SJUSD OASIS
Outstanding After-School
Instruction and Safety
Enrollment Packet 2019-2020

Student Name_________________ School_________________ Grade_______

The San Jacinto USD's OASIS Program invites you to apply for our free after-school program. Our Mission: The OASIS Program will improve student achievement and enhance social and emotional growth through sustainable after school academic and developmental enrichment opportunities aligned with the efforts of the regular school day.

Program Components: Daily activities include Academic Enrichment and Support, Social and Emotional Development, Physical Activity, Outdoor Recreation and Sports, Technology Access, and Healthy Nutrition. Using the 40 Developmental Asset Model, OASIS will develop personal assets that lead to student success.

Program School Sites and Hours: Elementary schools include Megan Cope, De Anza, Estudillo, Hyatt, Park Hill, Record, and San Jacinto. Middle schools include Monte Vista and North Mountain. The OASIS program is open every school day from dismissal until 6:15 pm at elementary sites, and from dismissal until 6:00 pm at middle school sites.

Attendance Policy: ASES Grant funding requires daily attendance of five (5) days per week for the full program, from dismissal until 5:45pm. Excessive early Releases, repeated late pick-ups, misconduct, or failure to meet attendance requirements may result in dismissal from the OASIS program. For safety reasons, students must be signed out of the program by their parent/guardian everyday, unless the parent/guardian gives written permission for their student to walk home and to sign themselves out. Only persons listed on the student’s OASIS emergency card will be allowed to sign-out a student, and ID may be required.

Early Release Policy: Any pickup time prior to 5:45pm is considered an Early Release, and Early Releases must be the exception, not the rule (per ASES Grant requirements). OASIS students must remain in the program until 5:45pm the majority of program days. However, occasionally a student may need to be released prior to 5:45 pm. A parent/guardian must indicate the reason for the Early Release on their student’s sign-out sheet. Excessive Early Releases may be cause for removal from the OASIS program to allow another student to enroll that can meet the OASIS Attendance Policy.

Priority Enrollment: Students that commit to attending the OASIS program five (5) days a week until at least 5:45pm Monday through Friday will be given priority enrollment. Foster Youth and Homeless Students that can meet attendance requirements are given additional priority, and if enrolling in a program already at full capacity, they will be placed on the top of the waiting list. Parents that attend an OASIS parent meeting in the spring of each school year and turn in a completed enrollment packet within one week of attending, will also be given priority enrollment. Once a program is at full capacity, waiting lists are created based upon priority factors, and the date and time of receiving the enrollment packet.

OASIS Attendance: Will your child attend the full OASIS program 5 days per week? ____Yes ____No
OASIS Pickup: Check one: _____My child will be picked up / _____I give permission for my child to walk home

Approval of Attendance Policy, Early Release policy, and Pick-up Option:

Parent/Guardian signature ____________________________

For more information, please contact Vince Record, Director, CTE and Special Programs, at (951) 929-7700 ext. 4303
OASIS (ASES) STUDENT EMERGENCY CONTACT CARD
Emergency Contacts / Medical Consent (other side) 2019-20

In case of emergency, it is important that the school be able to reach the student's
Parent or guardian. Please fill in the information on both sides of this card
carefully and accurately. Please type or use ink and print clearly and legibly.

Grade: _______ Track: _______

☐ Male    ☐ Female    Teacher

Home Phone
Lives with:  ☐ Both Parents  ☐ Mother  ☐ Father  ☐ Legal Guardian
Address Change?  ☐ No  ☐ Yes

Email
Employer

Home Phone  Work Phone  Cell Phone

Email
Employer

Home Phone  Work Phone  Cell Phone

☐ No  ☐ Yes → if yes, please attach LEGAL ORDER.

AUTHORIZED CONTACTS Please list the names of relatives/neighbors/friends in close proximity to the school to whom we may release your child or contact if you cannot be reached. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS OR ADULTS LISTED ON THIS CARD.

I/we hereby authorize the release of the student named above to the following persons in the event of an illness, injury, evacuation or emergency pick-up that may occur while student is in the after school program.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Home Phone</th>
<th>Work or Cell Phone</th>
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I declare that the information on this form is true and correct. I will notify the after school program office immediately of any changes to be made in the foregoing information.

Parent/Guardian signature ___________________________ Date: ___________ Relationship ___________________________
OASIS STUDENT EMERGENCY MEDICAL CARD
Medical Information and Consent 2019-20

STUDENT

Last	First	Middle

MEDICAL/HEALTH INFORMATION

Medication: Does your child require medication

☐ Yes  ☐ No

⇒ If your child requires medication at school, all medication sent to school must be in the original prescription container with a current date and the child's name. An "Authorization for Administration of medication" form must be on file.

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<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Hour(s) given</th>
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Health Insurance Information: Please check appropriate box.

☐ Family Health Insurance
☐ Healthy Families
☐ Medical # ____________________________
☐ No Health Insurance
☐ California Kids

Physician/Health Care Provider ____________________________ Phone No. __________
Health Plan/Group Name ____________________________ Policy No. __________
Dentist ____________________________ Phone No. __________

Vision and/or Hearing Problems:

☐ Wears glasses/contacts: ⇒ ☐ for board work ☐ for reading ☐ all the time

Date of last eye exam ____________________________

Medical Conditions: Please check the appropriate boxes if your child has any of the following:

☐ Severe allergies requiring: ⇒ ☐ epi-pen ☐ Benadryl
☐ Food/Environmental ☐ stinging insects/bees ☐ Medicines/drugs ☐ Other

Please explain ____________________________

☐ current asthma If checked, ⇒ ☐ uses inhaler ☐ on daily medication
☐ current seizures If checked, on medication? ☐ yes ☐ no
☐ diabetes If checked, insulin dependent? ☐ yes ☐ no
☐ behavior problems: ____________________________
☐ movement problems: ____________________________
☐ other (please explain): ____________________________
☐ recent illness, hospitalization or surgery. If checked, please provide date(s) and description(s):

☐ medical condition which might require care or accommodation at school (please describe):

EMERGENCY TREATMENT AUTHORIZATION

I/we, the undersigned parent(s) or legal guardian of ____________________________, a minor, do hereby give authorization and consent to the school to obtain emergency medical care and necessary transportation, including x-ray examination, anesthetic, medical or surgical diagnosis and emergency hospital which is deemed advisable by and is to be rendered under the general or specific supervision of medical and emergency room staff licensed under the provisions of the medical practice act and the State of California Department of Public Health.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the student, but that any of the above treatment will not be withheld if the undersigned or authorized adults cannot be reached.

the hospital I/we prefer for emergency medical treatment of my/our child.

I/we understand that the school district does not provide accident/medical insurance for students, and I/we further understand that all costs related to medical treatment may be my/our responsibility and not that of the school district.

Parent/Guardian Signature ____________________________

Date ____________________________
San Jacinto Unified School District OASIS Program
2019-20
SCHOOL INFORMATION FOR PARENTS
MANDATORY PARENT NOTIFICATION RECEIPT
(A form must be on file at each school for each student)

<table>
<thead>
<tr>
<th>School</th>
<th>Date</th>
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<table>
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<tr>
<th>Students Name</th>
<th>DOB</th>
<th>Grade</th>
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**Publishing Student Work/Photo/Name** – San Jacinto Unified School District policy regarding District & School Web Sites requires parental permission be acquired prior to use of any student image or likeness. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of student(s) for use in materials that include, but may not be limited to, printed materials such as newsletters or videos and digital images such as those on the SJUSD web site.

**Access to the Internet/Acceptable Use Agreement** – Board approved (Admin. Reg. 6162.7)

As the parent or guardian, I hereby consent to my student's use of the Internet at school. I also agree not to hold the District responsible for materials acquired by the student on the system, for violations of copyright restrictions, users' mistakes, negligence, or any costs incurred by users.

**Media Release** – The District occasionally receives requests from the news media and other agencies to photograph or videotape students. These requests are often received on a spur-of-the-moment basis, which makes it difficult to obtain immediate parental consent. Parental consent is requested for your student to be photographed/videotaped during the school year.

**California Healthy Kids Survey** – During the school year, students in your student's class will be asked to complete the California Healthy Kids Survey. The survey is part of San Jacinto Unified School District's health education program and the State of California's Healthy Kids program, and is being given to students in grades 5, 7, 9 and 11 in the district. Students will be asked about their behavior and attitudes toward drug use and about issues of safety and violence at school. Their answers are kept confidential. The survey results will give us important information about the extent of alcohol, tobacco and other drug use among our students. It will also help us improve our substance use prevention and intervention program.

**Release of Directory Information** – The District also makes student directory information available to specific agencies in accordance with state and federal laws. Directory information may include any of the following items: student's name, birthplace, address, telephone number, major course of study, participation in school activities, dates of attendance, awards, e-mail address, photograph, previous school attendance, and height and weight of athletes. Appropriate directory information MAY BE provided to the following: universities, interested school(s), parent/teacher associations (PTA), military recruiters, any non-profit agency, employers and prospective employers of students, and news media. Directory information MAY NOT be provided to private profit-making organizations.

**Publishing Student Work/Photo/Name** (Please let your student know of your decision)

☐ Yes, I give permission my student's image may be used in print, video and digital media, including use on the district and/or school web site. I agree these images may be used by SJUSD for a variety of purposes and these images may be used without further notifying me. I do understand my student's last name will not be used in conjunction with any online video or digital images.

☐ Deny permission to use my student's image at all.

**Media Release** (Please let your student know of your decision)

☐ Yes, I give permission for my student to be photographed or videotaped by the media.

☐ No, I do not give permission for my student to be photographed or videotaped by the media.

**Access to the Internet/Acceptable Use Agreement**

☐ I/we hereby agree to comply with the Acceptable Use Policy.

**California Healthy Kids Survey**

☐ Yes, I give permission for my student to participate in the survey. Grade: 5, 7, 9, 11 (Circle one)

**Release of Directory Information**

☐ Yes, I give permission for the District to release student directory information

☐ Do not release directory information regarding the student listed above.

I acknowledge receipt of the Annual Notification of the Parent Guide to Rights and Responsibilities and I will provide home support, both academically and behaviorally.

<table>
<thead>
<tr>
<th>Student's Signature of Student (6th grade and above)</th>
<th>Grade</th>
<th>Teacher's Name (elementary only)</th>
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<table>
<thead>
<tr>
<th>Signature of Parent/Guardian</th>
<th>Date</th>
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</table>
HEALTH INFORMATION – PLEASE LIST ANY HEALTH PROBLEMS AND/OR MEDICATIONS YOUR CHILD REQUIRES AT SCHOOL OR HOME. This information is important to your child’s health and safety as well as disaster preparedness. If medication is taken at school, written parent and physician form must be on file – including inhalers.

Please mark the appropriate box. If any of the following apply to the student and give a brief explanation in the space below if necessary.

- Anxiety Disorder
- Attention Deficit Disorder – Take Meds
- Attention Deficit Disorder – No Meds
- Allergies – Take Meds
- Arthritis
- Asthma – mild, No inhaler
- Asthma – Takes inhaler
- Hypoglycemia
- Bee Sting Allergy – Has Epi-Pen
- Bee Sting Allergy – No Meds at school
- Blood Disorder
- High Blood Pressure
- Cancer/Leukemia
- Cardiac Problem – PE Restriction
- Cardiac Problem – No restriction
- Cerebral Palsy
- Color Blindness
- Cystic Fibrosis
- Down Syndrome
- 504
- Diabetes – Does Test at school
- Diabetes – Does Not Test at school
- Eating Disorder
- Allergies – No Meds
- Gastrointestinal Problem
- Previous Head Injury
- Headaches/Migraines
- Hearing Impaired (Explair)
- Osgood Schlatters – Knee Problem
- PE Restriction
- Spinal Bifida
- Scoliosis
- Seizure Disorder/Epilepsy
- Tourettes Syndrome
- Wears Glasses
- Visually Impaired
- Other
- NO KNOWN HEALTH PROBLEMS
- IEP

Health Problem: ____________________________
(Explain): __________________________________

Medication (types & dosage): ____________________________

Taken at school □ Yes □ No

Parent/Guardian Signature: ____________________________ Date: ______
2019-20  
PRESCRIPTION MEDICATION INFORMATION FOR PARENTS

Dear Parent/Guardian,

If it is essential for your child to receive medication during the OASIS Program it may be given if the following guidelines are met:

1) A complete and current “Authorization for Medication” form must be on file at the school and a copy with the OASIS Program (a new form is required each year).

2) Medication will be brought to the schools Health Aide Office by the parent/guardian. The container will have a prescription label from the pharmacy with the child’s full name, medication name, dose schedule, route of administration, name of prescribing doctor and expiration date. (You should ask your pharmacist for an extra bottle with a prescription label, so you can have one at home and one at school.)

Facts You Should Know:

1) The parent/guardian and the physician must complete and sign the “Authorization for Medication” form. Forms are available at the OASIS Program site. A note from home will not be accepted.

2) Medication will be brought to the schools Health Aide Office by the parent/guardian.

3) The “Authorization for Medication” form is also required for non-prescription (over-the-counter medications) such as cough syrup, Tylenol, cortisone cream, etc. These medications must be brought in the original container.

4) Students must go to the Health Aide Office along with the designated OASIS staff to take the medication. It will be administered as directed by the physician on the “Authorization for Medication” form. We encourage you to work out the dose schedule with your physician so the medication does not need to be given during OASIS Program hour as much as possible.

5) Short-term medications (antibiotics, etc.) can usually be taken when the student is at home. Please arrange this with your physician whenever possible.

* No exceptions will be made to these guidelines. If they are not followed, we cannot give your child medication during the OASIS Program. It will then be necessary for you to come to the program and give the medication yourself.

I have read, understand and agree to the terms and guidelines on both sides of this form.

Parent/Guardian Signature: ____________________________ Date: ____________________________

*If you or your doctor have questions, please call the ASES Program Office (951) 929-7700 ext.4303
SJUSD OASIS
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Instruction and Safety

2019-20

AUTHORIZATION FOR MEDICATION

Student: ___________________  Birthdate: _______________  School: ___________________

Grade/Teacher: ___________________  Emergency phone: ___________________

PARENT
California Education Codes 49423 and 49480 and school district policy permit administration of
medication by designated school personnel. Medication may be dispensed to students at school/OASIS
Program if the following information is completed and parent/guardian agrees to the terms and conditions
set forth on both sides of this form. Parent/Guardian will bring the medication to school; do not send
with student.

I request that medication be administered to my child, ____________________________, in
accordance with our doctors written instructions. I understand that school/OASIS staff, not a
licensed, medical practitioner may dispense the medication. I will notify the school immediately if
there are changes in name, dose, route, time of medication administration, or the prescribing doctor. I
give my consent for the School Nurse/Health Aide to communicate with my child's physician and to
counsel with school personnel, as appropriate, regarding the above named pupil and his/her
medication.

Parent/Guardian signature: ____________________________  Date: ____________________

PHYSICIAN: (Please encourage scheduling of medications during non-OASIS Program hours.)

Diagnosis/Reason for medication: ____________________________

Side effects/adverse reactions to report to a physician: ____________________________

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Route: Pill, Liquid Cream, etc.</th>
<th>Dose/Number to be taken</th>
<th>Time given at school</th>
<th>Storage Requirements?</th>
</tr>
</thead>
</table>

>>A new form must be completed annually, or if there is a change in prescription.<<

Doctor's Name: ____________________________  Doctor's Signature: ____________________________

Address: ____________________________  Phone: ____________________________

Date of Request: _______________  Discontinuation Date: _______________

Principal/School Nurse signature ____________________________  Date _______________
SJUSD OASIS
Outstanding After-School
Instruction and Safety

Parent/Student Handbook 2019-20

The OASIS Site Liaison is responsible for the day-to-day operations of the after-school program at each site under the direction of Dr. Vince Record, Director of College and Career Readiness — (951) 929-7700 ext. 4303.

Program Guidelines

Days/Hours of Operation: OASIS operates every school day from dismissal until 6:15pm at elementary sites, and dismissal until 6:00pm at middle school sites.

Location: OASIS is offered at all elementary schools, and Monte Vista and North Mountain Middle Schools.

Enrollment Procedure: Parents must complete an OASIS Enrollment Packet, including the Parent/Student Handbook page outlining program guidelines and located on the last two pages of the packet. One signed copy of the Parent/Student Handbook should be returned with the packet, and one copy should be kept for parent and student reference. Completed packets should then be returned to the OASIS program at your child’s school site. Priority for enrollment will be given to students who will be attending the OASIS Program 5 days a week until 5:45pm. Space is limited, and students may be placed on a waiting list if a program is at full capacity.

Student Sign-in Guidelines: Students accepted into the OASIS program must report to OASIS immediately after school dismissal. If students are tardy without a written note from school personnel, parents will be notified and repeated tardies may be cause to remove a student from the OASIS program.

Student Sign-out Guidelines: A parent or guardian must enter the OASIS room and sign out their student each day. Only parents, guardians or others listed on the student’s emergency card are allowed to sign-out a student. Identification of any person picking up a child may be required to assure the person is on the authorized list. The only students allowed to sign themselves out are “walkers,” those students with written permission from a parent or guardian to walk home.

Late Pick-up Guidelines: If you are going to be late (after 6:00pm), please arrange for an alternate person (listed on your emergency card) to pick-up your child and notify the OASIS Site Liaison. The first two late pickups will result in a Late Warning letter. The third late pickup may result in a Drop Letter. If a child is not picked up by 6:30pm, and the OASIS staff member has not been contacted, we may be required to notify law enforcement.

Attendance Policy: OASIS students are expected to attend five (5) days per week from dismissal until 5:45pm. Priority enrollment will be given to students who can meet this attendance policy. In addition, Homeless and Foster Youth, and students whose parents attended an OASIS Parent Meeting are also given priority.

Early Release Policy: Early Releases must be the exception and not the rule. Per ASES Grant requirements, a student should attend until 5:45pm the majority of program days. If a child must occasionally leave the program prior to 5:45pm, the parent must indicate the reason on their child’s sign-out sheet. Early Release codes are:

1. Attending another off-site enrichment program making this program the child’s enrichment component.
2. Safety/Transportation.
3. Illness or Doctor’s appointment.
4. Weather conditions (especially if the child walks home).
5. Family event/Family emergency.
6. Other (must specify the reason)

Personal Belongings: The OASIS Program does not permit children to bring toys, electronic games or other personal articles to the program. OASIS and SJUSD are not responsible for items lost, broken or stolen.

Behavior Guidelines for Students: All OASIS students are required to follow the same rules during OASIS hours as during the regular school day. This includes being respectful of others and their property, and following all safety rules and procedures. OASIS Staff will always notify parents of emerging difficulties with their child and ask for assistance from home. Our progressive discipline program includes: Step 1: Verbal and Written Warnings; Step 2: Parent Contact; Step 3: One to five day Suspension from OASIS and/or the regular school day; and Step 4: Removal from the OASIS after-school program. Severe infractions may go directly to Step 3 and/or 4.

I agree to follow the rules and guidelines of the OASIS program listed above.

Parent signature: ______________________  Date: ______________________  Student signature: ______________________

Please Sign and Return this copy with Enrollment Packet
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Outstanding After-School
Instruction and Safety
Parent/Student Handbook 2019-20

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I agree to follow the rules and guidelines of the OASIS program listed above.

Parent signature: __________________________ Date: ______________ Student signature: __________________________

Please Keep this Copy for Your Reference