



CASP REGISTRATION FORM 2022-2023

Students are expected to attend THE FULL DAY of program EVERY DAY.

(PLEASE PRINT)

| | | | | |
|---|--------------|--------------------------------|-------|---------------------------|
| Student's Legal Name: _____ | | Birth Date: ____ / ____ / ____ | | Grade in 2022-2023: _____ |
| Student's Address: _____ | | | | |
| | # and Street | City | State | Zip Code |
| Parent/Guardian Name/s: _____ | | Day/Work Phone | | Cell Phone |
| <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian | | () - | () - | () - |
| <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian | | () - | () - | () - |
| <input type="checkbox"/> Other | | () - | () - | () - |
| Email Address: _____ | | | | |

Sign-Out Information

No child enrolled will be released from the CHOICES After School Program without a parent/guardian signature, or that of one of the individuals listed below (who must be 16 years or older). ONLY middle school students may sign themselves out of the program with parent/guardian permission.

ONLY individuals listed below are authorized to sign my child out of the program or be contacted by phone call, email or other authorized platforms used by the district. In case I cannot be reached in an emergency, I give consent to the CHOICES After School Program to contact these individuals. Written permission is REQUIRED if an authorized person other than the persons listed below changes.

Initial Here

| Name | Phone | Relationship | Email Address |
|------|-------|--------------|---------------|
| | () - | | |
| | () - | | |
| | () - | | |
| | () - | | |

Policy on Student Walkers

Students may NOT walk home alone. NO EXCEPTIONS. When an authorized adult cannot pick up a child from the program, parents/guardians may give their student(s) permission to walk home. Walkers will be released together.

Elementary Grades (K-5) Students must be accompanied by an older sibling in at least 4th grade.

Initial **ONE** statement: _____ My child has permission to walk home and be signed out by CHOICES staff.
 _____ My child does NOT have permission to walk home.

Middle School Grades (6-8)

Initial **ONE** statement: _____ My child has permission to walk home and sign out of the program after obtaining permission from CHOICES staff to do so.
 _____ My child does NOT have permission to walk home and sign out of the program.

CASP TEAM USE ONLY

| | |
|---|---|
| Date Application Received: _____ / ____ / ____ | IEP, 504 Plan or other: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Time Received: _____ Reviewed by: _____ | Photo Release: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Attended Parent/Student Orientation _____ / ____ / ____ | Severe Health Condition: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Transportation: <input type="checkbox"/> WALK <input type="checkbox"/> PICK-UP |

Medical and/or Other Information

Primary Doctor Name: _____ Phone: _____

Address: _____ Preferred Hospital: _____

Check YES or NO for the following questions:

YES NO My child has a health condition which may require care or emergency action. If yes, please specify (e.g., seizures, allergies, diabetes, asthma, etc.): _____

YES NO My child requires a modified diet and/or special feeding procedures.
If yes, please specify: _____

YES NO Does your child's physical activity need to be restricted?
If yes, please specify: _____

YES NO Is your child currently taking any medications?
If yes, please specify medication and schedule: _____

Initial Here I acknowledge that only day school staff, and not CHOICES staff, can administer non-emergency medication(s) to my child.

YES NO Does your child have an IEP, 504 Plan, and/or Health Care Plan/Emergency Care Plan? *
If YES, please specify: _____
By indicating YES, we request you provide a copy of the relevant documents.

*This information may assist us in determining how best to meet your child's needs.

YES NO If you can not be reached, do you authorize your child to be transported by ambulance to a medical facility, at your expense, for treatment?

CASP TEAM ONLY:

MEDICAL/PLANS (Screener: If you gave parent/guardian a check off list, please note here)

Check List: _____

Date: _____

Initials: _____

(Parent/Guardian) (Screener)

Media Release

Student accomplishments may draw the attention of newspapers, television stations, or other media that visit our programs to photograph, videotape, and/or interview students and staff during activities. We often use photographs of our students in Tulare County Office of Education publications and/or broadcasts, and on our website. For our protection and your child's privacy, we must know your preference for your child to be photographed, videotaped, or interviewed by the news media or for Tulare County Office of Education publications and/or broadcasts. No personal information about your child will be released.

INITIAL one of the statements below:

I AUTHORIZE my child to be photographed, videotaped, or interviewed. I also give permission for the Tulare County Office of Education to use my child's photograph or words in its publications, broadcasts and/or internet postings.

I DO NOT AUTHORIZE my child to appear in different forms of media.

Program Agreement

1. **PARENT ORIENTATION:** I acknowledge that I have **viewed** or **attended** a CASP parent orientation for 2022-2023.
Initial: _____ Date **Viewed/Attended:** _____
2. **ENROLLMENT & MEDICAL INFORMATION:** After receiving all completed forms, the site Lead will contact the parent/guardian with a program start date for their child. It is the responsibility of the parent/guardian to notify the site Lead of any changes to medical information while the student attends CHOICES, as the school is unable to share this information with CHOICES.
3. **ATTENDANCE:** Students may only attend the CHOICES program if they attend regular day school. A notice of student absence from program needs to be made to the site Lead. Students who have **three(3) unexcused absences in a row**, or patterns of unexcused early release, may be dropped from the program. All students need to attend at least two (2) out of three (3) components to remain in good standings. See Early Release Policy for approved absence/early release.
4. **STUDENT DATA & EVALUATION:** To comply with state grant requirements, CHOICES obtains data from the school district regarding your child’s instructional day attendance, discipline activity, free and reduced lunch status, and academic scores. Students may be asked to take surveys as part of our evaluation process.
5. **STUDENT PICK-UP:** Students may ONLY be signed out by an authorized person on the Registration Form or CHOICES staff. Students must be picked up promptly at the end of each program day. Late pick-ups may result in a child being dropped from the program. If you or an authorized adult cannot be reached after 30 minutes after the program closes, **law enforcement will be contacted to escort the child home.**
6. **BEHAVIOR EXPECTATIONS:** Students are expected and coached to behave in a safe, respectful and responsible manner toward other students, CHOICES staff and school property every day. Students choosing not to meet these terms may be dismissed from the program. Students being issued a timeout from CHOICES Program, upon return, a reinstatement meeting must take place with program staff, student and parent/guardian.
7. **POLICY ON LIABILITY:** CHOICES is a voluntary program and not liable for the payment of expenses incurred as a result of injury. CHOICES is not liable for replacing personal items that may become damaged, lost or stolen during program hours.
8. **PARENTAL SUPPORT:** Partnership is an important factor in every child’s learning. The site Lead will announce opportunities for which parent(s)/guardian may offer support (e.g., special events, study trips). Please contact our office at (559) 651-0155 with questions about the program’s Volunteer Policy. Modeling positive communication with after school staff on a daily basis is another effective way to provide support to the program.
9. **VIRTUAL PROGRAM:** I parent/guardian give consent for my child to participate in virtual program. I understand CASP staff will/may interact with my student via group on line platforms such as ZOOM, CLASS Dojo, Google Platforms, phone call, parent/student email, etc.

_____ Initials

I hereby release, indemnify, and agree to defend and hold harmless the Tulare County Superintendent of Schools, the Tulare County Board of Education, the Tulare County Office of Education (TCOE), and their employees, officers, agents, volunteers, nominees, designees, successors or others for whom they are acting, from any and all liability of any nature or description by virtue of my, and/or my child’s, participation in the CHOICES After School Program, and from and against any liability, claims, actions, costs, damages or losses of any kind, including death or injury to any person and/or damage to property, including TCOE property, arising from, or in connection with, my, and/or my child’s participation in the Choices After School Program, or my and/or my child’s errors or omissions in completing this registration form.

I have read and understand the terms provided in this Registration Form. I verify that the information provided is complete and accurate to fullest of my knowledge. If I have questions or concerns about the program not addressed in this form, I understand it is my responsibility to contact the CHOICES After School Program at (559) 651-0155.

| | | |
|---------------------------|------------|------|
| X | | |
| Parent/Guardian Signature | Print Name | Date |



Tulare County Office of Education

Tim A. Hire, County Superintendent of Schools



2022 - 2023 - CHOICES After School Program Early Release Policy

The CHOICES After School Program is made possible through the State of California After School Education and Safety (ASES) funding. As a funding requirement, students are expected to attend CHOICES 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 at least three (3) hours and or 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 Daily Student Attendance Card and 2) the site Lead approves the Early Release by signing the appropriate section on the Daily Student Attendance Card.

Authorized Early Release Codes

ER-1 Attending a Collaborative Program

- Attending an academic or enrichment program (e.g., Intervention, SES, Sports, Dance, etc.)

ER-2 Transportation Needs

- **Restricted Transportation** - Parents who must pick up their children due to vehicle problems or schedule conflicts which necessitate pick up before 6:00p.m. and/or site closing.

ER-3 Safety Concerns

- **Time Change/Weather Conditions** (e.g., heavy rain, fog, snow, storms) - 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.
- **Other Safety Considerations** –a situation that arises which can be reasonably assessed by the site Lead as a risk to the safety of a student.

ER-4 Family Obligation

- **Custodial Issues** – Children who have limited visitation with a parent and it is in the best interest of the relationship between the child and parent to be picked up before closing. Court documents must be provided.
- **Family Emergencies** (e.g., death in the family, catastrophic incidents, etc.)
- **Family Event/Affair** (e.g., family reunion, special occasions, Open House, etc.)

ER-5 Medical/Dental Appointments

ER-6 Sent Home – Injury/Illness/Behavior issues

- Program staff will notify parent/guardian.

ER-7 Other conditions initiated by the district and/or School Board (e.g., gas leak, power outage, etc.)

- This code applies ONLY when directives have come from the School or District Administration.

*****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 CHOICES Program.

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

Parent/Guardian Name (PRINT): _____ Student Name: _____

Parent/Guardian Signature: X _____ Date: _____

For questions or for a copy of Educational Code EC Section 8483(a)(1), which supports this policy, please contact the CHOICES After School Program office at (559) 651-0155.