

BREA OLINDA UNIFIED SCHOOL DISTRICT
DEPARTMENT OF CHILD DEVELOPMENT SERVICES

TEEN DIVISION REGISTRATION PACKET

ADMINISTRATIVE OFFICE

Arovista Elementary School - Room 28
(714) 990-7527

Teen Center Location

Brea Junior High School Teen Center
400 N. Brea Blvd Room H-43 & H-44

Administrative Director: Penny Andrews
Administrative Assistant: Kayleen Farrer
Program Technician: Jo Anne Warren
Coordinator, Expanded Learning: Meredith White

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





DEPARTMENT OF CHILD DEVELOPMENT SERVICES
TEEN DIVISION RATE SHEET
2018-2019

- Registration Fee is \$75.00 per child/\$100.00 per family. Participants leaving the program for any length of time (including summer) will be assessed the applicable Registration Fee upon return to the program.
- 1st month's tuition is 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.
- *Fees are based on year-round enrollment.* Prorated amounts will **not** be granted for non-school days (including furlough days) and fall/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 Department of Child Development Services is a self-sustaining program funded through parent fees.

Teen Center - Full-Time Option

Monthly Fees

A. Monday-Friday, Before and After School \$270.00
This plan includes all modified days and full days for school closures from 7:00am - 6:00pm.

Teen Center - Full-Time Option

Monthly Fees

Part-Time Plans DO NOT include school closure days.

B. After School Only, Monday - Friday \$210.00

C. Before School Only, Monday - Friday \$75.00

D. Hourly Fee \$15.00/hour
(Please fill out Part-Time hourly contract.)

I have read and understood the information stated above.

Check Enrollment Option: **A** **B** **C** **D**

Child's Name Grade School

Parent/Guardian Signature Date

BOUSD Representative Signature Date



**DEPARTMENT OF CHILD DEVELOPMENT SERVICES
TEEN DIVISION PART-TIME CONTRACT
2018-2019**

- Registration Fee is \$75.00 per child/\$100.00 per family. Participants leaving the program for any length of time (including summer) will be assessed the applicable Registration Fee upon return to the program.
- 1st month's tuition is 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 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 fall/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.
- Part-Time plans must be on a regularly scheduled basis.
- The hourly fee is charged for a total hour or any part of an hour that care is given.
- There will be no refund for absences or early pick-up.
- Contract subject to change due to site availability.
- I understand that a Part-Time spot may be given away to potential Full-Time participant.

CHILD'S NAME

SCHOOL

GRADE

PARENT SIGNATURE

DATE

PARENT SIGNATURE

PART-TIME HOURS OF ATTENDANCE

Please check exact days and list hours of attendance for each day.

CONTRACTED **DAYS:** **M** **T** **W*** **TH** **F**

CONTRACTED **HOURS**:** _____ _____ _____ _____ _____

CONTRACTED **FEE:** \$15.00 per hour

*Wednesday's are early release days.

** Example: List hours as "2:00 - 3:00" not "1 hour"

BREA OLINDA UNIFIED SCHOOL DISTRICT

Department of Child Development Services

Child Development Admission Agreement

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

A. 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 Development program activities. No additional permission slips will be required.

C. BOUSD staff and volunteers are not allowed to babysit 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 judgement 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 or Guardian is late picking up child after the BOUSD Program Center closes.
- Non/Late/NSF payment of tuition fees.
- Failure to adhere to the sign-in/sign-out policies.
- Failure to notify the BOUSD Program Center that the child will be absent.
- Child leaving the BOUSD 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 Coordinator 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. 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 that 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 or 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 a 30-day written notice when terminating from the BOUSD Child Development 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 DEVELOPMENT REGISTRATION FORM**

**All spaces must be
completed!**

(Check One)

SCHOOL: BJK TC (7th -8th) CIT (9th - 12th) GRADE: _____ BIRTHDATE: _____

CHILD'S NAME: _____ MALE FEMALE
(LAST) (FIRST) (MI) (NICKNAME)

FAMILY SURNAME: _____

PARENT/GUARDIAN #1: _____ ROLE: _____ CELL #: _____

PARENT/GUARDIAN #2: _____ ROLE: _____ CELL #: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

HOME PHONE #: _____ E-MAIL ADDRESS: _____

CHILD'S LEGAL GUARDIAN: _____ MARITAL STATUS: _____

CHILD LIVES WITH: _____

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.

PARENT/GUARDIAN #1 EMPLOYER: _____ ADDRESS: _____

WORK HOURS: _____ TO _____ TELE #: _____ EXT: _____

PARENT/GUARDIAN #2 EMPLOYER: _____ ADDRESS: _____

WORK HOURS: _____ TO _____ TELE #: _____ EXT: _____

PERSON TO CALL IN CASE OF EMERGENCY: _____ TELE # _____ (HM)

(NOTE: We will always call the parent/guardian first. Please list a "next best" person.)

RELATIONSHIP TO CHILD: _____ TELE # _____ (CELL)

NAMES OF PERSONS AUTHORIZED TO TAKE YOUR CHILD HOME FROM CENTER - INCLUDE THREE PERSONS IN ADDITION TO THE PARENT(S)/GUARDIAN(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 #
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NAME	ADDRESS	TELEPHONE #
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NAME	ADDRESS	TELEPHONE #
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ARE THERE ANY SPECIAL THINGS YOU WANT US TO KNOW ABOUT YOUR CHILD? (i.e. - fears, eating likes/dislikes, social/emotional difficulties)

**BREA OLINDA UNIFIED SCHOOL DISTRICT
CHILD DEVELOPMENT REGISTRATION FORM
(CONT'D)**

All spaces must be completed!

PLEASE NOTE: 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: _____ TELEPHONE #: _____

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 (PLEASE ANSWER YES OR NO):

DOES YOUR CHILD TAKE ANY MEDICATION CONTINUOUSLY: YES NO

IF SO, WHAT AND AMOUNT: _____

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 IN 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/guardians. 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/Guardian Signature: _____



Authorizations Acknowledgement Form

FORM A – Annual Notice to Parent/Guardian

I have received, read and agree to abide by the information stated in the ANNUAL NOTICE TO PARENTS/GUARDIANS.

Parent/Guardian Signature: _____ Date: _____

FORM B – Media Release

I give permission for my student to be featured in district issued publicity, including district publications, the district website and announcements (See MEDIA AUTHORIZATION FORM).

Permission is NOT Granted. (Optional)

Parent/Guardian Signature: _____ Date: _____

FORM C – Student Accident Plan

I have read and acknowledge that the District DOES NOT provide Medical Insurance for student injuries, but does make Voluntary Student insurance available.

Parent/Guardian Signature: _____ Date: _____

FORM D – Network Use Agreement

My student understands and agrees to abide by the rules and obligations stated in FORM D when using computing devices, and to access BOUSD network resources.

Parent/Guardian Signature: _____ Date: _____

FORM E – Pesticide Notice

I have read the PESTICIDE NOTIFICATION and DO NOT wish to be notified beyond the published routine.

I wish to be notified beyond the published routine. (Optional)

Parent/Guardian Signature: _____ Date: _____

FORM F – Substance and Weapons Notice

I have read and understand the penalties stated in the CONTROLLED SUBSTANCE/DANGEROUS WEAPON notification.

Parent/Guardian Signature: _____ Date: _____

FORM G – Off Campus Permission

I have read and understand the OFF CAMPUS TRIP PERMISSION FORM and give consent for my student to participate in off campus activities sponsored by the Brea Olinda Unified School District. As stated in Ed Code Section 35330, I understand that I hold BOUSD, its officers, agents and employees harmless from any and all liability or claims that may arise out of, or in connection with, my child's participation in this activity.

Parent/Guardian Signature: _____ Date: _____

FORM H-A – Student Health Survey

I have read and understand the STUDENT HEALTH SURVEY, and acknowledge that there is no other serious illness, injury, allergy, or other medical or physical problem than those already noted that would affect this student's performance and participation in school activities or PE.

Parent/Guardian Signature: _____ Date: _____



Student Health Survey

Student Name: _____ Birthdate: _____ Gender: M ___ F ___

School: _____ Grade: _____

If your student requires medication at school please provide the medication in the original pharmacy labeled container. If you are supplying over the counter medication please provide a brand new unopened bottle. A medication form with parent and healthcare provider signature must also be provided even for over the counter medication. These forms can be found on the school district website.

Does your student currently have:	YES	NO		YES	NO
Allergies (if yes, please list here) Life threatening _____			Hearing Problems/Deafness		
Asthma or Breathing Problems			Heart problems/High Blood Pressure		
ADD/ADHD			Hospitalizations (specify)		
Bladder problem			Lead Poisoning		
Bleeding problem			Muscle problems		
Bowel problem			Scoliosis		
Cerebral Palsy			Seizures		
Cystic Fibrosis			Sickle Cell Disease (not trait)		
Diabetes			Surgery (specify)		
Head or spinal injury/concussion (specify)			Vision Problems		

Brea Olinda Unified School District purchases and administers a variety of health products for students who may need minor medical attention. Unlicensed personnel may administer the products listed below. Please indicate the items you **DO NOT** authorize below.

Product	I DO NOT authorize the administering of the selected products.
BZK Towelettes (cleaning)	<input type="checkbox"/>
Calamine Lotion (minor skin irritations)	<input type="checkbox"/>
Cough Drops (grades 7 – 12 only)	<input type="checkbox"/>
Vaseline for chapped lips, moisturizer	<input type="checkbox"/>
Bee Sting Wipes (itch/pain relief)	<input type="checkbox"/>
Eucerin/Lubriderm (for dry skin)	<input type="checkbox"/>
Saline eye solution	<input type="checkbox"/>

*Items are supplied by the school

Please sign the AUTHORIZATIONS ACKNOWLEDGEMENT FORM to indicate that you have read and acknowledge this form.

BREA OLINDA UNIFIED SCHOOL DISTRICT
DEPARTMENT OF CHILD DEVELOPMENT SERVICES

TRANSPORTATION PASSENGER PROFILE

Participant's Name: _____

Site/Location Name: _____

Male

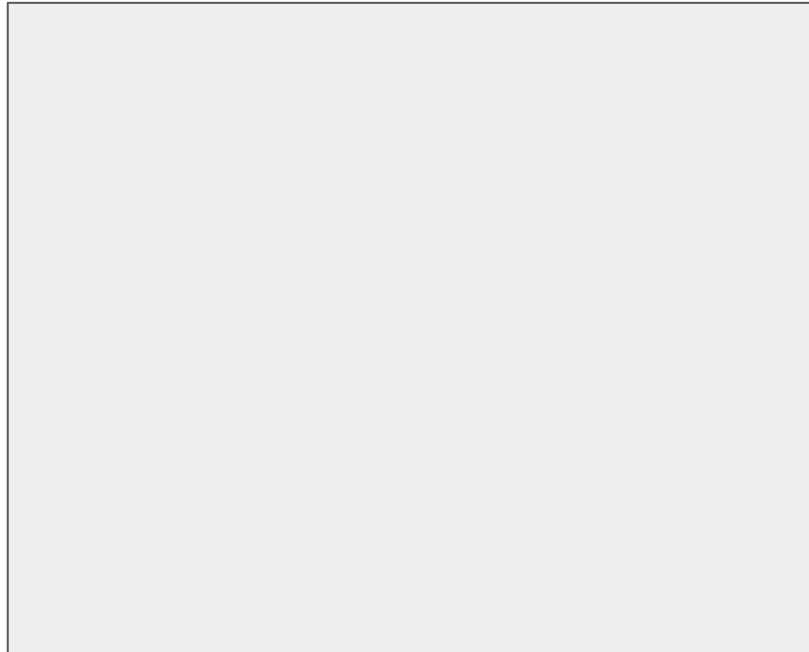
Female

Height: _____

Birthdate: _____

Age: _____

Please use only tape to attach photo.



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