

Discovery Extended Hours Program
762 Sunset Glen Drive,
San Jose, CA 95123
408.300.1358



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Discovery Extended Care Enrollment Package

Our Philosophy:

Discovery Extended Care (DEC) is a true extension of the Discovery philosophy and incorporates positive discipline, student-driven enrichment, and inquiry-based activities facilitated by engaged, caring professionals.

We are committed to providing a safe, comfortable environment where students can play, study, explore, and create.

We are community-focused and will work with our school administrators and staff to ensure that every child, regardless of financial circumstances, receives quality care. To that end, financial assistance is available and requires a meeting with the DEC staff.

Our Staff:

DEC hires staff members with child care experience and a commitment to Discovery's educational philosophy. We will operate with a 1:10 staff to student ratio with at least two care providers in the afternoon.

Staff members:

- meet or exceed licensing requirements
- have been fingerprinted, TB cleared, and vetted thoroughly by the program directors
- have been trained in positive discipline, conflict resolution, First Aid/ CPR, Epi-Pen administration, and disaster/ intruder preparedness
- participate in staff training programs and one-on-one development meetings throughout the school year

Our Program:

Discovery Extended Care recognizes that children develop key life skills both in and out of structured learning environments. As an extension of Discovery's educational philosophy, we are committed to nurturing students' creative, emotional, physical, and academic skills through a variety of activities and enrichments. Students will be able to explore:

- Art and Atelier
- Cooking
- Engineering challenges
- Science activities
- Writing and dramatic play
- Reading
- Homework support
- Student-developed personal projects
- Outdoor free play
- Outdoor organized play
- And much more

We also recognize that students need differentiated care. Our staff is committed to offering a variety of activities for every age group and working with families to ensure that each child receives individualized support. This may include:

- Extended homework time using school-supplied technology
- Mentoring and leadership opportunities
- Older grade outdoor games and activities
- Student-directed projects and much more

Behavior Agreement:

Discovery Extended Care is committed to fostering a healthy, nurturing, community-focused environment. We value student input and work together to create agreements regarding behavior and conflict resolution, using positive discipline approaches.

Discovery Extended Care staff will work collaboratively with the students should conflicts arise, modeling conflict resolution strategies and fostering constructive dialogue. Should the need arise, DEC staff members will discuss challenging conflicts with parents/guardians and work together to resolve outstanding issues. In the rare instance when a student's behavior becomes unmanageable or a safety concern, DEC reserves the right to review the enrollment agreement and terminate the contract. If the contract is terminated as the result of an unresolvable behavioral issue, DEC will not refund or reimburse any paid program fees.

Enrollment Process:

Discovery Extended Care is open to enrolled TK-8 Discovery Charter School Falcon students.

Every student in the program must:

1. Complete an Enrollment Package
2. Pay a one-time, non-refundable enrollment fee of \$50 (\$25 for each additional child, not to exceed \$100 per family) due on the date of registration.
3. Pay the first month's program fees by September 1st, 2018.

Tuition fees are due on the first day of each calendar month. If a child enrolls after the first day of the month, payment is due on or before the first date of attendance and may be prorated.

Program fees are not prorated for any month where an in-service or holiday week break occurs.

Methods of Payment:

Payments may be made by cash, check, money order, or credit card. Returned checks will incur a service charge of \$30, in addition to any bank fees. Thereafter, DEC would require that future payments be made using cash, money order.

Please make checks payable to Discovery Charter School and submit payments to the tuition box located in the DEC Program Office or Michele Felt.

Late Payments and Fees:

Please ensure that payment is received on the first day of each calendar month. In the event that payment cannot be made on the due date, please contact us at DEC@discoverytwo.org to discuss available options. Payments that are more than 10 days past due will incur a late fee of \$50; repeated past due statements may result in the termination of the enrollment contract.

Late Pick-Up:

All students must be picked up by a registered parent or guardian at the end of their program time. A staff member must remain with every student until he or she has been signed out. If you arrive after the end of the contracted program time, you will be charged \$15 for the first ten minutes and \$1/minute for every minute thereafter, per child. Repeated late pick-ups may result in the termination of the enrollment contract.

Fee Changes:

Discovery Extended Care will provide a 30-day written notice of any changes to the fee schedule.

Amendment or Cancellation of Enrollment Agreement:

If you wish to amend or cancel your enrollment agreement with DEC, we kindly ask that you submit written notification at least two weeks in advance at DEC@discoverytwo.org

Absences:

Please contact the Discovery Extended Care staff if your child will be late or absent from the program. Because we must maintain staffing even when students are absent, the program cannot prorate the monthly fees due to absence.

Change of Address / Phone / Email:

Please contact us at DEC@discoverytwo.org if your contact information changes. In the event of an emergency, we must be able to contact you, and we can assume no liability for burdens arising from missed communication.

School Day Enrollment:

Enrollment in the program can be on a full or part-time schedule. Please specify each child's attendance schedule (days of the week and times of service) on the enrollment form in this packet.

In-Service Days / Minimum Days / Holidays:

Discovery Extended Care is operational on the 180 days that Discovery Charter School is in session.

Discovery Charter School and DEC will not be open on the following legal holidays:

- September 3, 2018 - Labor Day
- November 12, 2018 - Veteran's Day
- November 22, 2018 – Thanksgiving Day
- December 25, 2018 – Christmas Day
- January 1, 2019 – New Year's Day
- January 21, 2019 - Martin Luther King Jr
- February 18, 2019 – President's Day
- May 27, 2019 – Memorial Day

Discovery Charter School has three scheduled Staff Development Days in the 2018-2019 academic year:

- September 14, 2018
- October 26, 2018
- March 15, 2019

DEC may offer care options for these Staff Development Days at a rate of \$60.00 (7:30 a.m. - 6:00 p.m.) if we reach minimum enrollment numbers. If minimum numbers are met, payment is due 2 weeks prior to the in-service date. No refunds will be provided once payment has been received.

DEC has early dismissal in the 2018-2019 academic year on the following dates: 10/29-11/2, 12/14, 4/8-4/12, and 6/17-6/20. No fee changes apply for the days when your child(ren) are regularly enrolled.

Discovery Charter School has five scheduled extended breaks during the 2018-2019 school year (10/1-10/5, 11/19- 11/23, 12/17- 1/4, 2/18 - 2/22 and 4/22 - 4/26). DEC may offer camps during some of these days/weeks at a rate of 250/wk. or 60/day (7:30 a.m. - 6:00 p.m.) if we reach minimum enrollment numbers. If minimum numbers are met, payment is due 2 weeks prior to the extended break. No refunds will be provided once payment has been received.

Before School Care - Arrival and Sign-In Procedures:

Please ensure that you, or a designated adult, accompany your child(ren) and sign in with a DEC staff member.

After School Care - Sign-In Procedures:

All students should meet the DEC Staff at our designated meeting spots directly after dismissal.

DEC Staff members will sign children in to confirm attendance. Please notify us via email if your child will not be attending the program on a given day. If your child has not signed in with the DEC staff within the first five minutes after dismissal, we will contact the school's main office to confirm your child's attendance at school.

If your child was in school, we will contact your child's teacher, use the school's PA system, and walk the school grounds. We will notify the child's emergency contact if we are unable to locate your child. If necessary, we will contact the police department to initiate a community search.

Sign-Out Procedures:

Students must be signed out each day by the contracting parent(s) or an adult designated in writing on the Emergency Care Information Form found in this packet. The sign-out is not only a record of a child's attendance, it is a safety feature. We will not release a child to any person who is not designated on the Emergency Care Information Form and staff members may ask for photo ID.

If a non-custodian parent is not listed on the Emergency Care Information Form, DEC cannot release a student to their care. If there is a court order in place which limits or denies access to a biological relative, please provide supporting documentation.

The well-being of our students and staff members is our number one priority. If staff members are concerned about the safety of a student or themselves, they may refuse to release a student, or they may call the police.

Health, Safety, and Injury Procedures:

Sick Children: For the health of our students and staff members, please refrain from sending a sick child to the DEC Program. If a student is ill during the program hours, a staff member will call a designated adult to pick up the child within one hour.

Communicable Diseases: Communicable disease exposure (strep throat, lice, scabies, conjunctivitis, etc.) will be reported immediately, both to parents and the county health authorities. If a child is absent from the program due to a contagious illness, we require that he or she be fever-free and/or symptom-free for 24 hours, or on antibiotics for 24 hours, before the student can resume the program. In the case of lice, a child must be free of nits.

Medication: If a child requires medication during the program hours, please complete the Confidential Health History and Medication Disbursement Release Form in this packet. Staff members can only administer medications prescribed by a doctor and in the original packaging. Medications should be clearly labelled with the child's name, the date prescribed, and dosing instructions. No child may self-administer medication, with the exception of a doctor-prescribed inhaler or Epi-pen; any use of these devices must be noted by staff members and reported to a child's parent/guardian.

Injuries: In the event of injury or illness, our First Aid/CPR-certified staff members will treat any minor incident. In the event of serious medical emergency, our staff will call 911 and, once emergency personnel arrive, we will contact you. If we are unable to contact you, we will proceed down the emergency contact list.

Mandated Reporting: Staff members of Discovery Extended Care are mandated by law to report any suspicion of child abuse to Child Protective Services.

Disaster/ Intruder Preparedness:

The DEC program has a well-defined plan of action in the event of an earthquake or fire. Program staff members conduct earthquake and fire drills on a bi-monthly basis and we work with our school administrators to ensure that our classroom space complies with all safety ordinances.

In the event of an emergency, DEC staff will implement the emergency plan and maintain the safety of the students.

Lockdown Procedure - Code Blue:

In the event of a security threat, including a suspicious person on campus, an individual with a weapon, a person who is not authorized to pick up a child, or a lockdown alert from school, police, or other local authorities, a Code Blue will be issued and shelter in place procedures will commence.

Program staff members conduct Code Blue drills once every semester and we work with our school administrators to ensure that our program space is prepared for such an emergency.

Release of Confidential Health History and Medical Consent Form, and Emergency Care Information From:

_____ By initialing here, you authorize Discovery Extended Care to access, use and maintain the Emergency Care Information Form, Confidential Health History and Medical Consent Form located within the DEC binder and Main Office.

Emergency Care Information Form:

_____ By initialing here, you acknowledge that you have completed the DEC Emergency Care Information Form within this enrollment package, that includes a list of authorized adults for pick up.

If you have a court order in place, please contact the DEC Directors at DEC@discoverytwo.org.

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Discovery Extended Care Enrollment Agreement

School Year: _____ Enrollment Start Date _____

Current Grade Level _____

Child's Full Name _____

Nickname/Preferred Name _____

Birthdate _____ Language(s) spoken at home _____

Address _____

City _____ Zip _____ Home# _____

Parent/Guardian _____

Cell Phone _____

Email _____

Parent/Guardian _____

Cell Phone _____

Email _____

Child Lives with Mother Father Both Grandparents Other

Please read the following and sign below:

I have read the tuition and payment policy of Discovery Extended Care and the Enrollment Package. I understand all fees are due on the first day of each calendar month. A \$50 late fee will be assessed for any payment received after the 10th of the month (\$50 limit per family) and repeated past due statements may result in the termination of the enrollment contract. I also understand that a \$50 non- refundable registration fee is required (\$25 for each additional child, not to exceed \$100 per family).

I/we understand that I/we are jointly responsible for the payment of our child's extended care fees at Discovery Extended Care as well as any changes in fees instituted by DEC. Discovery Extended Care is authorized to discuss payment status with either/both of us and I/we also agree to share all child care documentation jointly.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Program Director Signature _____ Date _____

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Enrollment Form and Fee Schedule

Care Program	Number Days/Week	Annual Fee
AM Care* 7:30 - 8:30am <i>*Availability based on minimum enrollment criteria</i>	1.day/week	\$ 1,100.00
	2.days/week	\$ 1,300.00
	3.days/week	\$ 1,500.00
	4.days/week	\$ 1,700.00
	5.days/week	\$ 1,800.00
<i>Please mark the days you are requesting.</i> AM Care (7:30-8:30am) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F		

TK & Kinder Care Program	Number Days/Week	Annual Fee
TK & Kinder Care Dismissal - 3:05pm	1.day/week	\$ 1,400.00
	2.days/week	\$ 1,900.00
	3.days/week	\$ 2,000.00
	4.days/week	\$ 2,200.00
	5.days/week	\$ 2,550.00
TK & Kinder Care Plus Dismissal - 6:00pm	1.day/week	\$ 2,750.00
	2.days/week	\$ 4,600.00
	3.days/week	\$ 4,950.00
	4.days/week	\$ 5,400.00
	5.days/week	\$ 6,000.00
<i>Please mark the days you are requesting.</i> TK (Dismissal-3:05pm) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F TK Care Plus (Dismissal-6:00pm) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F		

1st-8th After-School Care Program	Number Days/Week	Annual Fee
After School Care Dismissal - 6:00pm	1.day/week 2.days/week 3.days/week 4.days/week 5 days/week	\$ 1,750.00 \$ 3,200.00 \$ 3,500.00 \$ 4,100.00 \$ 4,500.00
<hr/> Wednesday ONLY – 3:00pm Wednesday ONLY – 6:00pm	<hr/> Wednesday ONLY 3pm Wednesday ONLY 6pm	<hr/> \$ 1,400.00 \$ 2,750.00
<p>Please mark the days you are requesting.</p> <p>1st - 8th After School Care (Dismissal - 6:00pm) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p> <hr/> <p>Wednesday ONLY – 3:00pm <input type="checkbox"/> W - 3:05pm</p> <p>Wednesday ONLY – 6:00pm <input type="checkbox"/> W - 6:00pm</p>		

***The annual fee is divided evenly over 10 months (September through June).**

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Confidential Health History and Medication Disbursement Release Form

If your child is currently taking prescription medication, please complete the following information. For your child's health and safety, DEC staff cannot administer medication without this signed consent form. All medications must be in the original packaging and prescribed by a doctor. Medications must be clearly labelled with the child's name, the date prescribed, and dosing instructions. No child may self-administer medication, with the exception of a doctor-prescribed inhaler or Epi-pen; any use of these devices must be noted by staff members and reported to a child's parent/guardian.

Medical Condition: _____

Medication: _____

Dosing Instructions: _____

Medical Condition: _____

Medication: _____

Dosing Instructions: _____

Medical Condition: _____

Medication: _____

Dosing Instruction: _____

I/We the undersigned, authorize Discovery Extended Care to access and make use of the confidential health history and medical authorization information maintained by Discovery Charter School in the DEC binder and Main Office. I/We the undersigned, further authorize the DEC staff to administer the medications listed above, as appropriate.

Name of Minor: _____

Guardian/Parent of Minor Signature _____ Date: _____

Guardian/Parent of Minor Signature _____ Date: _____

Program Director Signature _____ Date: _____

___ Health Alert-Severe Allergies

___ Our Parent Contact Information has changed since last year

EMERGENCY CARE INFORMATION FORM

Student Name (Last) _____ (First) _____ (Nickname) _____ D.O.B. (MM/DD/YYYY) _____ Male/Female _____ Grade _____ Teacher _____

Street Address _____ Apt. # _____ City _____ Zip _____
Home Phone _____

Living with Student? Yes ___ No ___

Father/Guardian 1
Work Phone _____ Cell Phone _____

Father/Guardian email address _____

Living with Student? Yes ___ No ___

Mother/Guardian 2
Work Phone _____ Cell Phone _____

Mother/Guardian email address _____

Are there any custody, visitation, or other court orders limiting access to your child? Yes No If yes, please specify orders: (Copies of court documents will be required before the beginning of the school year in order for Discovery to comply with or enforce court orders.)

IN CASE OF AN EMERGENCY, IF NEITHER OF THE ABOVE CAN BE LOCATED, PLEASE NOTIFY THE FOLLOWING, WHO ALSO HAVE PERMISSION TO PICK UP MY CHILD FROM SCHOOL:

Name	Relationship	Address	Day Phone
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

HEALTH CONDITION

My child has no known health conditions

Is your child DIAGNOSED with: (Please leave blank if no known health conditions.)

ASTHMA: Carries inhaler at school? Yes ___ No ___ (*Form must be on file, see Permission to Administer Medication Form)

SEVERE ALLERGY to: _____

EPIPEN required* (*Permission to Administer and Action Plan must be on file in the school office; Forms available in the school office)

Ok to post severe allergy information (above), so working parents know that my child has a severe allergies.

Other ALLERGIES: _____ (*Form must be on file, see Permission to Administer Medication Form.)

DIABETES: Type: _____ Blood testing at School? Yes ___ No ___ Carries Insulin? Yes ___ No ___ (*Form must be on file, see Permission to Administer Medication.)

SEIZURES: Type: _____ Date of last seizure: _____

OTHER: Describe: _____

*Permission forms to carry and/or take medication at school must be completed and on file in the Office prior to dispensation. Forms can be obtained in the Office. (CA Ed Code 49423)

In the event of an emergency, if both parent/guardians cannot be reached and/or Discovery Extended Care deems it necessary:

I DO give consent for emergency medical treatment. I realize that Discovery Extended Care cannot assume responsibility for the payment of medical fees, transportation, or expenses incurred.

I DO NOT give consent for emergency medical treatment. I realize that Discovery Extended Care cannot assume responsibility for the payment of medical fees, transportation, or expenses incurred.

Parent or Guardian Name: _____

Signature of Parent/Legal Guardian X _____ **Date** _____

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Assumption of Risk, Release and Waiver of Liability and Indemnity Agreement

The undersigned, for themselves, their child, and for their respective heirs, executors, and personal representatives, agree as follows:

Assumption of Risk: The undersigned hereby acknowledge and agree that their enrolled child is in good health; that there are certain inherent risks and dangers associated with the program; and that they knowingly and voluntarily accept and assume responsibility for each of these risks and dangers, and all other risks and dangers that could arise out of, or occur during, program hours. These include, but are not limited to: injury, pain, suffering, illness, temporary or permanent disability, property damage, economic loss, and/or death.

Release and Waiver: The undersigned hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Discovery Extended Care Program, Discovery Charter School and its respective directors, employees, volunteers, independent contractors, or any other associates from and for any liability resulting from any personal injury, accident or illness (including death), and/or property loss, however caused, arising from, or in any way related to, the child's participation in the program. The undersigned fully acknowledges that if the child is injured, dies, or property is damaged, they are giving up their rights, their child's rights, and the rights of their respective heirs, executors, and personal representatives, to file a lawsuit against Discovery Extended Care Program, Discovery Charter School and its respective directors, employees, volunteers, independent contractors, or any other associates.

Indemnification and Hold Harmless: The undersigned also hereby agree to INDEMNIFY, DEFEND AND HOLD HARMLESS Discovery Extended Care Program, Discovery Charter School and its respective directors, employees, volunteers, independent contractors, or any other associates from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney's fees, arising from, or in any way related to, the child's participation in the program.

Permission to Use Likeness/Name: Unless indicated otherwise below, the undersigned agree to allow, without compensation, the child's likeness and/or name to appear, and to otherwise be used, in material, regardless of media form, promoting the Discovery Extended Care, and/or Discovery Charter School.

_____ I/we do grant permission for my/our child's likeness and/or name to appear, and to otherwise be used, in material, regardless of media form, promoting the Discovery Extended Care, and/or Discovery Charter School.

_____ I/we do NOT grant permission for my/our child's likeness and/or name to appear, and to otherwise be used, in material, regardless of media form, promoting the Discovery Extended Care, and/or Discovery Charter School.

Severability: The undersigned expressly agree that the foregoing assumption of risk, release and waiver of liability and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: The undersigned has read this assumption of risk, release and waiver of liability and indemnity agreement, and has had the opportunity to ask questions about the same. The undersigned fully understands this assumption of risk, release and waiver of liability and indemnity agreement, that the undersigned is giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital.

The undersigned acknowledge that they are signing this agreement freely and voluntarily, and that they are the legal guardian(s) of the child.

Name of Minor: _____

Guardian/Parent of Minor Signature: _____ Date: _____

Guardian/Parent of Minor Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

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Getting to Know You

Name of Child: _____ Nickname: _____

Name of Parent(s)/Guardian(s): _____

- 1. Please tell us about your child. List special gifts, talents, likes, dislikes, and hobbies.**

- 2. List any concerns that you would like to share with us.**

- 3. On weekend or during vacation, what do you and your child/family like to do together?**

- 4. By the end of the school year, how do you hope your child will have grown because of the program?**

- 5. Is there anything else you would like us to know?**

PLEASE READ, SIGN AND RETURN BY JUNE 4th, 2018

Dear Parents of: _____

The Discovery Extended Care program has three options for monthly payments.
The three forms of payment are:

1. Submit a check or cash to the office or payment by the first day of each month
2. Submit pre-signed checks. The office will submit the appropriate check on the first day of each month
3. Complete the credit card form below authorizing a charge for each month.
We only accept Visa and MasterCard at this time. Charges will be made on the first of each month. Michele Felt will be the only person with access to your credit card information.

Below are the monthly charges for your student(s) based on your enrollment form:

\$ _____

I will be using payment option # _____

Signed: _____ **Date:** _____

For VISA or MasterCard credit card payments only, complete the following:

I authorize Discovery Charter School to process the above charges on the first day of each month, as listed.

Name on Credit Card – PRINT Date

Address for Credit Card Zip Code

Credit Card Type Credit Card Number

Exp. Date CVV Code (3 digits on back of card)

Signature