

SUNRIDGE SCHOOL AFTER CARE PROGRAM

2018-2019 School Year Contract

7285 Hayden Avenue
Sebastopol, CA 95472
(707) 824-8003 (aftercare)
(707) 824-2844 (school office)
After Care Hours: 12:30-5:30pm

About the SUNRIDGE AFTER CARE PROGRAM:

The After Care Program is available to kindergarten through eighth grade students. We will operate this program in alignment with the core principles of Waldorf Education that characterize all our programs. For it to be a success, we need you to understand that participating families will:

1. Pay in full (monthly or annually) and in a timely manner;
2. Send children to school feeling well; and;
3. Communicate immediately and responsibly if an issue arises.

Our communication style will follow these four processes: unbiased observation; clarifying needs and feelings; communicating requests; and, participating in resolving any problem or concern.

To reserve your spot for the 2018-19 school year please provide us with a completed contract, including calendars for August and September and the non-refundable supply fee. \$50 for 1-2 days/week and \$100 for 3-5 days/week.

This document represents a CONTRACTUAL AGREEMENT between the SUNRIDGE SCHOOL AFTER CARE PROGRAM and

_____ (Parent/Guardian) for the care

of _____ (Student).

PAYMENT: _____

1A) All payments must be paid in full by the first day of school in any given month. Payments after the fifth day of school in any given month are subject to a \$10.00 late fee. Please always pay on time. Please make checks payable to SunRidge After Care.

1B) The after care rate is \$8.00 an hour. We are not able to accommodate drop-ins, and after care is not available during school holidays or teacher in-service days at this time.

1C) When you sign up for a space, for instance on Mondays, you are signing-up for every Monday that the SunRidge School After Care Program is open in that month. If you plan to miss a Monday by taking a vacation

or sending your child on a playdate, or if your child misses after care unexpectedly (for example, due to illness), you must still pay for the space. There are no reimbursements, credits or make-up days.

DAILY SIGN-OUT: _____

2A) The parent is expected to sign out their child every day upon pick-up from SunRidge School After Care Program. You will be charged for all overtime used.

LATE PICK-UP POLICY: _____

3A) Please don't be late to pick up your child. Make arrangements to have someone else (from your emergency information form) pick up your child/children, in a timely manner, when you cannot. 5 minutes following closing, the coordinator will contact you. If you are late by more than 5 minutes, you will be charged a Late Fee of \$5.00 for every 15 minute increment of time used (in any part) beyond the contracted pick-up time. If no answer, the contacts from your emergency list will be called. If you are more than 5 minutes late a second time, you will be charged a \$10.00 late fee in addition to the \$5.00/15 minute increments. If you are more than 5 minutes late a third time, you will be charged a \$10.00 Late Fee in addition to the \$5.00/15 minute increments. If you are late more than 5 minutes a fourth time, you will be given a two week notice to terminate services. Always communicate any emergencies to the coordinator.

YEARLY SUPPLY FEE: _____

4A) An annual Supply Fee of \$50.00 per child in after care 1-2 days and \$100 for those enrolled for 3-5 days per week is required, **payable upon enrollment**. The fee covers a share of the costs for the after care program's arts, crafts and holiday baking. This is a non-refundable fee.

SCHEDULING: _____

5A) For this Contract to be valid, it must be returned in its entirety, along with all the clauses initialed, contract signed, and the first month's calendar filled out and paid in full. Arrangements can be made to pay annual contracts once or in three installments.

5B) Each monthly calendar must be filled out and returned to SunRidge School After Care Program, with payment in full, by the first day of school each month. All spaces must be paid for. We will not hold or save a space without receipt of a valid contract and payment.

5C) Whichever days you schedule aftercare, your assigned days must remain consistent for the entire school year. Changes may only be accommodated if space allows.

5D) Termination of services requires two weeks' advance notification by the parent. Payment for that two week period is due in full upon notification.

5E) Children may not come to SunRidge School After Care Program if they have not attended school that day.

SNACK PROGRAM: _____

Kindergarten students must bring a lunch every day. Grades' students must bring a lunch on Thursdays. Please provide the lunch in a basket or plain container and, to minimize trash, reusable containers are appreciated. Healthy foods with plenty of protein and little or no sugar are requested. Drinks and a healthy snack will be provided daily. Please include food related allergy and medical information on the emergency information form.

EXPECTATION OF BEHAVIOR: _____

Children are expected to maintain the same behavior and demeanor at aftercare as set forth by SunRidge School. Playground rules are in effect after school.

DECLARATION: _____

The success of the SunRidge School After Care Program is largely dependent on the families who participate. When signing this contract, you are declaring that you have read it, in its entirety; initialing each of the clauses indicates your agreement.

PARENT'S NAME PARENT'S SIGNATURE DATE

CHILD'S NAME GRADE

SUNRIDGE AFTER CARE EMERGENCY INFORMATION 2018-19

Child's name _____ Birthdate _____

Address _____ City _____ Zip _____

Mother's Name _____ Home address _____ Home phone _____

Mother's Place of Business _____ Business Phone _____

Father's Name _____ Home address _____ Home phone _____

Father's Place of Business _____ Business Phone _____

PHYSICIAN AND DENTIST TO BE CALLED IN AN EMERGENCY

NAME	ADDRESS	PHONE	INSURANCE NUMBER
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PERMISSION TO TRANSPORT STUDENT IN CASE OF AN EMERGENCY:

WE, THE UNDERSIGNED, (PARENTS/GUARDIAN) OF _____
Do hereby grant permission for the **SUNRIDGE AFTER CARE PROGRAM OF TWIN HILLS UNION SCHOOL DISTRICT, SONOMA COUNTY, CALIFORNIA** to transport, by car or school bus, the above named student to and from emergency shelter.

SIGNATURE OF PARENT/GUARDIAN

DATE

EMERGENCY AUTHORIZATION

IN THE EVENT OF AN EMERGENCY OR DISASTER I AUTHORIZE SCHOOL PERSONNEL TO RELEASE MY CHILD TO THE FOLLOWING INDIVIDUALS:

NAME	ADDRESS	PHONE
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SIGNATURE OF PARENT/GUARDIAN

DATE

I UNDERSTAND THAT THE TWIN HILLS UNION SCHOOL DISTRICT AND THE SUNRIDGE AFTER CARE PROGRAM DOES NOT CARRY ACCIDENT INSURANCE FOR STUDENTS AND THAT THIS IS A PARENTAL RESPONSIBILITY TO HAVE ADEQUATE HEALTH/ ACCIDENT INSURANCE FOR THEIR CHILDREN.

SIGNATURE OF PARENT/GUARDIAN

DATE

(See Reverse)

SunRidge School
Student Health History

Student's Name: _____ Grade: _____ Date: _____

D.O.B. _____ Male Female Parent's Names: _____

My student has the following medical condition(s):

Allergy

NOT life threatening. Allergic to _____

Life Threatening. Allergic to _____

(Life saving medication, epipen/inhaler, and doctor orders are required for use of medication at school. See Theresa in the office for paperwork.)

Asthma:

NOT requiring any medication at school and/or on field trips.

DOES require an inhaler/nebulizer at school and/or on field trips.

(Life saving medication, epipen/inhaler, and doctor orders are required for use of medication at school. See Theresa in the office for paperwork.)

Diabetes: Requires new doctor orders each school year.

Seizure Disorder: Type _____ Medications _____

My student requires medication at school. List medications _____

(Board policy requires a written request from a licensed health care professional prescribing within the scope of his/her prescriptive authority before any medications, prescriptions or over the counter products, may be dispensed at school. The required form is available from the school office.)

Hearing Issues

Requires Glasses: All Day _____ Board Work _____ Reading _____

In the space below please indicate any additional medical information that school administrators, nurses and health techs should be aware of that may impact your child's educational program or school experience and would be important in the event of an accident, injury or illness at school.

Behavioral Issues:

There are no medical concerns that may impact my child's participation in his/her educational program at this time or would be important information in the event of an accident, injury or illness at school.

Parent/Guardian

Signature: _____ Date: _____