2025-2026 School Year Registration

Project SHARE After School Program

SHASTA COUNTY OFFICE OF EDUCATION

Date Packet Received by Office: _____

Shasta Health, Academic, Recreation and Enrichment
Making a difference…After school-every day!

School Name: _____

Student Information

First Name: _____

Last Name: _____

Home Phone: _____

Date of Birth: _____

Grade: _____ (In 2024-2025 year)

Gender: Male ◯ Female ◯

Does the student have…

IEP? *Yes* ◯ *No* ◯

Disabilities? *Yes* ◯ *No* ◯

Foster care status? *Yes* ◯ *No* ◯

Behavior Plan? *Yes* ◯ *No* ◯

***Sports Only**: Yes* ◯ *No* ◯

***Club Only**: Yes* ◯ *No* ◯

Ethnicity (Check all that apply): American Indian/ Alaskan Native ◯ Asian ◯ Native Hawaiian or Pacific Islander ◯

Black/African American ◯ Hispanic/Latino ◯ White ◯

Please remember to update all contact information as it becomes necessary. Thank you.

Custodial Parent/Guardian (1):

First Name: _____

Last Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Other Phone: _____

Email: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Custodial Parent/Guardian (2):

First Name: _____

Last Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Other Phone: _____

Email: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Transportation / Pick-Up Info

Permission to ***Walk Home*** : Yes ◯ No ◯ Time: _____ **M T W Th F** | ***Ride Bus*** *(* where available): Yes ◯ No ◯

Child May Be Picked Up By (1):
Name: _____
Relationship: _____
Phone: _____

Child May Be Picked Up By (2):
Name: _____
Relationship: _____
Phone: _____

Child May Be Picked Up By (3):
Name: _____
Relationship: _____
Phone: _____

Child May Be Picked Up By (4):
Name _____
Relationship _____
Phone: _____

Child may <u>NOT</u> Be picked up by (1):
Name: _____
Relationship: _____
Phone #: _____
Required documentation on file? Yes ◯ No ◯

Child may <u>NOT</u> Be picked up by (2):
Name: _____
Relationship: _____
Phone #: _____
Required documentation on file? Yes ◯ No ◯

Medical/ Miscellaneous Information

Primary Doctor: _____
Telephone: _____

Primary Dentist: _____
Telephone: _____

Does your student have a behavior plan? Yes ◯ No ◯ If yes, please attach a copy.

<u>IMAGE RELEASE</u> : I grant Project SHARE permission to photograph/record/use photos of my student, and use such images, at no compensation, for promotional and/or educational purposes, and for unlimited print and/or on and/or on educational websites promoted by Project SHARE, and to promote Project SHARE, and the partnerships between schools and Shasta County Office of Education. ***<u>Please initial:</u>*** _____

<u>MOVIE RELEASE</u> : I grant permission for my child to watch rated PG movies during Project SHARE.
Please initial: _____

Any ***Allergies*** ? Yes ◯ No ◯ If Yes, please explain: _____

Any ***Special Alerts/Restrictions*** ? Yes ◯ No ◯ If Yes, please explain: _____

Any ***Medications*** ? Yes ◯ No ◯
If Yes, will child be required to take medication during after school hours? Yes ◯ No ◯
Name of Medication: _____
Is required documentation on file? Yes ◯ No ◯

I hereby authorize the staff of Project SHARE to secure and sign for emergency medical care for my child at my expense, when necessary.

Parent/ Guardian Signature _____ Date _____

I have received the Parent Handbook for the After School program. I agree to adhere to the program expectations.

Parent/ Guardian Signature _____ Date _____

Project SHARE

Shasta Health, Academic, and Recreation Enrichment

Making a difference…After school-every day!

SHASTA COUNTY OFFICE OF EDUCATION

Behavior Policy / Discipline Step Guidelines

Students participating in Project SHARE are expected to behave in a manner that allows all persons, staff and students, involved with the program equal opportunity and access to all activities without disruption.

Program Staff will address inappropriate behavior in the following steps:

Step 1: **Time Out / Verbal Warning / Verbal Notification to Parent**
Use when a student is continually talking, getting out of line, not following directions, not doing homework, not prepared for homework, etc. Staff will use this method to try and redirect the unwanted behavior.

Step 2: **Parent / Student Accountability Report**
Use when a student has been given verbal warnings and/or has previously been placed in time-out for an unacceptable behavior, repeated behavior, or a behavior that disrupts the activity he/she is participating in, or upsets another child or children, or minor destruction of property (even if it was an accident but caused because of unacceptable behavior). Parents will be notified and will be required to sign the Accountability Report.

Step 3: **Discipline Referral**
This referral will be used for continued unacceptable behavior or more serious offenses. This will result in the child being suspended form Project SHARE for a period of time. suspension. Site staff may request a parent conference at any time and may complete a Behavior Contract, which may or may not include Daily Reports. Referrals follow the progression listed below:

- 1st Discipline Referral – Warning - Student sent home **immediately**; Parent/Guardian contacted in person or by phone and **must** come pick up child.
- 2nd Discipline Referral – 1 Day Suspension from Project SHARE; Parent/Student Conduct Conference **required** PRIOR to child returning to program. Behavior contract **may** be implemented.
- 3rd Discipline Referral – 1 Week Suspension from Project SHARE; Parent/Student Conduct Conference **required PRIOR** to child returning to program; Behavior Contract **will** be implemented or revised.

Step 4: 4th Discipline Referral – Removal form Project SHARE; Student sent home immediately; Parent/Guardian contacted in person or by phone

While Program staff will work diligently to make modifications and accommodations to meet individual student needs, Project SHARE reserves the right to permanently remove a student due to behavior.

NOTE: Extreme behaviors, including: fighting, harming others, destruction of property or any other behavior deemed extreme by Program Staff may be suspended without following discipline steps and may result in immediate issuing of a Discipline Referral and/or further disciplinary action.
Daily Reports and/or Behavior Contracts may be used together or separate at any time.
Site staff may request a parent conference at any time.

DISCIPLINE POLICY PARENT SIGNATURE PAGE

In order to enroll your child, please sign and return with Registration forms.

I have received, read, understand and accept the Project SHARE Discipline Policy.

Child's Name and Grade:_____

Parent/Guardian Signature/Date:_____

EARLY RELEASE AND LATE ARRIVAL POLICY

The Project SHARE After School Program is made possible through the State of California After School Education and Safety (ASES) grant funds. As a funding requirement, students are expected to attend the program following every regular and minimum school day until at least 6:00p.m. In order to gain the most benefit from the program, students are encouraged to attend regularly until at least 6:00p.m. every day.

Conditions:

A child may be released early from the After School Program prior to closing based on the following conditions:

1) A parent/guardian indicates an Authorized Early Release Code on the Student Attendance Sheet and 2) the Site Liaison approves the Early Release by signing the appropriate section on the Student Attendance Sheet.

Authorized Early Release Codes:

Early Release Code 1: Parallel Program

- Examples include: attending an academic or enrichment program (e.g., Intervention, SES, Sports, Dance, etc.)

Early Release Code 2: Family Emergency

- Examples include: death in the family, catastrophic incidents, etc.

Early Release Code 3: Family Need

- Family Event/Affair: family reunion, special occasions, Open House, etc.

Early Release Code 4: Medical Appointment

- Examples include: medical, dental and other appointments related to student's physical, social and/or emotional needs.

Early Release Code 5: Weather Conditions

- Examples include: heavy rain, fog, snow, storms, daylight savings
    - Children who are given permission by their parent/guardian to walk home before closing, or those whose parents/guardians walk them home and pick them up before closing when Daylight Savings is in effect or weather conditions warrant it.

Early Release Code 6: Medical Emergency

- Examples include: emergency medical or dental care necessary for student

Early Release Code: 7: Other Conditions

- Examples include: a situation that arises which can be reasonably assessed by the Site Facilitator related to student injury, illness and/or behavior issues
    - Program staff will notify parent/guardian

Early Release Code 8: Transportation Needs

- Examples include: last available transportation for student

******ANY OTHER REASONS FOR EARLY RELEASE ARE NOT AUTHORIZED******
Unauthorized instances or unacceptable patterns of unauthorized early departures are cause for evaluation for dismissal from the Project SHARE Program.

By signing below, I acknowledge and understand the attendance requirements and Early Release Policy of the Project SHARE After School Program. I understand failure to comply with the attendance and early release standards may result in dismissal of my student(s) from the Project SHARE Program.

Parent/Guardian Name (PRINT):	
Student Name (PRINT):	
Parent/Guardian Signature:	
Date of Signature:	

For questions or for a copy of Educational Code EC Section 8483(a)(1), which supports this policy, please contact the Project SHARE After School Program office at (530) 245-7830.

- Academic Enrichment including homework assistance, tutoring, interventions, and computers
- Health Enrichment including prevention, nutrition, and exercise
- Recreation Enrichment including sports, crafts, and clubs
- Students will be offered a healthy snack each day of the program

Project SHARE Office
1644 Magnolia Avenue
Redding, CA 96001
Phone: (530) 245-7830
Fax: (530) 225-0331

SHASTA COUNTY OFFICE OF EDUCATION

PARENT GUIDE FOR THE PROJECT SHARE AFTER SCHOOL PROGRAM



SHASTA • HEALTH • ACADEMICS
RECREATION • ENRICHMENTS

PROJECT SHARE MISSION

TO ENGAGE CHILDREN AND YOUNGA DULTS IN ENRICHMENT ACTIVITIES WHICH POSITIVELY AFFECT THEIR ACADEMIC, SOCIO-EMOTIONAL AND PHYSICAL DEVELOPMENT.

PROJECT SHARE VISION

A SAFE, STRUCTURED AND CARING AFTER SCHOOL ENVIRONMENT FOR STUDENTS IN SHASTA COUNTY, SUPPORTED BY THE COLLABORATIVE EFFORTS OF FAMILIES, STUDENTS, COMMUNITY MEMBERS AND LOCAL AGENCIES.

REGISTRATION & PROGRAM FEES

The Project SHARE program charges a NON-REFUNDABLE registration fee per child. Fees are due upon registration and registration forms submitted without the fee will not be considered complete. The registration fee is due each time a child is registered for the program. Therefore, if a student is released from the program due to poor attendance, continuous behavior problems or multiple late parent pickup, the registration fee must be paid in order to re-register your child in the program 30 days after the removal, if space allows.

The Project SHARE program charges a monthly program fee per child. This fee assists us in ensuring that your child has access to high quality academic support and engaging enrichment activities.

In accordance with AB2615, ALL fees for Foster Youth and Homeless Youth are waived.

Project SHARE is committed to ensuring that ANY child that wants to attend program has the opportunity to do so. Therefore, fee waivers or assistance may be available. Contact your Site Facilitator for more information.

For your records, our Federal Tax Identification # is 94-6002463.

PROCEDURES

HOURS OF OPERATION

The program operates every school day from dismissal until 6pm. Please make arrangements to ensure that your child is picked up no later than 6pm. Late fees may apply if you are late picking up your child and may result in removal from the program. Please note that frontier sites close at 5:30pm unless otherwise noted.

LATE PICK UP

If a parent/guardian is continuously late picking up their child, Project SHARE staff will provide a verbal reminder that the program ends at 6:00 pm (5:30pm for frontier sites) and a statement of charges for the overtime fee to the parent. **Payment arrangements for the overtime charges must be made prior to the student returning to program. Excessive late pick-ups can/may result in removal from the program**.

EARLY RELEASE POLICY AND SIGN OUT

A child may be released from the After School Program to individuals approved on the child's registration form. All individuals will be asked to show a current photo ID Card before a child will be released into their custody. According to the programs early release policy, students may only be release prior to closing based on the following conditions:

1) A parent/guardian indicates an Authorized Early Release Code on the Student Attendance Sheet

2) The Site Liaison approves the Early Release by signing the appropriate section on the Student Attendance Sheet.

Authorized Early Release Codes:

Early Release Code 1: Parallel Program

- Examples include: attending an academic or enrichment program (e.g., Intervention, SES, Sports, Dance, etc.)

Early Release Code 2: Family Emergency

- Examples include: death in the family, catastrophic incidents, etc.

Early Release Code 3: Family Need

- Family Event/Affair: family reunion, special occasions, Open House, etc.

Early Release Code 4: Medical Appointment

- Examples include: medical, dental and other appointments related to student's physical, social and/or emotional needs.

Early Release Code 5: Weather Conditions

- Examples include: heavy rain, fog, snow, storms, daylight savings
  - Children who are given permission by their parent/guardian to walk home before closing, or those whose parents/guardians walk them home and pick them up before closing when Daylight Savings is in effect or weather conditions warrant it.

Early Release Code 6: Medical Emergency

- Examples include: emergency medical or dental care necessary for student

Early Release Code: 7: Other Conditions

- Examples include: a situation that arises which can be reasonably assessed by the Site Facilitator related to student injury, illness and/or behavior issues
  - Program staff will notify parent/guardian

Early Release Code 8: Transportation Needs

- Examples include: last available transportation for student

ANY OTHER REASONS FOR EARLY RELEASE ARE NOT AUTHORIZED
Unauthorized instances or unacceptable patterns of unauthorized early departures are cause for evaluation for dismissal from the Project SHARE Program.
Any adult picking up a child **must** sign-out with the Project SHARE staff person in charge.

STAFFING

QUALIFICATIONS

All staff must meet the minimum qualifications to be employed by Shasta County Office of Education, including fingerprint, physical and background checks. In addition, staff counted in ratio must be No Child Left Behind (NCLB) qualified.

STAFF TO STUDENT RATIOS

All Project SHARE sites are staffed at a minimum of a 1:20 staff-to-student ratio. Additional staff include Area Coordinators, Project Coordinators, Enrichment Instructors, and Intervention Teachers.

SHASTA COUNTY OFFICE OF EDUCATION

To be leaders in educational excellence, offering support to schools and community to ensure Shasta County students receive a quality education preparing them for high school graduation and success in career and college.

Superintendent
Mike Freeman

Board of Education
Robert Brown
Jessica French
Authur Gorman
Jackie LaBarbera
Laura Manuel
Michael Orlicky
Teresa Roberts

PARENT/GUARDIAN SUNSCREEN PERMISSIONS

School Year: _____
Name of Child: _____ Birth Date: _____
School Name: _____

Participation in our program requires physical activity - indoor and outdoor. Students may be outside for up to 60 minutes at a time engaged in directed activities anytime during the year, weather permitting. Maintaining a safe environment, including **SUN SAFETY**, is a priority for our organization and as such, our Board has adopted Policy 5141.7.

If you have concerns about sun exposure and/or your student has known sun sensitivities (prone to sunburn), you are required to notify our program. As a parent/guardian you will be required to provide sunscreen that meets minimum SPF15- 30 and is DEET FREE. It is also your responsibility to know that the product provided does not cause allergic reactions when applied to your student. You may also provide protective clothing to minimize sun exposure.

Program Assurances
Staff will be provided training related to Sun Safety.
Staff will assure that your child is allowed time to apply sunscreen.
***Please note that staff is not required to apply the sunscreen.*

If you have questions about the information provided, contact the after school program director to evaluate your student's participation. Additional information about sunscreen is available online or on our website.

As the parent/guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer.

- I understand that it is my responsibility to provide sunscreen that meets product requirements if I wish for my student to apply sunscreen prior to outdoor activity.
- I have provided sunscreen for use on my student. The product is SPF 15 or higher and does not contain DEET or other mosquito repellant. I have clearly labeled the product with my child's name.

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Parent/Guardian Full Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

GENERAL GUIDELINES FOR USING SUNSCREEN

Parent/Guardian Responsibilities:

- Parent/Guardian is to sign the permission slip regarding concerns about sun safety.
- Parent/Guardian will provide sunscreen of SPF 15 or higher and the container will be clearly labeled in permanent marker with the child's name.
- The product shall not contain DEET or other mosquito repellant.
- Parent/Guardian will have made sure the child has used the sunscreen prior to bringing it to school to assure there is no allergic reaction.

Staff Responsibilities:

- Avoid long periods of sun exposure. Sit or play in the shade whenever possible, especially when your shadow is shorter than you are tall.
- Be aware of how much time you are in the sun. Remember, it takes only 15 minutes for a child's skin to sunburn.
- Using sunscreen does not permit the child to be in the sun longer. Sunscreens should be used to prevent sunburn.
- Allow student to apply sunscreen prior to going outside during the hours 10:00 AM- 4:00 PM even on cloudy days. The sun's energy is greatest when it travels through less atmosphere at midday.
- Staff will only allow student to use the sunscreen the parent/guardian has provided.

Guidelines for Applying Sunscreen (Sunscreen is applied by the student and according to the instructions provided by the manufacturer). These are general guidelines**:**

- Apply sunscreen 30 minutes before going outside.
- Apply sunscreen evenly to all uncovered skin including the ears and lips but **avoid the eyelids**.
- Apply as much sunscreen as you would lotion to dry skin.
- Sunscreen should be reapplied every 2 hours or every 1-½ hours for broad spectrum sunscreen (contains a UVA and UVB protection factor.
- Sunscreen should be reapplied after swimming, towel drying, or excessive sweating.
- If irritation or rash appears, discontinue use. Notify parents.

Sunscreen products with **DEET** shall not be used. Sunscreens often are applied repeatedly because they can be washed off. DEET is not water-soluble and will last up to 8 hours. Repeated applications may increase the potential toxic effects of DEET.

2025-2026 School Year

Fee Assistance Form

School Location: _____

Complete one application per household. Please use a pen (not a pencil) or complete through Adobe PDF. For any questions, please call Project SHARE at (530) 245-7830 and send the completed form to : projectshareinfo@shastacoe.org

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Check all that apply: Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

○ **NO** → Go to STEP 3. ○ **YES** → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults) ☐

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) ☐☐☐☐

Check if no Social Security Number ☐

B. Child Income

Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income $ _____ How often received? ○ Weekly ○ Every 2 Weeks ○ 2x Month ○ Monthly ○ Annual

STEP 4 Contact information and adult signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds. I am aware that if I purposely give false information, my children may lose summer program fee assistance and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form _____ Signature of Adult _____ Today's Date _____

Mailing Address (if available) _____ City _____ State _____ Zip _____ Phone (optional) _____ Email (optional) _____