



## **Enrollment Packet**

### **Lake Elsinore Unified School District Childcare Program 2017-2018**

**Before and After School Site Based Childcare**

Please Register at Children and Family Services Office  
565 Chaney St. Building E  
Lake Elsinore, CA 92530

RCOE Subsidized Payments Accepted for Qualified Families: 951-826-6626

*Cottonwood Canyon Elementary School (TK-5)*  
*Earl Warren Elementary School (TK-5)*  
*Luiseno School (TK-8)*  
*Rice Canyon Elementary School (TK-5)*  
*Ronald Reagan Elementary School (TK-6)*  
*Tuscany Hills Elementary School (TK-5)*

Childcare includes AM and PM Kindergarten and Transitional Kindergarten Sessions

LEUSD Childcare Hours of Operation: 6:30AM- 6:00PM

*Dr. Frieda Brands*  
*Director of Early Childhood Education*  
*Phone: (951) 253-7091*  
*Janet Cooper*  
*Childcare Program Supervisor*  
*Phone: (951) 253-7055 or (951)-253-7077*  
  
*FAX: (951) 253-7187*

**Student/Parent/ Guardian Information**

School Site \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial: \_\_\_\_\_

School \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Child's Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Child lives with (please circle) Mother Father Stepmother Stepfather Foster Parent  
Grandmother Grandfather Aunt Uncle Other Relation (please explain): \_\_\_\_\_

**Mother/ Guardian**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Phone Numbers:

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Email address \_\_\_\_\_

**Father / Guardian**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_

Please list adults who are authorized to pick up child and who have agreed to be responsible in case of minor injury or illness if parents cannot be reached. **Information must be kept current.** List must include at least **2 local** persons. **ONLY** these people are allowed to sign children in and/or out of Childcare program and **MUST BE AT LEAST 18 YEARS OF AGE.**

	Name	Address	Relationship	Telephone
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

**Photographic Consent: I do \_\_\_ I do not \_\_\_ give permission for my child(ren) to appear in media coverage approved by LEUSD Children and Family Service Director.**

**LEUSD Childcare Monthly Fee Contract 2017/2018**

Student Name \_\_\_\_\_ School Site \_\_\_\_\_ Date \_\_\_\_\_

<b>Option (Circle One)</b>	<b>Program Options</b>	<b>Monthly Rate 1 or 2 Days Per Week</b>	<b>Monthly Rate 3 or 4 Days Per Week</b>	<b>Monthly Rate 5 Days Per Week</b>
1	Before School PM TK/Kinder 6:30 AM until School Start	\$130	\$260	\$325
2	Before and After PM TK/Kinder 6:30-school start/1:45-6PM	\$215	\$430	\$490
3	After School AM TK/Kinder 11:40-6PM (AM dismissal may vary)	\$190	\$375	\$435
4	Before and After AM TK/Kinder 6:30-school start/11:40-6PM (AM dismissal may vary)	\$215	\$430	\$490
5	Before School AM TK/K-Grade 8 6:30 until School Start	\$120	\$240	\$300
6	Before and After Grades 1-8 6:30-School Start/1:45-6PM	\$170	\$335	\$395
7	After School Only 1:45-6PM PM TK/Kindergarten – Grade 8	\$155	\$310	\$370

**Holiday Discounts and Year End Rate**

<b>Dates</b>	<b>Discount</b>
August 2017	20%
November 20-24, 2017	20%
December 25-29, 2017	20%
January 1-16, 2018	20%
April 2-6, 2018	20%
June 1 & 4-7, 2018	75%

**Days of attendance if less than 5 days:** \_\_\_\_\_

**I understand I must adhere to this contract schedule; if I choose to change my schedule, I will incur a \$25 fee. Changes will not go into effect until the beginning of the following month. Tuition is due whether or not my child(ren) attends LEUSD Childcare. Credit will not be issued for absences or otherwise slated district Holidays (ie Presidents' Day).**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Additional Fees

New Student Registration per child <b>Non Refundable</b>	40.00
Returning Student Registration per child <b>Non Refundable</b>	30.00
Late Tuition Payment <b>After 5<sup>th</sup> of the month</b>	40.00
Late Tuition Payment <b>After 15<sup>th</sup> of the month</b>	50.00
Current Year Reinstatement per child	25.00
Change in Schedule <b>Change effective the following month</b>	25.00
Sibling Discount <b>Deducted from one lower or equal tuition</b>	10%
LEUSD Employee Discount <b>Must present district ID</b>	10%
Non LEUSD District Employee Discount <b>Must present district ID</b>	5%
Military <b>Must present military ID</b>	10%
Late pick up – after 6:00pm	\$5 per min/ per child

**One discount per family may be applied; no combining of discounts.**

**No combining of Fee Schedules**

**Drop in care will not be provided.**

**In the Event of an Emergency**

Student's Name \_\_\_\_\_

LEUSD Childcare Staff designee will call 911 if deemed necessary in the event of an emergency. The undersigned parent/guardian will pay any fees incurred.

Physician's Name \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Emergency Release**

Parent/Guardian: Your signature below authorized the School District to obtain medical care or necessary emergency treatment for serious injury, accident, or illness (at your expense) with your physician, or emergency room physician of the school's choice. In the event emergency treatment is necessary, the School District will be held harmless in all decisions.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Special Education**

Has child ever qualified for Special Education?  Yes  No

If yes, please explain:

\_\_\_\_\_

Does child have any health risks, an IEP or 504 Plan on file with the school?  Yes  No

If yes, please explain:

\_\_\_\_\_

**If yes**, presentation of the relevant health information, IEP or 504 Plan must be presented prior to the program start date. Parents must also meet with the Program Supervisor and Childcare Assistant to create a separate behavior plan with the LEUSD Childcare Program that outlines the program expectations prior to start date. LEUSD Childcare Program must be immediately notified if at any time during the school year it is determined that your child develops a health risk that requires specialized attention.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Code: \_\_\_\_\_ (Secret Password for security purposes, optional)

**Health Information**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Site \_\_\_\_\_

Does your child have any health concerns?  Yes  No  
If yes, please check.

**HEALTH CONCERNS:**

- Allergy - foods
- Allergy - nuts
- Allergy - environment
- Autism
- Asthma
- Hemophilia
- Diabetes
- Hearing Loss
- Skin Condition
- Wears glasses/contacts
- Scoliosis
- Blind
- Kidney Disease
- Mobility Limitations
- ADD/ADHD – no medication
- ADD/ADHD – Medication, list below

Other \_\_\_\_\_

Please notify the Health Office if your child(ren) health status changes or if he/she receives new immunizations.

Please explain extent of allergies or other health concerns:

\_\_\_\_\_

**Does child need to receive medications during after Childcare hours? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Medications:**

\_\_\_\_\_

ALL MEDICATIONS (prescribed and over-the-counter) that are given during the school day **MUST** have a current Authorization for Medication Administration completed and signed by the physician and parent. Meds must be reviewed and signed off by district nurse.

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

***LEUSD Childcare Policies and Procedures Contract***

***Please read and initial each line:***

\_\_\_\_\_ 1. I understand and agree to LEUSD Childcare program, tuition, fees, and discounts.

\_\_\_\_\_ 2. The person who signs this contract is responsible to insure monthly tuition for services rendered.

\_\_\_\_\_ 3. **NEW:** Payments must be made online with School Pay, brought to Children and Family Services, or dropped off in childcare classroom by the 5<sup>th</sup> of each month in the form of Cashier's Check, Money Order, Schoolpay Online, or Auto Pay with personal bank.

**NO personal checks or cash accepted.**

\_\_\_\_\_ 4. I agree to the monthly rate that I have chosen. I understand that fees are due at the beginning of the month whether or not my child attends the LEUSD Childcare Program and whether or not I have received a statement. Enrollment fees are non- refundable.

\_\_\_\_\_ 5. A late fee of \$40.00 will be applied after the 5<sup>th</sup> of month; an additional \$50.00 will be applied after the 15<sup>th</sup> of the month. If the 5<sup>th</sup> or the 15<sup>th</sup> of the month fall on a holiday or weekend, payment is due BEFORE the holiday or weekend.

\_\_\_\_\_ 6. A family carrying a balance for more than 30 days will be dropped from Childcare. If space is available, child(ren) may be reinstated upon payment of all outstanding fees and a re-instatement fee of \$25 per child.

\_\_\_\_\_ 7. Program Withdrawal - No refunds will be given unless the family has submitted a written request for withdrawal from program at least three (3) days prior to the last day of the child's attendance. If notice is not given, parent/guardian is responsible for fees accrued until notice is received.

\_\_\_\_\_ 8. Parent/guardian must notify Childcare Assistant at child's site of daily absences.

\_\_\_\_\_ 9. Authorized adults **only**, who are 18 years or older will be permitted to drop off or pick-up children and must carry proper picture identification.

\_\_\_\_\_ 10. Parent, guardian, or designee, must accompany their child or children to the childcare classroom to determine their child is under supervised care before leaving school premises.

\_\_\_\_\_ 11. Parent, guardian, or adult designee, must sign in and out daily and must sign and date the bottom of the attendance record upon month's end.

\_\_\_\_\_ 12. Parents must keep student records up to date: phone numbers, addresses, emergency contacts. If information needs to be updated, parent/guardian must make the change(s) and initial and date the change(s).

\_\_\_\_\_13. Children will not be released to anyone without proper picture identification. If arrangements have been made with someone who is not on child's emergency contact list, parent/guardian MUST NOTIFY Childcare staff in advance and IN WRITING. Person picking up MUST have picture ID.

\_\_\_\_\_14. Parents/guardians will be called and must have child picked up within (1) hour when child is ill, in discomfort or has seriously violated discipline policy.

\_\_\_\_\_15. Toys, candy, or permanent markers may not be brought to childcare. Cell phones MUST be kept put away and used in accordance with the school's policy. Program will not be held liable for missing or damaged personal belongings.

\_\_\_\_\_16. Prescription or over the counter medications, including sunscreen may be dispensed according to LEUSD medication policies. Medical forms must be completed by doctor, verified by district nurse before being kept on file in program classroom. All expiration dates must be current.

\_\_\_\_\_17. Parents are responsible for keeping track of ledgers and other communications that are placed on sign in sheets, mailed, or posted in childcare classroom.

\_\_\_\_\_18. If parent/guardian has a question about payment, they must call CFS for inquiry: 951-253-7055 or 951-253-7077 (*Childcare Staff does not have this information and must not be distracted from supervising students with regards to billing questions/concerns*)

\_\_\_\_\_19. Parents of children with health risks, IEP's or 504's must meet with program supervisor for approval of services. LEUSD Childcare is not an extension of the school day.

\_\_\_\_\_20. Parents/guardians may not insult, berate or threaten staff or students or use inappropriate language with staff or near students. If this occurs, a LEUSD Civility Policy will be issued to parent/guardian. *Family will be subject to immediate dismissal from program.*

\_\_\_\_\_21. Childcare **ends at 6:00PM.** If child(ren) is/are picked up late, a fee of \$5.00 per minute, per child will be charged to the family's Childcare account and be due and payable on the next monthly statement.

\_\_\_\_\_22. Field Trips: If your child attends a field trip during the school day that could affect attendance or arrival in Childcare, please notify Childcare Assistants directly.



## Reasons for Dismissal from Program

Reasons for dismissal from program are subject, but not limited to the following:

1. If, during the school year **or** during a \*trial period of attendance, it is determined that a student cannot be safely or effectively cared for in a large group setting, requires supervision or medical treatment beyond the limitations of our program, or poses a risk to the health and safety of others, LEUSD Childcare reserves the right to discontinue enrollment immediately.

*(\*Trial period of attendance is a time frame agreed upon by program administrators and parent/guardian that may be needed in order to determine if LEUSD Childcare can effectively meet specific needs of students in the childcare setting).*

2. Repeated inability to abide by program guidelines/policies outlined in Program Handbook and Enrollment Packet
3. Failure to complete enrollment forms or medical forms for medications
4. Parent or guardian insults, berates, uses inappropriate language, or exhibits threatening behavior towards staff, students or in presence of students
5. Misuse of contracted days and/or hours
6. Non-payment of fees
7. Excessive absences (Two weeks without notification, parent/guardian may be liable for tuition/fees)
8. Recurring late pick up (3 per program year)
9. Failure to:
  - a. Adhere to contracted days or hours
  - b. Sign child(ren) in or out daily
  - c. Enter month end signature and date at the bottom of the daily sign in/out record
10. Parent/guardian voluntary withdrawal (Must give 3 day advance written notice)