

**BREA OLINDA UNIFIED SCHOOL DISTRICT
DEPARTMENT OF CHILD CARE SERVICES**

**TEEN DIVISION
REGISTRATION PACKET**

ADMINISTRATIVE OFFICE
Arovista Elementary School – Room 28
(714) 990-7527

Location:
Brea Jr. High School

Department Director: Chris Becerra
Administrative Assistant: Kayleen Farrer
Program Technician: JoAnne Warren

Registration materials must be received a minimum of two
business days prior to the start of the program.



DEPARTMENT OF CHILD CARE SERVICES
TEEN DIVISION RATE SHEET

- Registration Fee is \$75.00 per teen. Participants leaving the program for any length of time will be assessed the applicable Registration Fee upon return to the program.
- 1st month's tuition due upon enrollment. A **30-Day written notification** is required to cancel enrollment. Tuition will not be refunded or credited if proper written notification is not received 30-days prior to start.
- Part-time options are subject to cancellation, limited enrollment and/or increases. Part-time plans are valid on every day that the Teen Center is open.
- Part-time rates vary due to the number of days each month.
- *Fees are based on year-round enrollment.* Prorated amounts will not be granted for non-school days (including furlough days) and Thanksgiving/winter/spring recess. This includes part-time rate plans.
- Credit is not given for any day in which your child does not attend the program.
- Tuition is due the 1st of each month for the current month.
- The child care department is a self-sustaining program funded through parent fees.

<u>Teen Center – Full Time Option</u>	<u>Monthly Fee</u>
A. Monday-Friday, Before and After School	\$270
<i>This plan includes all modified days and full days for school closures from 7:00 a.m. – 6:00 p.m.</i>	

<u>Teen Center – Part Time Options</u>	<u>Fees</u>
<i>Part Time Plans DO NOT include school closure days</i>	
B. After School Only, Monday-Friday	\$210/month
C. Before School ONLY, Monday-Friday	\$75/month
D. Full Day (School Closure Days)	\$35/day
E. Hourly Fee <i>(Please fill out hourly contract)</i>	\$10/hour

I have read and understood the information stated above.

Circle Enrollment Option: A B C D E

_____	_____	_____
Child's Name	Grade	School

_____	_____
Parent/Guardian Signature	Date

_____	_____
BOUSD Representative Signature	Date

BREA-OLINDA UNIFIED SCHOOL DISTRICT
Department of Child Care Services - Admission Agreement

As the parent or legal guardian of the below named child, I understand, agree to and/or acknowledge the following:

- A. I acknowledge that I have reviewed a copy of the Parent Handbook and will comply with the policies set forth (handbook is available on the BOUSD website).
- B. Field trips, either by walking or in BOUSD vehicles or chartered buses, are a part of Child Care program activities. No additional permission slips will be required.
- C. BOUSD staff and volunteers are not allowed to baby-sit or transport children at any time outside of the BOUSD program.
- D. I am not to leave my child at the BOUSD Program Center unless a BOUSD staff or volunteer is there to receive and supervise my child.
- E. Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. (Please do not put staff in a position where they have to make this judgment call.)
- F. BOUSD is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
- G. BOUSD may terminate my child's enrollment for any of the following reasons:
 - Emergency names and phone numbers are incorrect
 - Parent is late picking up child after Program Center closes
 - Non/late/NSF payment of fees
 - Failure to adhere to the sign-in/sign-out policies
 - Failure to notify the BOUSD Program Center that child will be absent
 - Child leaving the Program Center without authorized written permission
 - Behavior that is continually disruptive or dangerous to others and/or self
 - Behavior that is destructive to property and/or refusal to replace said property
 - Any single incident that is deemed by the Program Center Director to be dangerous, harmful or disruptive
 - Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend etc.)
- H. Program participation requires a BOUSD tuition in good standing and that non-payment of fees will result in my child not being allowed to participate in the program and could result in legal referral with additional costs to myself. I further understand there is an administrative processing fee for any payment returned by my bank or credit account. Refunds and/or credits are not given for any day in which a child does not attend the program including school closures and seasonal breaks.
- I. BOUSD and the staff employed by the BOUSD will not become involved in any custodial disputes between parent/guardian. If BOUSD documents are requested, the court must request them. The staff's responsibility is to provide a safe environment for children.
- J. I understand that I am required to give 30-day written notice when terminating from the BOUSD Child Care Program. If **30-day written notice** is not given, I will not receive a refund or credit. Registration fees are non-refundable.

Child's Name

Grade

School

Parent/Guardian Signature

Date

BOUSD Representative Signature

Date

BREA OLINDA UNIFIED SCHOOL DISTRICT
CHILD CARE REGISTRATION FORM

All spaces must
be completed!

(circle one)

SCHOOL: (Preschool A / CH / L / M / O) A CH F L M O TC GRADE: _____ BIRTHDATE: _____

CHILD'S NAME _____ Male Female
(LAST) (FIRST) (MI) (NICKNAME)

FAMILY SURNAME _____ FATHER'S MOTHER'S
1ST NAME 1ST NAME

ADDRESS _____ CITY _____ ZIP CODE _____

HOME # _____ CHILD'S LEGAL GUARDIAN _____ MARITAL STATUS _____

FATHER'S MOTHER'S E-MAIL
CELL # CELL # ADDRESS

Child lives with: Father Mother Guardian Stepparent
Are there any legal or custodial restrictions of which we need to be aware? Yes No If yes, please attach a copy of the current custody order.

FATHER'S EMPLOYER _____ ADDRESS _____

WORK HOURS _____ TO _____ TELE # _____ EXT _____

MOTHER'S EMPLOYER _____ ADDRESS _____

WORK HOURS _____ TO _____ TELE # _____ EXT _____

PERSON TO CALL IN CASE OF EMERGENCY _____ TELE # _____ hm
(NOTE: We always call the parents first, please list a "next best" person) _____ cell

RELATIONSHIP TO CHILD _____
NAMES OF PERSONS AUTHORIZED TO TAKE YOUR CHILD HOME FROM CENTER - INCLUDE THREE PERSONS IN ADDITION TO THE PARENT(S) (must be over 18 years of age) Your child will not be permitted to leave with any person without written authorization of parent or guardian.

NAME _____ ADDRESS _____ TELEPHONE # _____

NAME _____ ADDRESS _____ TELEPHONE # _____

NAME _____ ADDRESS _____ TELEPHONE # _____

ARE THERE ANY SPECIAL THINGS YOU WANT US TO KNOW ABOUT YOUR CHILD? (i.e. - fears, eating likes/dislikes, social/emotional difficulties) _____

In case of illness or accident at school when you are unable to contact me by telephone, I give my legal consent to have my child taken to the following physician:
(If you have no physician, write "School's Choice"). Family Physician: _____ Tele # _____
What health problems does this student have? _____ DATE OF LAST THREE-IN-ONE OR TETANUS BOOSTER _____
KNOWN ALLERGIES TO DRUGS: YES _____ NO _____ IF YES, PLEASE LIST DRUGS: _____

POSSIBLE EMERGENCY HEALTH PROBLEMS 1. SEIZURES/EPILEPSY 2. BEE STING ALLERGY 3. DIABETIC 4. SEVERE HEART PROBLEM
5. ASTHMA 6. PHYSICAL PROBLEM (LIMITED PHYSICAL ACTIVITY, ETC.) 7. SEVERE ALLERGY (EXPLAIN) _____
8. OTHER (EXPLAIN) _____ DOES YOUR CHILD TAKE ANY MEDICATION CONTINUOUSLY: YES _____ NO _____ IF SO, WHAT AND AMOUNT _____ HAS SHE/HE ANY VISION OR HEARING PROBLEMS WHICH WOULD AFFECT HER/HIS SCHOOL WORK? _____

ANY OTHER PHYSICAL CONDITION(S) THE SCHOOL SHOULD BE AWARE OF? _____
UNIFORMED CONSENT: BREA OLINDA UNIFIED SCHOOL DISTRICT IS EXTREMELY PROUD OF ITS INSTRUCTIONAL PROGRAM IN ATHLETICS, PHYSICAL EDUCATION AND ACTIVITIES. EVERY PRECAUTION AND SAFEGUARD IS TAKEN TO INSURE THE SAFETY OF OUR STUDENTS. HOWEVER, PRECEDENTS SET BY RECENT LITIGATION HAVE CREATED A DEMAND ON SCHOOL DISTRICTS TO WARN STUDENTS OF THE RISK INVOLVED IN ATHLETIC/ACTIVITIES PARTICIPATION, AN INJURY, PARALYSIS, AND IN SOME EXTREME CASES, DEATH CAN OCCUR IN ANY ENDEAVOR. YOUR SIGNATURE ON THIS CARD INDICATES THAT YOU HAVE READ THIS STATEMENT.

DISASTER EVACUATION INSTRUCTIONS
In the event of a disaster, state law authorizes school authorities to release students to parents/guardians or other adults as approved by parents. Telephones may be useless in a disaster such as an earthquake, and you may be unable to come to school to obtain the release of your child. Therefore, please list other adults (neighbors, friends, etc.) who could come to school for your child. This list will ONLY be used in the event of a disaster evacuation. In a disaster evacuation, my daughter/son may be released to any adult listed below.

NAME _____ RELATIONSHIP _____ TELEPHONE # _____

Name of out-of-state contact: _____

Parent Signature: _____

BREA OLINDA UNIFIED SCHOOL DISTRICT

OFF CAMPUS TRIP PERMISSION FORM

I hereby give my consent for the student named below to participate in off campus sports/activities sponsored by the Brea Olinda Unified School District. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment. In addition, I am aware of Education Code Section 35330, which provides that all persons making a field trip or an excursion are deemed to have waived all claims against the district for injury, accident, illness or death occurring during or by reason of the trip or excursion.

In addition, I hereby waive all claims against the Brea Olinda Unified School District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion, whether or not such injury, accident, illness, or death is caused by negligence.

NOTE TO PARENTS: Students riding the school bus to an activity are expected to return by bus. Any deviation from this rule must be approved by parent and sponsoring teacher prior to the event. Although most activity transportation is done by bus, some events and groups require the use of private cars. The Brea Olinda Unified School District does not carry medical or dental insurance for students injured on school premises while under school jurisdiction or through school district activities.

Name of Student _____ School of Attendance _____

Address _____ City _____

Home Phone _____ Grade _____ Birthdate _____

Father's Wk # _____ Cell # _____ Mother's Wk # _____ Cell # _____

Emergency Name _____ Telephone # _____

Doctor's Name _____ Telephone # _____

Does the student have any injury or physical condition that should be watched?
YES _____ NO _____ Please explain: _____

Parent/Guardian Signature _____ Date: _____

**BREA OLINDA UNIFIED SCHOOL DISTRICT
PHOTO RELEASE FORM**

A request has been made to have your student photographed by BOUSD Department of Child Care Services for pictures of activities for Child Care Services Activities.

Please complete and sign the form below.

(PLEASE RETURN THIS PORTION TO THE BOUSD DEPARTMENT OF CHILD CARE SERVICES)

I give my permission for

_____ (child's name)

To have his/her picture taken for

_____ Pictures of Activities _____

*I do not give my permission for
_____ (child's name)

To have his/her picture taken for

_____ Pictures of Activities _____

***If you choose not to let your child be photographed, please be sure to make your child aware of your decision.**

Parent/Guardian Signature _____

Date _____

Student Name _____

School of Attendance _____