

**Encinitas Union School District
ASPIRE Program Registration**

Student Name _____

Date of Birth _____ 2020-21 Grade _____ Gender _____

School _____

Returning ASPIRE Student YES NO

Primary Parent/Guardian

Secondary Parent/Guardian

Last Name _____

Last Name _____

First Name _____

First Name _____

Relationship to Student _____

Relationship to Student _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Cell Phone (____) _____

Cell Phone (____) _____

Home Phone (____) _____

Home Phone (____) _____

Work Phone (____) _____

Work Phone (____) _____

Email _____

Email _____

CIRCLE DAYS YOU WILL USE THE PROGRAM:

Monday Tuesday Wednesday Thursday Friday

CHOOSE ONE:

- AM ONLY 6:30-8:00 AM (M-F)
 PM ONLY 2:20-6:00 PM (M-Th) 12:45-6:00 PM (Fri)
 AM/PM 6:30-8:00 AM and after school until 6:00 PM (M-F)

START DATE: ____/____/____ **No prorating for mid-month enrollment*

NOTE: REGISTRATIONS SUBMITTED AFTER 8/11/20 WILL NOT BE ELIGIBLE TO START UNTIL 8/24/20.

In an emergency if a parent/guardian cannot be reached, list other persons that are at least 18 years old who are authorized to pick up your student. Student will not be released to persons whose name does not appear on this list:

1) Name _____ Phone (____) _____

2) Name _____ Phone (____) _____

3) Name _____ Phone (____) _____

CONTINUED

Encinitas Union School District
ASPIRE Program Health Information

Student Name _____ Date of Birth _____

My student has the following medical conditions and/or allergies _____

Symptoms _____

My student has a current IEP or 504 plan in place. Yes _____ No _____

My student has the following special needs: _____

_____ No, my student does not need medication administered by the ASPIRE personnel.

_____ Yes, my student does need medication administered by the ASPIRE personnel. (It is required that you submit an "Authorization to Administer Medication" form found at www.eusd/enrichment to be kept on file with the ASPIRE program and any required medication.)

The Encinitas Union School District ASPIRE personnel are authorized to secure the necessary medical treatment/ emergency services for my student at my expense. This includes paramedic services, emergency treatment, and ambulance service.

I, the parent or guardian, do hereby agree to allow the student enrolled to participate in the EUSD Childcare Program indicated. I understand these programs, by their very nature, can present circumstances that place the students at some risk for injury. Among factors affecting potentials for injuries are the inherent risks of the activity and the student's aptitude and intensity of involvement. I understand and agree that my child is entered into this program at their own risk. In consideration of the acceptance of this registration form for the activity listed, the child named on this form or his/her guardian agrees as follows: I understand the nature and content of the activity listed and am aware of the potential dangers incidental to engaging in the program. I agree to release, indemnify, defend and hold the Encinitas Union School District, its officers, employees, agents, contractors and volunteers harmless and free from any and all liability resulting directly or indirectly from participation in the program, including but not limited to liability for any and all demands, damages, claims, suits, liens and judgments, including costs and attorney's fees, of whatever nature, for the injury or death of any person, damage to property, or interference with the use of property, arising from or in connection with participation in the program. I have carefully read this Indemnity Release Waiver and Assumption of Risk Agreement and fully understand that it shall be binding upon me, my heirs, successors and assigns. I am aware that this is a full release of liability and sign the registration form of my own free will.

Parent/Guardian Signature _____ Date _____

Print Name _____



**Encinitas Union School District
ASPIRE Statement of Understanding**

Please initial each statement to acknowledge understanding:

_____ **Registrations submitted after August 11, 2020 will not be able to start until August 24, 2020.**

_____ A non-refundable \$35 registration fee must accompany registration forms.

_____ Payments are due the first (1st) school day of every month to be received no later than the fifth (5th) school day of each month. Late payment will result in a \$25 late fee per family each month there is a balance due.

_____ Payment can be made by credit card on the District website at www.eusd.net, or check/money order payable to EUSD. A 2.9% convenience fee will be added for online payments. We are unable to accept payment over the phone.

_____ Tuition is divided equally among eleven (11) months. The tuition remains the same regardless of school breaks, holidays, or the number of weeks within the month. Monthly payments are not pro-rated.

_____ ASPIRE will be closed in the PM for staff development trainings on September 25, 2020 and February 26, 2021, between the hours of 12:45 PM – 6:00 PM. Families will need to make alternative arrangements for afternoon child care on these days. Morning programming will not be affected.

_____ In order to change my student(s) schedule or drop from ASPIRE, I must provide written notification using the Status Change Request form, found at www.eusd.net/enrichment/ and all ASPIRE classrooms, at least five (5) school days prior to the effective month.

_____ Credits and refunds will not be given for days missed for any reason.

_____ In the event that any of my contact information provided should change, I will notify the ASPIRE program in writing on the Emergency Contact/Authorized to Pick Up Change form, found at www.eusd.net/enrichment/ and all ASPIRE classrooms.

_____ A late fee of \$15 for every fifteen (15) minutes or part thereof will be charged if my student remains at the ASPIRE program past 6:00 PM. Repeated late pick ups may result in removal from the ASPIRE program.

_____ If a student remains at the ASPIRE program one (1) hour past 6:00 PM, law enforcement will be called to pick up the student.

_____ Returned checks will result in a \$25 returned check fee per family.

_____ For safety reasons, adults will be asked to show valid identification when picking up students from the ASPIRE program.

_____ ASPIRE reserves the right to terminate the enrollment of a student at any time for one or more of the reasons listed under "Discharge Policy" in the ASPIRE Information Handbook.

_____ Extensive past due accounts will be sent to our collection agency.

I/We have read and understand the policies and procedures of the EUSD ASPIRE Program, as outlined in the ASPIRE Information Handbook found at www.eusd.net/enrichment/.

Student(s) Name _____ School _____

Parent Signature _____ Date _____

Print Name _____