

# SUNRIDGE SCHOOL AFTER CARE PROGRAM

## 2019-2020 School Year Contract

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

### 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 2019-20 school year** please provide us with a completed contract, including calendars for August and September and additional emergency forms. **Payment for supply fee and services** will be due prior to the first day of services. **The non-refundable supply fee of \$50 for 1-2 days/week and \$100 for 3-5 days/week** is due by 8:30am on the first day of school. **After Care will begin** on Monday, August 26th and will not be available the first week of school. All contracts need to be turned into the After Care box in the office.

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

\_\_\_\_\_ (Parent/Guardian) for the care

of \_\_\_\_\_ (Student/Grade).

PAYMENT: \_\_\_\_\_ (initial here)

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 will be charged 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. 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. In order for our program to stay active and sustainable are membership driven. There are no reimbursements, credits or make-up days.

1D) If you fall more than two weeks behind in payments, you will be given a two week termination of services notice. Reinstatement is only possible when payment is received in full, and remains current moving forward.

DAILY SIGN-OUT: \_\_\_\_\_ (initial here)

2A) When signing out your child the parent is expected to sign and note the time of pick-up. You will be charged for all overtime used.

LATE PICK-UP POLICY: \_\_\_\_\_ (initial here)

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: \_\_\_\_\_ (initial here)

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: \_\_\_\_\_ (initial here)

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 in one to three installments. (August and September months must be paid at the same time).

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. Nor can they return to After Care once they have been signed out or left campus.

DROP-IN CARE: \_\_\_\_\_ (initial here)

1) Parents who have a contract established for After Care may arrange for additional drop-in care. A note must be put in the After Care box in the school office by 8:30am the day of drop-in care.

2) After Care can also be arranged if a parent has a school meeting after school hours.

SNACK PROGRAM: \_\_\_\_\_ (initial here)

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: \_\_\_\_\_ (initial here)

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

DECLARATION: \_\_\_\_\_ (initial here)

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. Contracts begin following phone confirmation by the program coordinator. This may take 1-2 business days. Please follow these rules to help us do our job well. We are committed to serving your family with heart and intention.

---

_____	_____	_____
PARENT'S NAME	PARENT'S SIGNATURE	DATE

---

_____	_____
CHILD'S NAME	GRADE

## SUNRIDGE AFTER CARE EMERGENCY INFORMATION

Child's name _____	Birthdate _____	
Address _____	City _____	Zip _____
<hr/>		
Mother's Name _____	Home address _____	Home phone _____
<hr/>		
Mother's Place of Business _____		Business Phone _____
<hr/>		
Father's Name _____	Home address _____	Home phone _____
<hr/>		
Father's Place of Business _____		Business _____
Phone _____		

**PHYSICIAN AND DENTIST TO BE CALLED IN AN EMERGENCY**

NAME	ADDRESS	PHONE	INSURANCE NUMBER

**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

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. \_\_\_\_\_ Gender \_\_\_\_\_ 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 at Town Campus 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 at Town Campus 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 Town Campus 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: \_\_\_\_\_

# SunRidge School

## Twin Hills Union School District

### 2019-2020 School Year Calendar

Su	M	T	W	Th	F	Sa		Su	M	T	W	Th	F	Sa	
<b>July</b>								<b>January</b>							
	1	2	3	<u>4</u>	5	6					<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
7	8	9	10	11	12	13		<u>5</u>	6	7	8	<b>9</b>	10	11	
14	15	16	17	18	19	20		12	13	14	15	<b>16</b>	17	18	19
21	22	23	24	25	26	27		19	<u>20</u>	21	22	<b>23</b>	24	25	
28	29	30	31					26	<u>27</u>	28	29	<b>30</b>	31		
<b>August</b>								<b>February</b>							
				1	2	3									1
4	5	6	7	8	9	10		2	3	4	5	<b>6</b>	7	8	
11	12	13	14	<b>[15]</b>	<b>[16]</b>	17		9	10	11	12	<b>13</b>	<b>14</b>	15	15
18	<b>[19]</b>	<b>&lt;20&gt;</b>	<b>21</b>	<b>22</b>	<b>23</b>	24	9	16	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	22	
25	26	27	28	<b>29</b>	30	31		23	24	25	26	<b>27</b>	28	29	
<b>September</b>								<b>March</b>							
1	<u>2</u>	3	4	<b>5</b>	6	7		1	2	3	4	<b>5</b>	6	7	
8	9	10	11	<b>12</b>	13	14		8	9	10	11	<b>12</b>	13	14	
15	16	17	18	<b>19</b>	20	21	20	15	16	17	18	<b>19</b>	20	21	21
22	23	24	25	<b>26</b>	27	28		22	23	24	25	<b>26</b>	<b>[27]</b>	28	
29	30							29	30	31					
<b>October</b>								<b>April</b>							
		1	2	<b>3</b>	4	5					1	<b>2</b>	<b>3</b>	4	
6	7	8	9	<b>10</b>	11	12		5	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	11	17
13	<u>14</u>	15	16	<b>17</b>	18	19	21	12	13	14	15	<b>16</b>	17	18	
20	21	22	23	<b>24</b>	25	26		19	20	21	22	<b>23</b>	24	25	
27	28	29	30	<b>[31]</b>				26	27	28	29	<b>30</b>			
<b>November</b>								<b>May</b>							
					<b>[1]</b>	2							1	2	
3	4	5	6	<b>7</b>	8	9		3	4	5	6	<b>7</b>	8	9	
10	<u>11</u>	12	13	<b>14</b>	15	16	14	10	11	12	13	<b>14</b>	15	16	
17	18	19	20	<b>21</b>	22	23		17	18	19	20	<b>21</b>	<u>22</u>	23	18
24	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	30		24	<u>25</u>	26	27	<b>28</b>	29	30	
								31							
<b>December</b>								<b>June</b>							
1	2	3	4	<b>5</b>	6	7			1	2	3	<b>4</b>	<b>&lt;5&gt;</b>	6	
8	9	10	11	<b>12</b>	13	14		7	<b>[8]</b>	<b>[9]</b>	10	11	12	13	
15	16	17	18	<b>19</b>	<b>20</b>	21	15	14	15	16	17	18	19	20	5
<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>		21	22	23	24	25	26	27	
<u>29</u>	<u>30</u>	<u>31</u>						28	29	30					

<u>Date</u>	<u>Event</u>
July 4	Independence Day
August 15, 16 & 19	Teacher Workdays
August 20	First Student Day
September 2	Labor Day
October 14	Indigenous People's Day
October 31 & Nov. 1	Parent Teacher Conferences
November 11	Veteran's Day
November 25-29	Thanksgiving Break
December 23-January 3	Winter Break

<u>Date</u>	<u>Event</u>
January 20	Martin Luther King Jr. Day
February 17-21	President's Week
March 27	Kinder Conferences/PD Day
April 6-10	Spring Break
May 22	Local Holiday (for Emergencies)
May 25	Memorial Day Observed
June 5	Last Student Day
June 8	Teacher Workday
June 9	Teacher Workday

**Legend:**

Early Release Days: Every Thursday AND 8/20- 8/23, 12/20, 2/14, 4/3, 6/5 (Friday, Nov. 22 is a full day)

**<Bold>** = First/Last Student Days

**[Bold]** = Teacher Workdays/Non-Student Days

**[u]** = School Holidays and Breaks

**italic/bold** = Early Release is every Thursday beginning August 29 and ending June 4. Grades 1-3 @ 12:50pm and grades 4-8 @ 1pm

**Charter Council Approved:** 4/12/19

**Board Adopted:** 4/18/19