



AMADOR COUNTY OFFICE OF EDUCATION
EXTENDED LEARNING PROGRAM
Enrollment Packet

Enrollment is done by appointment only.

Please visit www.amadorcoe.org or call (209) 257-5423 to schedule an appointment.

Enrollment Checklist

- Original Emergency Card** - one per student, emergency contacts required
- Scheduled Hours Contract** - one per student
- Student Release Form** - one per student
- Account Holder Agreement** - one per family
- Review Family Handbook** – available at enrollment appointment and also online
- Payment** - first month's contracted hours plus annual registration fee

Registration Fee

\$25.00 per child, per school year (non-refundable)

After School Program Hours

Ione	2:15 p.m. - 6:00 p.m.	Sutter Creek	2:00 p.m. - 6:00 p.m.
Jackson	2:15 p.m. - 6:00 p.m.	Pine Grove	2:00 p.m. - 6:00 p.m.
Plymouth	2:00 p.m. - 6:00 p.m.		

After School Rates

- Schedules are calculated to the quarter hour.
- **The minimum requirement is 25 hours per month (6.25 hours per week), per child.**

25 – 39 hours/month: \$2.95 per hour for first child / \$2.66 per hour for siblings

40+ hours/month: \$2.65 per hour for first child / \$2.39 per hour for siblings

Weekly Rates (when applicable): Monday-Friday: \$53.00 for first child, \$47.80 for siblings

Non-School Day/Summer Hours

7:30 a.m. – 5:30 p.m. at Jackson Elementary School

Non-School Day/Summer Rates

\$18.50 per full day, per child

\$11.00 per half day (5 hours or less), per child



Please Use BLUE Ink

AMADOR COUNTY OFFICE OF EDUCATION
EXTENDED LEARNING PROGRAM
Emergency Information



STUDENT
Student's Full Legal Name: Last First Middle Nickname
Birth Date (mm/dd/yyyy): Male Female School:
Mailing Address: City: Zip:
Physical Address: City: Zip:

ACCOUNT HOLDER(S)
Name: Home Phone: Cell:
Address:
Same as Student E-mail:
Employer: City: Work Phone:
Lives with student? Yes No Relationship: OK to Pick Up? Yes No
Name: Home Phone: Cell:
Address:
Same as Student E-mail:
Employer: City: Work Phone:
Lives with student? Yes No Relationship: OK to Pick Up? Yes No
If parents are divorced or separated, to whom has the court granted physical custody? (must provide verification)

EMERGENCY CONTACTS
Only persons listed below will be allowed to take child from school without prior parent permission. If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to:
Name Relationship Phone Pick Up Only

SIBLINGS
Please list other children in the family living at home:
Name Birthdate School

HEALTH INFORMATION
I understand that ACUSD/ACOE does not provide accidental medical insurance for students for school related injuries, but does offer accident insurance for voluntary purchase. Please see school office for information.
Name of Medical Insurance: Physician's Name:
Is there any health information regarding your student that you would like to share with the school staff? Yes No
If yes, please explain: Does this condition require medication? Yes No
Does your student have any food and/or other allergies that would require immediate medical attention? Yes No
If yes, please explain: Does this condition require medication? Yes No
Is your student taking ongoing prescribed medications at home or school? Yes No
If yes, what is it? What time is it taken?
*A written doctor's authorization and parent request must accompany all prescriptions and over-the-counter medications given at school.

I give consent to the release of health information to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety. In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon.

Parent/Guardian Signature Date

AMADOR COUNTY OFFICE OF EDUCATION

EXTENDED LEARNING PROGRAM

Scheduled Hours Contract

Acct. Key: _____ Start Date:

School: _____ Grade: _____ Teacher: _____

Child's Name: _____

Parent/Guardian Name: _____

Hourly Rates: **25 – 39 hours/month:** \$2.95 per hour for first child, \$2.66 per hour for siblings
40+ hours/month: \$2.65 per hour for first child, \$2.39 per hour for siblings

Weekly Rates: **Monday-Friday:** \$53.00 for first child, \$47.80 for siblings

- Schedules are calculated to the quarter hour.
- Minimum requirement per child is 25 hours per month/6.25 hours per week.
- **Payment for first month's scheduled hours and \$25 registration fee due at time of enrollment.**
- Contracts may be changed twice, with a 2-week notice, without a \$10.00 Contract Change Fee.
- If you wish to withdraw your child from the program, **a minimum 2-week notice is required.**
 You are contractually obligated to pay for those two weeks even if your child does not attend.

NO REFUND OR CREDIT FOR UNUSED CONTRACTED HOURS
MONTHS ARE PRORATED ACCORDING TO SCHOOL DISTRICT CALENDAR

Contracted Hours:	After School Times (ex. 2:00-5:45)	Total Hours --Office Use Only--
<div style="border: 1px solid black; padding: 5px;"> <p style="color: red; margin: 0;">ELP Sign-In Times</p> <p style="margin: 0;"><i>(may be subject to change)</i></p> <p>Ione 2:15 <i>(3:00 from Jr. High)</i></p> <p>Jackson 2:15 <i>(3:30 from Jr. High)</i></p> <p>Pine Grove 2:00 <i>(3:00 from Pioneer)</i></p> <p>Plymouth 2:00</p> <p>Sutter Creek 2:00</p> </div>	MONDAY	_____
	TUESDAY	_____
	WEDNESDAY	_____
	THURSDAY	_____
	FRIDAY	_____
	_____	_____

--Office Use Only--

Total Weekly Hours: _____ x \$ _____ /hr. = \$ _____ /week

Total Monthly Hours: _____ x \$ _____ /hr. = \$ _____ /month

I agree to pay the above contracted weekly/monthly fees by the monthly due date to avoid a \$25.00 late payment fee. The sibling(s) with the fewest hours per week/month receives the sibling discount. I understand that non-payment will result in termination from the program. **Make checks payable to: Amador County Office of Education (ACOE)**

Signature: _____ **Date:** _____

AMADOR COUNTY OFFICE OF EDUCATION
EXTENDED LEARNING PROGRAM
 Student Release

Photograph Release

The Extended Learning Program may take photographs of children during program activities and/or field trips which may be used in the classroom or ELP parent newsletter (also available on school district website.) Photos **will not** be posted on social media.

CHECK ONE: YES, I give my permission to photograph my child
 NO, I do not give my permission to photograph my child

PG Movie Release

The Extended Learning Program shows G and PG rated movies from time to time. **Parents must give consent for their child to view PG rated movies only.** If a student is not permitted to watch PG movies, an alternative activity is provided.

A PG movie rating stands for **Parental Guidance, as some material may not be suitable for children.** There may be mild strong language, and some violence, but there will not be substance use or abuse. *Examples: Shrek, Frozen, How the Grinch Stole Christmas, Despicable Me*

G Rated movies are intended for **General Audiences, with all ages admitted.**

CHECK ONE: My child may watch **G and PG Rated** movies
 My child may watch **ONLY G Rated** movies

Bus Rider Release (if applicable)

I authorize Extended Learning Program staff to sign my student in/out of the after school program and escort them to/from the bus according to the below schedule.

Afternoon Bus Stop: _____

Please check the days that your child will ride the bus: M TU W TH F

Notes/Comments (bus route, number, siblings, etc.): _____

After School Activity Release (if applicable, can be updated throughout the year)

This release serves as my request for my student to attend/participate in a school-based or non-school-affiliated extracurricular activity/program. I understand the student's sign in/out sheet will record the extracurricular program coordinator's signature upon the student's departure from and/or return to the Extended Learning Program.

As the parent/guardian, I will make arrangements with my child's extracurricular program coordinator to sign my child in to and/or out of ELP, and will **add them to my child's approved list of emergency contacts for pick-up authorization.**

I understand that if my child's extracurricular activity is cancelled, they can only be signed in to ELP if they are contracted to attend during those hours.

	Activity Name	Dates	Time	Location	Contact Name
M	_____	_____	_____	_____	_____
TU	_____	_____	_____	_____	_____
W	_____	_____	_____	_____	_____
TH	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____

Student Name: _____

Parent Signature: _____

Date: _____

ProCare Copy to Parent Copy to Site HRC

AMADOR COUNTY OFFICE OF EDUCATION
EXTENDED LEARNING PROGRAM
Account Holder Agreement

Parental Rights & Responsibilities

Each custodial parent has full rights to access all student information. The Extended Learning Program will recognize the person signing this form as the primary account holder. It is their responsibility to provide payment/documentation, etc. Parents/guardians are responsible for reading and adhering to the policies and guidelines defined in the Family Handbook.

Billing & Payments

It is the primary account holder's responsibility to make sure monthly fees are paid in full, regardless of who actually pays (i.e.: divorced/separated parents, grandparents, The Resource Connection, etc.).

Statements are sent at the beginning of each month. For example, September statements will be sent the first part of August. Statements are either e-mailed or sent to the ELP site for pick up, they are not mailed.

Monthly fees are paid **in advance** of service and due no later than the last business day of each month. Due dates are listed on page 4 of the Family Handbook. Please note that May and June are billed together. All accounts must be **paid in full** on a monthly basis; failure to pay will result in termination of service and may result in legal action.

Late Charges

- A \$25.00 late payment fee will be charged if monthly payment is not received by the due date (postmarks are not accepted).
- A \$25.00 late pick-up charge will be added to your account if your child is picked up after 6:05 p.m. *Habitual late pick-ups may result in termination from the program.*
- If your child is picked up after your contracted time, **you will be charged for one full hour at your regular rate**. If extra hours are used without prior authorization and results in a late payment fee, the late payment fee will not be reversed. If extra hours and/or days are used repeatedly, you will be required to change your Scheduled Hours Contract.

Withdrawal

If you wish to withdraw your student from the program, **a minimum of 2-weeks written notice is required**. You are contractually obligated to pay for those two weeks even if they do not attend.

I received my copy of the ELP Family Handbook:

Hard Copy E-mailed

INITIALS:

OK to send text messages?

(ie: school closures, emergencies, occasional payment reminders, etc.)

YES NO

OK to e-mail your monthly statement?

YES NO

Cell Phone: _____ Wireless Carrier: _____

Email Address: _____

SIGNATURE: _____

DATE: _____