



# North Monterey County Unified School District

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## *After School Education Safety Program*

Dear Parents/Guardians of: \_\_\_\_\_

**After School Education Safety Program (ASES)** open enrollment of applications for the upcoming 2018-2019 school year. The purpose of the program is to provide students a safe environment with academic and enrichment activities immediately after school until 6:00PM. Due to the limited funding of this program, the district will only be able to serve 2<sup>nd</sup> – 6<sup>th</sup> grade and will not be able to offer transportation.

### **SAMPLE SCHEDULE**

Monday-Friday:

- Snack
- Academic Program
- Homework Help
- Enrichment (i.e. Computers, Physical Education, Cooking, Dance, Sports, etc...)

### **Required Parent/Guardian and Student Responsibilities**

- Your child must attend the ASES Program daily, Monday – Friday beginning August 15, 2018 through the entire school year, ending on June 7, 2019.
- Parent/Guardian will provide transportation to pick up by 6:00PM or pay a Late Fee (See Late Pick Up Policy)
- Your child will follow school rules while participating in the ASES Program.
- Your child will report to the ASES Program immediately after dismissal of school.
- Parent/Guardian and student understand that late pick ups, discipline problems and poor attendance will result in dismissal from the ASES Program.

**The space available at each site for ASES will be reviewed and we will inform you by Friday, August 3 if we're able to accommodate your request.**

Sincerely,

Noemy Loveless  
Director of Student and Family Services

Please keep PARENT COPY



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## *After School Education Safety Program*

### **ASES Policy & Procedures (From Page 3 of the ASES Parent Handbook)**

#### **Sign-In/Out Procedure**

The ASES Coordinator will sign all students in and out of the program every day. The ASES Coordinator will contact parents when their child is absent from the ASES program, but was in attendance during the regular school day.

It is mandatory that you sign your child out each day with a full signature. Initials are not acceptable. Your child must be signed in or out by an adult 18 years or older. Only adults listed on your child's Emergency Card are allowed to pick up your child from school. This will be strictly enforced, please make sure your child's emergency card is up to date with current phone numbers. Please identify as many adults as possible that you may want to pick up your child. Any adult who comes to pick up a child must be prepared to show a **valid ID that matches Emergency Card information and be 18 years or older.**

#### **Early Release Policy**

Students may be picked up before the program ends at 6:00 if the parent/guardian has submitted an Early Release Authorization Form. Acceptable reasons for early release include:

1. Participation in a parallel program (programs in the school/community including, but not limited to soccer, dance, basketball, art, etc.) that has been approved by the site supervisor
2. Family needs (family emergency, death in the family, catastrophic event, etc.)
3. Medical appointment
4. Latest safe transportation home
5. Medical emergency, illness, or accident that occur during program time if a staff member has made parent contact

#### **Late Pick Up Policy**

Parents must pick up their child on time daily – by 6:00 p.m. Parents or guardians who know they cannot pick up their child by the time the program closes must make other arrangements for someone else to pick up their child or pay a late fee. The Late Pick Up Fee is \$10 for each 15-minute increments beginning one minute after the close of the program per family. Refusal to pay this fee and/or at the 4<sup>th</sup> late pick-up times will result in student being dropped from the program.

#### **Behavior Policy**

Students are expected to follow all school rules, safety instructions and to behave in a respectful manner towards other children and staff at all times. Safety of the children is a priority in the ASES program. Each participating student must have a Behavior Contract signed by both student and parent understanding the behavior expectation within the ASES program.

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## *After School Education Safety Program* *After School Education Safety (ASES) Program* Student Participation Application Request during OPEN ENROLLMENT

School \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Yes, my child \_\_\_\_\_, has my permission to participate in the After School Education Safety (ASES) Program.

\_\_\_\_\_ Yes, I understand that the ASES Program begins on Wednesday, August 15, 2018 and ends on Friday, June 7, 2019.

\_\_\_\_\_ Yes, I understand that my child must attend the ASES Program Monday through Friday daily and that lack of attendance Monday through Friday will result in termination of services.

\_\_\_\_\_ Yes, I understand that I must notify the ASES/Kid Zone staff of my child's absence in advance for safety.

\_\_\_\_\_ Yes, I have read and understand the following policies/procedures: Sign In/Out Procedure, Early Release Policy, Late Pick Up Policy and Behavior Policy.

Parent/Guardian Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### **Emergency Contact Information**

Emergency Contact Person (Name): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

### **Release of Liability**

I release North Monterey County Unified School District, ASES Program from any liability, any injury, loss or liability incurred by my child while participating in the ASES Program. I authorize medical treatment in the event of an emergency and release North Monterey County Unified School District, ASES Program from any liability resulting from the treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO ASES**

### Emergency and Identification Information

**I. Family Information**

Child's name (Last, First, Middle): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's business address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's business address: \_\_\_\_\_ Phone: \_\_\_\_\_

**II. Names of Persons Authorized to Take Child from the Facility (This child will not be allowed to leave with any other person without written authorization from parent or guardian.)**

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____

**III. Additional Persons Who May Be Called in an Emergency to Take Child from the Facility**

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

**IV. Physician to Be Called in an Emergency**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**V. Medi-Cal Number** \_\_\_\_\_ **Medical Insurance** \_\_\_\_\_

**Insurance Number** \_\_\_\_\_

**VI. Allergies or Other Medical Limitations** \_\_\_\_\_  
\_\_\_\_\_

**VII. Permission for Medical Treatment** Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

*In case of an accident or an emergency, I authorize a staff member of the child development agency to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian