

2021-2022 ASES Enrollment Contract

Williams Unified School District

Date & Time Received	Date Parent Orientation Attended
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Child's First Name	MI	Last Name	Student ID	Date of Birth
Home Address / City		Mailing Address / City		Grade in 2021-2022
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	English Learner <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other	School Site <input type="checkbox"/> Williams Elementary (K-3) <input type="checkbox"/> Williams Upper Elementary (4-6) <input type="checkbox"/> Williams Jr./Sr. High (7-8)	

Parent / Guardian Information persons listed below are authorized to pick up child

Name	Last name	Contact Phone	Address if different from above
Name	Last Name	Contact Phone	Address if different from above

I authorize my student to walk home from the ASES Program.

I will be picking up my student from ASES Program

Parent/Guardian Signature _____

Besides the parent/guardians listed above, the following persons are authorized and available to pick up my child.

If my child is ill or has an emergency and I cannot be reached, please call and release my child to the following persons.

Contact #1 Name	Relationship	Phone Number
Contact #2 Name	Relationship	Phone Number
Contact #3 Name	Relationship	Phone Number
Contact #4 Name	Relationship	Phone Number

Approvals

<input type="checkbox"/> Photo Release on file	<input type="checkbox"/> Use Internet	<input type="checkbox"/> Watch PG movies	<input type="checkbox"/> Go on school field trips
Initials _____	Initials _____	Initials _____	Initials _____

Permission/Medical History

Does your child take any long term medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Medication and dosage _____ Prescribed by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does it need to be taken at school? <input type="checkbox"/> Yes <input type="checkbox"/> No (Medication must be administered in school office before it closes. ASES staff will not administer or supervise use of medication.)
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Allergies <input type="checkbox"/> Bee Sting _____ Local reaction (itching, swelling) _____ Severe, requires emergency treatment <input type="checkbox"/> Medication Required _____ <input type="checkbox"/> Foods, Please Specify _____ <input type="checkbox"/> Other, Please Specify _____	Medical Alert <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Hearing/vision <input type="checkbox"/> Diabetes <input type="checkbox"/> Other, Please Specify _____
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Insurance & Medical Release Information

In case of accident or sudden illness, when a parent or guardian is unavailable, I authorize a school representative to obtain medical care for my child, including necessary transportation, in accordance with their best judgment. I further authorize the doctor named below to provide the care and treatment he or she considers necessary. If the physician designated below is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon selected by the school representative. I agree to pay all costs as a result of the foregoing.

Medical or Patient ID Number _____ Doctor's Name _____

Address _____ Phone _____

PARENT/GUARDIAN SIGNATURE

Please provide copy of insurance card

Basic Policies and Guidelines

Enrollment: The Governing Board is committed to providing equal opportunity for all individuals in education. District programs, activities, and practices shall be free from discrimination based on race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity or expression, or genetic information; the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics. Due to the limited number of enrollment spaces, adherence to all policies and guidelines is required.

Attendance: Students must attend ASES on a daily basis. (However, if they are absent from school, students may not attend ASES that day.) Excessive absences from ASES may result in students being dropped from the afterschool program. Elementary students must attend ASES for at least 3 hours per day, if less, a parent note is needed; Upper Elementary School students must attend for 2 hours a day, if less, a parent note is needed.

Parallel Programs: Within certain limits and with prior approval from the ASES Director, students may be excused from ASES to engage in community-based activities such as team sports, etc., or parent need. Parents/Guardians must give a completed Parallel Program Request Form to the ASES Team Leader at least five days before the start of the Parallel Program for approval to miss ASES for this purpose. These requests are typically approved if the student will be leaving ASES early, and if the student is leaving immediately after checking in to ASES or during supper/snack time. Students with pre-approved Parallel Program Forms, medical appointment or special occasions must be signed out and picked up from the ASES Program. If you have a family emergency and must pick your student, you must call our program office, so we can alert the ASES staff at the site. See our phone number on the back of the Parent policy handbook.

Early /Late Pick-ups: ASES is funded by a state grant that is meant to serve students who most need this afterschool program. Therefore, excessive requests for early release and not enrolled in a Parallel Program, may lead to the student being dropped from the ASES Program. Students must be picked up before 6:00 p.m.

Student Pick up and Dismissal: Our staff signs students into ASES. For safety reasons, students must always check into the ASES Program directly after school. All students are to be picked up between 5:00 p.m. and 6:00 p.m. Students must be signed out by a person who is listed on the contract form. (A person who is unfamiliar to ASES staff will be asked to show identification.) If your child is not picked up by 6:00 p.m., and we have been unable to contact anyone on the contract form, we may contact law enforcement.

Walkers: Walkers must leave the campus and walk all the way home as soon as they are signed out from ASES. They may not return to campus until after 6:00 pm.

Behavior: The ASES Program follows the school district's Student Code of Conduct in addressing behavior issues. All WUSD parents/guardians are urged to read the Code of Conduct to understand how discipline is handled within WUSD and its programs. Parents/guardians are expected to assist ASES staff in getting conduct compliance from their students. If parents/guardians and staff are unable to get conduct compliance, the student may be suspended or dropped from ASES Program. Serious misconduct may result in immediate loss of the ASES Program and potentially other consequences, as described in the Code of Conduct posted on the District's website.

Family Nights/ Parent Summits: The ASES Program will host occasional Family Nights. These events engage parents/guardians and students in hands-on learning together. Parent meetings are offered by the school district throughout the year. We encourage parents/guardians to attend these important and informative events.

Communication: We support and encourage open communication. If at any time you have questions or concerns, please make an appointment to talk with the Team Leader and/ or ASES Director.

I have read and understand all of the above information. I have received a copy of the Parent Handbook. I agree to adhere to all of the ASES After School Policies and Guidelines and will ensure that my student and all authorized adults understand and follow the ASES rules.

Parent / Guardian Signature

Relationship to student

Date