# Clear Creek Middle School SUN Fall After School Program

SUN is a **FREE** afterschool program open to 6<sup>th</sup> - 8<sup>th</sup> grade students. We provide enrichment classes including arts, sports & homework support. As well as a full meal, snacks and transportation. Space is limited, apply now!

# SUNFall After School Dates October 2<sup>nd</sup> – November 16<sup>th</sup> Monday – Thursday 3:35pm – 5:25pm

If you are selected for Fall term, your application is valid only for the dates above, not for the entire school year. You will need to reapply for Winter term and Spring term and may be put on waitlist if you have already participated 1 or more terms.



Please return your completed Fall registration form to room 108 by September 19th. **Everyone wishing to attend the afterschool program will need to turn in a registration form.** We have a limited number of spots (only 60) and we sometimes receive up to 130 applications. Selection is made based on first come first serve and school admin team referrals.

# Join us this Fall for some fun after school!

# Program Schedule

Supper: 3:35pm-4:00pm Sun Classes: 4:00pm – 5:15pm Snack Time: 5:15pm-5:25pm Dismissal Time: 5:25pm – 5:35pm

## **IMPORTANT DATES:**

We follow the Clear Creek school calendar. Any day that there is no school there will be no after school program. There will be no SUN program on the following days:

• October 12<sup>th</sup>- No School Day

Scan the QR Code below to access the online google form to choose your SUN Clubs. Fill out club selection with your student.



If you have any questions, please contact:

Quela Cauich – SUN Site Manager Cell: (971) 293-8260 Office: (503) 261-4638 Email:cauich2@partner.gresham.k12.or.us

Jose Hernandez – SUN Extended Day Coordinator Cell: (971) 293-8260 Email: TBD











### EPHC SUN Community Schools:

Wilkes Elementary School SUN Site Manager: Yessica Ramirez SUN Cell: 971- 220-0283 Email: <u>yramirez@elprograma.org</u>

East Gresham Elementary School SUN Site Manager: Sara Diaz-Anaya SUN Cell: 971-293-8267 Email: diaz138@partner.gresham.k12.or.us

Hall Elementary School: SUN Site Manager: Stefany Avila SUN Cell: 971-293-8314 Email: avila19@partner.gresham.k12.or.us

Highland Elementary School SUN Site Manager: Nati Santos SUN Cell: 971-220-3871 Email: <u>nascencio@elprograma.org</u>

Clear Creek Middle School SUN Site Manager: Quela Cauich SUN Cell: 971-293-8260 Email: cauich2@partner.gresham.k12.or.us

Floyd Light Middle School SUN Site Manager: Reyna Tapia SUN Cell: 971-220-0450 Email: reyna tapia@partner.ddsd40.org

Ron Russell Middle School SUN Site Manager – Anthony Zafra SUN Cell: (503) 256-6500 x561 Email: anthony zafra@partner.ddsd40.org

**SUN Extended Day Schedule:** A free meal & free transportation is available for SUN participants, or students could be picked up. All activities are held after school Monday-Thursday only.

Visit our website for more information! www.elprograma.org



### WELCOME TO EPHC SUN COMMUNITY SCHOOL!

SUN Community Schools (SUN CS) are supported and led by our non-profit organization, El Programa Hispano Católico. The SUN Community School is a place where students find academic support, arts enrichment, skill-building opportunities, and recreational classes after school at no cost. All students are welcome and encouraged to participate in Extended Day Activities. The team at your SUN Community School is looking forward to another great year of new opportunities and student success. Please, don't hesitate to contact the SUN office with your questions, ideas for student activities, or interest in volunteering with SUN. This is your Community School. Welcome!

In addition to our Extended Day Program activities, SUN Community Schools help families connect to local resources such as Wellness Adult activities, ELL and GED Services, Rent and Energy Assistance, Housing, Food and clothing pantries, Mental Health Services and much more! Please refer to www.elprograma.org for more information about our community services.

All students must have a 2023-2024 Participant Intake form on file to attend Extended Day Program activities. Please find this form attached, complete the forms, sign them, and return pages -6 to the SUN office. You can find out which SUN activities are being offered each session by consulting the SUN Activity Guide that will be sent out quarterly.

SUN Community School programs and services reflect the diversity of our community. We do not discriminate on the basis of religion, race, color, gender, national origin, sexual orientation, age, or disability. People with disabilities who require additional support should contact the SUN office.

SUN Community Schools are a collaboration of Multnomah County, the City of Portland, and Centennial, David Douglas, Gresham-Barlow, Portland Public, Parkrose, and Reynolds school districts and non-profits.











## EL PROGRAMA HISPANO CATÓLICO PARTICIPANT INTAKE FORM

#### Adult Participant Information

| First Name   | MI  | Last Name   | DOB |  |
|--|-----|---|-----|--|
| Preferred Phone  |     | Preferred Method of Communication   Call  Text  Email |     |  |
| Address  |     |   |     |  |
| City   | Zip | Gender:   Male  Female  Non-binary  Other:            |     |  |
| Cultural Heritage: 🗆 African 🗆 American Indian/Alaska Native 🗆 Asian 🗆 Black/African American 🗆 Slavic 🗆 White |     |   |     |  |
| Hispanic/Latino D Middle Eastern D Native Hawaiian or Pacific Islander D Decline to answer D Other:            |     |   |     |  |

### Youth Participant Information

| First Name   | MI        | Last Name | 2                 |           | DOB      |
|--|-----------|-----------|-------------------|-----------|----------|
| School   |           |           | Grade             | Student I | [D#      |
| Cultural Heritage: 🗆 African 🗆 American Indian/Alaska Native 🗆 Asian 🗆 Black/African American 🗆 Slavic |           |           |                   |           |          |
| 🗆 White 🗆 Hispanic/Latino 🗆 Middle Eastern 🗆 Native Hawaiian or Pacific Islander 🗆 Decline to answer 🗆 |           |           |                   |           |          |
| Other:   |           |           |                   |           |          |
| Does the youth receive special education services? $\Box$ Yes $\Box$ No If yes, please describe:       |           |           |                   |           |          |
| Student lives with:  Both Parents  | Parent 1_ |           | _ 🗆 Parent 2      |           | □ Other: |
| Parent/Caregiver Contact   |           | Parent/Ca | aregiver Address: |           |          |
| Medical Information: list any allergies, medical concerns, or physical disabilities.                   |           |           |                   |           |          |
| Household Information  |           |           |                   |           |          |
| What type of housing do you have?  Own home  Rent home  Shelter  Hotel/Motel  Transitional             |           |           |                   |           |          |
| housing  Staying with family/friends  Street/Car  Decline to answer  Other:                            |           |           |                   |           |          |
| How many are in your household (including yourself)?   |           |           |                   |           |          |
| Describe your household:   Single Parent  Two parent family  Grandparents with children                |           |           |                   |           |          |
| $\Box$ Foster parent(s) $\Box$ Couple with no children $\Box$ Single person $\Box$ Other:              |           |           |                   |           |          |
| Primary Language Spoken at home:   English  Spanish  Chinese  Russian  Vietnamese  Other:              |           |           |                   |           |          |
| Health Insurance:   Medicaid  Medicare  Private/Employer  VA  OHP/OHP Plus                             |           |           |                   |           |          |
| □ None □ Decline to answer □ Other:  |           |           |                   |           |          |
| Employment Status (optional):  Job training  Full Time  Part Time  Temporary/Seasonal  Retired.        |           |           |                   |           |          |
| □ Self – Employed □ Not employed, seeking □ Other □ Not Applicable (under 18) □ Decline to answer      |           |           |                   |           |          |
| Household Income from the last 30 day  |           |           | Source 1:         |           |          |
| Source 2:  |           |           | Source 3:         |           |          |

#### **Emergency Contacts**

| <b>U</b>             |              |
|----------------------|--------------|
| Emergency Contact 1: | Relationship |
| Phone Number:        |              |
| Emergency Contact 2: | Relationship |
| Phone Number:        |              |

#### Transportation: Check one choice

| □ Picked up by a parent/guardian, or authorized adult (name):_ |       |
|--|-------|
| $\Box$ Ride the Activity Bus Home                              |       |
| Walk home  |       |
|  |       |
| Parent/Guardian Printed Name:                                  | Date: |
| Parent/Guardian Signature:                                     |       |

| Staff Only |                    |  |
|------------|--------------------|--|
| Program    | Case Manager/Staff |  |

## EPHC SUN COMMUNITY SCHOOL EXPECTATIONS FOR STUDENTS

### Attendance Expectations for Students:

- Students are expected to attend all classes in which they are enrolled.
- Parent/guardian are expected to contact SUN staff when students will not be present in classes in which they are enrolled.
- Parents/guardians are responsible to inform SUN staff if you would like to receive communication
  regarding attendance of your students in SUN. Staff cannot be responsible for notifying parents/guardians
  of unexcused absences daily unless you submit a written request to SUN staff.
- Written permission is required from parents for students to participate in any non-registered SUN activity such as special events or SUN classes in which the student has not registered for. Written permission includes permission slips, e-mail, or text message from parent prior to the event or class time.
- Students who are present in SUN on a non-enrolled day without parent permission will not be allowed to participate in SUN activities. SUN staff will make reasonable attempts to inform parent/guardian that student is present at SUN during a non-enrolled time and parent/guardian will decide next step for the student. If staff is unable to contact parents after reasonable attempts, staff will determine the next best option for student until a parent/guardian contacts SUN Staff.
- Written permission is required from the parent/guardian of any student who participates in activities outside of the school premises such as field trips.

# Please check below to acknowledge you have read the attendance expectations and agree to discuss any concerns with the SUN Site Manager.

□ Yes, I have read the behavioral expectations for the SUN Community School.

### **Behavioral Expectations:**

# The safety and well-being of all participants and staff is of utmost importance. To ensure safety in SUN Community Schools, we require that all participants be able to follow all three of the following criteria:

- 1. Be age-appropriate for the activity/program.
- 2. Be able to maintain safe behavior during the activity. This means that they can participate without harming themselves, others, and Activity Leaders.
- 3. Specific required behaviors include:
  - $\circ$   $\;$  Treating adults and others with respect
  - Following directions of adult instructors and coordinators
  - o Remaining in the assigned room until dismissal
  - o Engaging in safe, non-violent behavior
  - Participate meaningfully in the activity and not disrupt or distract others.

# Students are expected to treat adults and students with respect and participate meaningfully in all activities. Any students who choose not to follow the rules will receive the following:

- 1. Warning: Students will receive a warning from their classroom teacher, as well as the opportunity to correct his or her behavior. The student will be expected to make a positive, constructive choice and will be supported in his/her efforts.
- Referral: If a student does not correct his/her behavior, he/she will speak with the SUN Site Manager regarding his/her behavior. The SUN Site Manager will speak with the student and will also contact the student's parent/guardian regarding the child's behavior. An outline for correcting future behaviors will be created as well.
- 3. Removal: If the student continues to misbehave and disrupt daily classroom activities, he/she will not be allowed to return to SUN. Extreme behaviors can and will result in immediate and permanent removal from SUN programming.

# Please check below to acknowledge you have read the behavioral expectations and agree to discuss any concerns with the SUN Site Manager.

→ □ Yes, I have read the behavioral expectations for the SUN Community School.

**Photo/Art Release:** Pictures may be taken of participants or artwork may be created during classes and used in school displays, community handouts, and educational and promotional materials, which may be in print, on the Internet, or on video/audiotape.

May the program take photos of your child or use their artwork for the above purposes?

🛶 Yes 🗆 No 🗆











### EPHC SUN COMMUNITY SCHOOL PARENT/GUARDIAN PERMISSION TO PARTICIPATE & ACKNOWLEDGMENT OF RISK

I hereby give permission for my child to participate in the El Programa Hispano Católico (EPHC) schoolbased activity program and occasional field trips that may be offered with advance parental written permission. I am aware that it is not possible to foresee and prevent all potential losses arising from indoor and outdoor activities. Knowing the risks and dangers, I understand the possible consequences of my child participating in activities during program participation. By signing below, I hereby agree to allow my child to participate.

in all activities with full knowledge that there are real risks of loss inherent in it. By signing below, I expressly assume on behalf of my child all risk of injury associated with participation in program activities. I hereby give my consent for any emergency anesthesia, surgery, hospitalization or other medical treatments that might become necessary for my child. As my child's parent or legal guardian, I hereby agree to take full financial responsibility for any such care.

I hereby state that to the best of my knowledge, my child has the necessary mental and physical skills and ability to participate in SUN activities. As the child's parent or guardian, I assume full responsibility for my child for bodily injury and loss of personal property and expenses thereof.

I understand that my child will be required to follow instructions and abide by the rules attached and reasonable safety procedures. I understand that EPHC, a Catholic Charities member agency, reserves the right to refuse to allow my child to participate in part or all of the activities if they are incapable of participating safely. EPHC also reserves the right to expel students due to behavioral concerns.

As further consideration for my child's participation in this program, I (for myself and my spouse {if any} and on behalf of my child) do hereby fully and forever waive and release EPHC all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, suit, action or cause of action of any kind or nature that may arise or be asserted in any way what-so- ever relating to my child's participation in this program, and further, I shall fully and forever defend, indemnify and hold harmless EPHC from and against any and all claims, demands, losses, liabilities, damages, actions, causes of action, suits, judgments, costs and expenses (including court costs and attorneys' fees) in any way whatsoever arising out of or relating to my child's participation in this event.

# → Yes, I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon my child & me by signing below, from 7/1/2023 until 6/30/2024 unless canceled in writing.

Parent/Guardian First & Last Name (please print): \_\_\_\_\_

Parent / Guardian Signature:\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_

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## EPHC SUN COMMUNITY SCHOOL RELEASE OF INFORMATION **FOR SCHOOL YEAR 2023 - 2024**

Students Last Name: Students First Name:

Our SUN Community School is a collaboration of all School Districts, Multnomah County, the City of Portland and El Programa Hispano Católico (EPHC), who come together to support children's success in school and life. We do this by working together to meet the specific needs of our students and their families.

In order to provide your child with the best services and support possible, the SUN Community School Site Manager needs your permission to be able to share information with the people who are teaching and serving your child specifically. This information may include student name, student ID #, grade level, achievement test scores, course grades and grade point averages, attendance, Individual Education Plan, demographic, and behavior/discipline information. The SUN Community School Site Manager will only share this information when it is required by a partner organization or supports your student's success. This information may also be shared with the City/County SUN Initiative and their evaluation contractors for program evaluation.

Organizations receiving information about your student are informed of state and federal confidentiality pro-visions. This includes employees and volunteers managed by the SUN Community School Site Manager and staff of other partner agencies providing the activities in which your child participates. They are not authorized to release information to any agency or person not listed in this release without specific written consent of the parent/legal guardian.

Children may participate in SUN activities whether or not their Parent/Guardian agrees to the release or exchange of educational information to other staff or agencies.

### Check either Yes or No and sign below:

→ □ YES, I authorize the release and exchange of student records with staff of programs/activities that I register my child for and for evaluation purposes.

→ □ NO, I do NOT authorize the release and exchange of student records with staff of programs/activities that I register my child for or for evaluation purposes, but I want my child to participate in SUN activities.

Parent/Guardian First & Last Name (please print): \_\_\_\_\_

Parent / Guardian Signature:\_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_Date: \_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_Date: \_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_Date: \_\_\_\_Date: \_\_\_\_Date: \_\_\_\_Da

### This permission is effective from July 1, 2023, to June 30, 2024 unless cancelled in writing.

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### USDA NONDISCRIMINATION STATEMENT

A free meal is available from USDA Child Nutrition Programs for SUN participants Monday through Thursday in the Cafeteria.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <u>http://www.ascr.usda.gov/complaint filing cust.html</u>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

### EL PROGRAMA HISPANO CATOLICO GRIEVANCE STATEMENT

In accordance with El Programa Hispano Catolico's Procedures, the process to file a program complaint/grievance will be posted in all SUN Community Schools offices, and a copy is always available upon request.

To request a copy, please contact your School Site Manager listed on this cover page. If unable to reach the School Site Manager, contact El Programa Hispano Catolico's Education Services Program Manager, Betty Sanchez Alarcon.

1.) Email: <a href="mailto:ealarcon@elprograma.org">ealarcon@elprograma.org</a>

2.) Phone: 503-669-8350











