCY

Children that are ill or had a fever during the past 24 hours may not attend Summer 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 PG MOVIE PERMISSION

\_\_\_ Yes, my child has permission to view child appropriate PG rated movies.

\_\_\_ No, my child does not have permission to view child appropriate PG rated movies.

## \_\_\_ Initial AGREEMENT

I understand that Child Care will be provided for my child only as long as I fulfill each of the above requirements. 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 <u>other</u>					

**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

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.

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

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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  
SUMMER CHILD CARE  
FIELD TRIP/EXCURSION WAIVER & MEDICAL AUTHORIZATION  
Education Code Section 35330

Summer Child Care Site Magnolia Elementary

I hereby give my permission for my child, \_\_\_\_\_ to participate in the field trips/excursions that I have paid for as scheduled on the Summer Child Care calendar. Please indicate below whether permission is granted. The trips are scheduled from June 13, 2022 through August 12, 2022. I fully understand that my child is to abide by all rules and regulations governing conduct during the field trip and that the Child Care staff has the right to withhold field trip participation from my child based on his/her behavior.

I understand and acknowledge that, as provided in Education code Section 35330, by consenting to allow my child to participate in these field trips, I shall, by law, be deemed to have given up all claims against the Upland Unified School District and each of its officers, employees and agents (hereinafter collectively referred to as "District") for any injury, accident, illness or death occurring during or by reason of the field trip. I also agree to relieve the district of any responsibility for damage to or loss of my child's property occurring during or by reason of the field trip.

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon is deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)

**I AM AWARE THAT THE SCHOOL DISTRICT DOES NOT CARRY STUDENT ACCIDENT INSURANCE**

\_\_\_\_\_  
Signature of Parent/Guardian                      /                      Date                      /                      Address                      /                      Home Phone

\_\_\_\_\_  
Father's Cell                      Father's Work                      Mother's Cell                      Mother's Work

\_\_\_\_\_  
Parent's Health Insurance Company                      /                      Policy Number

**In the event of illness or accident and if unable to contact above, please contact:**

\_\_\_\_\_  
Name                      /                      Address                      /                      Phone

**SPECIAL NOTE TO PARENTS/GUARDIANS**

(1) all drugs must be registered on this form; (2) all drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) \_\_\_\_\_ check here if there are no special problems that the staff should be aware of and no drugs are required on the trips; (4) if any medication or drugs are to be taken by student, list them here: \_\_\_\_\_.

If your son or daughter has special medical problems, attach a description of that problem to this sheet.



# UPLAND UNIFIED SCHOOL DISTRICT

## 2022 SUMMER CHILD CARE CONTRACT SCHEDULE

Registration: \$25.00 per child

Tuition: \$34.00 per day (includes all activities)

Minimum enrollment: 3 days per week

Summer tuition is paid in 5 payments. Payment is due two weeks prior to each term. Please indicate on the fee schedule below the weeks and days of the week your child will attend Child Care. Your child will not be able to attend if your tuition is not paid in advance. **There will be no refunds.**

I am contracting the following weekly schedule: **(A change in the number of days and/or the specific days attending requires a 2 week notice by completing a Change of Contract form with a \$10 change of contract fee.)**

X	Week	Days Attending (Circle Days Attending)	5 Day per week per child	4 Day per week per child	3 Day per week per child
	Week 1 June 13-17	Mon Tu Wed Th Fri	\$170.00	\$136.00	\$102.00
	Week 2 June 21-24 closed June 20 (Juneteenth)	Tu Wed Th Fri	\$170.00	\$136.00	\$102.00
	<b>Total due for 1st Term</b>	<b>Due by June 1, 2021</b>	\$ _____		
	Week 3 June 27-July 1	Mon Tu Wed Th Fri	\$170.00	\$136.00	\$102.00
	Week 4 July 5-8 closed July 4	Tu Wed Th Fri		\$136.00	\$102.00
	<b>Total due for 2nd Term</b>	<b>Due by June 15, 2021</b>	\$ _____		
	Week 5 July 11-15	Mon Tu Wed Th Fri	\$170.00	\$136.00	\$102.00
	Week 6 July 18-22	Mon Tu Wed Th Fri	\$170.00	\$136.00	\$102.00
	<b>Total due for 3rd Term</b>	<b>Due by June 28, 2021</b>	\$ _____		
	Week 7 July 25-29	Mon Tu Wed Th Fri	\$170.00	\$136.00	\$102.00
	Week 8 Aug 1-5	Mon Tu Wed Th Fri	\$170.00	\$136.00	\$102.00
	<b>Total due for 4th Term</b>	<b>Due by July 12, 2021</b>	\$ _____		
	Week 9 Aug 8-12	Mon Tu Wed Th Fri	\$170.00	\$136.00	\$102.00
	<b>Total due for 5th Term</b>	<b>Due by July 26, 2021</b>	\$ _____		
	Sibling 10% Discount	<b>One discount per student</b>	\$153.00	\$122.40	\$91.80
	Employee 10% Discount		\$153.00	\$122.40	\$91.80

Child's Name \_\_\_\_\_

Sibling \_\_\_\_\_

Sibling \_\_\_\_\_

**I AGREE** to notify the Child Care Coordinator with a two week notice if I should withdrawal my child or change his/her schedule, and **there are no refunds issued.**

Parent's Name (please print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home School \_\_\_\_\_

Date \_\_\_\_\_