



CHILDREN REGISTRATION FORM

ON WHAT PROGRAM ARE YOU ENROLLING?

After School Program Tutoring Music Academy Other: _____

STUDENT'S INFORMATION

Last Name: _____ First Name: _____ MI: _____ age: _____

Preferred Name (if different from above): _____ DOB: _____

Current School: _____ Grade: _____

Parent or guardian: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Preferred Phone: Home Cell Work

EMERGENCY CONTACTS:

Please provide two additional contacts different from the parent or guardian named above that we can contact in case we cannot reach you or in an emergency.

First contact's Name: _____ Relationship: _____

Phone: _____ Ext. _____

Second contact's Name: _____ Relationship: _____

Phone: _____ Ext. _____

SAFETY INFORMATION

Does the student have any medical conditions, allergies, or special needs that the staff should know about?

Does the student have any behavioral or emotional issues that the staff should know about?

Will the student take any medications to treat these conditions?

Do we have permission to photograph the student? Yes No

Pictures may be used for advertisement purposes in either print material, social media, or our website.

Parent / Guardian Signature

Date



HEALTH INFORMATION

Insurance

Is the student covered by family insurance? Yes No
Insurance Company: _____ Policy Number: _____
Group number (if any): _____ Subscriber: _____
Insurance company number: _____ Preferred doctor: _____

Health questionnaire

Has the student been treated for ADD, HDD or ADHD? Yes No
Does the student have any emotional or behavioral concerns? Yes No
Has the student have a significant life event that continues to affect him/her? Yes No
Does the student have a medical diet? Yes No
Does the student have a vegetarian or vegan diet? Yes No
The student has asthma? Yes No
If yes... Will the student carry an inhaler? Yes No
Does the student need assistance with the inhaler? Yes No

Medication

Will the student take any medications while in our premises? Yes No
If Yes... List the medication(s) that the student will be taking

Did we forget to ask something? Is there anything else we should know?

By signing below, I grant permission to Sol Del Valle Community Center (SDVCC) to contact a licensed medical professional or nurse to administer or provide treatment as necessary. I also gave all relevant information regarding the student’s help and medical conditions to SDVCC

Parent / Guardian Signature

Date



STUDENT RELEASE AUTHORIZATION

Disclaimer: We will release the student to those named above only. These people must provide a valid photo ID (Driver's license, State ID, Passport). **THE NAME ON THE ID MUST MATCH THE NAME BELOW.**

STUDENT'S INFORMATION

Student's Name: _____

Parent or Guardian's Name: _____

THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD FROM SOL DEL VALLE COMMUNITY CENTER IF I AM UNABLE TO PICK HIM/HER UP OR IN AN EMERGENCY

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I understand that my child will only be released only to the individual's named above. If this list needs to be updated I will notify Sol Del Valle Community Center (SDVCC) immediately. This form is for SDVCC use only. If this form is not completed or returned, SDVCC will not be held responsible.

Signature: _____

Date: _____



NO BULLYING AGREEMENT

Dear Parents, guardians, and children,

The importance of physical and emotional safety of and every student and staff member is paramount to our programs. We try to identify critical concerns that are important to our students and staff. We take issues of bullying and violence in our culture very seriously. The purpose of this letter is to talk about an initiative that Sol Del Valle Community Center will take during this year's programs and beyond to address this issue.

Bullying is when one or more people exclude, tease, taunt, gossip, hit, kick, or put down another person with the intent to hurt another. Bullying happens when a person or a group of people want to have power over another and use their power to get their way, at expense of someone else. Bullying can also happen through cyberspace by using social media, emails, and other less direct methods.

Bullying is unacceptable in our premises. If any student engages any bullying behavior towards another student, we reserve the right to suspend or refuse service to this student.

We thought you should know about the lengths to which we are prepared to go to ensure that we are successful in delivering the initiative to our programs this academic year, and to provide physical and emotional safety to all our students. We encourage you to let us know when you suspect that your child is a victim of bullying, including cyberbullying. We want to ensure that this problem can be managed by a strong partnership between our programs and you. If you have any feedback for us that you think would be helpful, we would appreciate hearing from you.

Student's Signature

Parent/Guardian's Signature

Date



SOL DEL VALLE COMMUNITY CENTER POLICY AGREEMENT

Hours (Fall / Spring Programs)

Office: Monday – Friday 1:00 pm to 6:00 pm

After School Program: Monday – Friday 2:00 pm to 5:30 pm

Tutoring and Music Program: Monday – Friday 2:00 pm to 6:00 pm BY APPOINTMENT ONLY.

Other Programs: TBA

Arrival / Dismissal Procedure

For your child's Safety, you must sign in your child with our receptionist. In the case that we pick up your child to attend our after-school program, we will sign in the student. Only authorized people mentioned on the student's registration form will be allowed to pick up the student. The person who picks up a student (whether the parent, guardian, or authorized person) must come to the reception and sign him/her out. **There is a \$1.00 per minute late fee if you pick up your child after 5:30 pm or 6:00pm depending on the program's hours. If you are one (1) hour with thirty (30) minutes late, and your child has not been picked up from our premises, we will contact the respective authorities.**

Payments

- After School Program Payments are due every Monday
- Tutoring and Music Academy payments are due on the first appoint appointment of each month
- Other Programs: TBA

All Fees are payable by cash, checks, cashier checks, or money orders. There is a \$30.00 charge (plus any banking fees) for every returned check. Late payments are subject to a \$5.00 per day late fee. Government regulated holidays (e.g. fourth of July, Labor Day, Thanksgiving, etc.) are NOT eligible for refunds or credits. We reserve the right to suspend or refuse service if we do not receive payments by the end of the week that they are due. **There are no Refunds. There are no exceptions to the rules above.**

Disclaimer on children that require special care

We are committed to provide the best service to all students; However, **we are unable to provide one-on-one care services.** Nevertheless, if you have a person that assists your child with his/her special needs, this person may assist your child while in our premises after filling out the require documentation or forms.

Illnesses

Should a student require special care due to illness, we will try our best to accommodate him/her **after we receive a doctor's note specifying the required treatment** to be implemented while in our premises. If we cannot accommodate him/her, the student **must leave** our premises and **return once fully recovered.** If your child has a case of lice, he or she may not attend our premises.

Parents' notifications

All parents or guardians will be notified immediately in the event of illness or injury as necessary. Should the community center request the child to be picked up from our premises; parents are expected to do so in a timely matter.

Conduct

Students are expected to participate in all activities and to behave with respect and courtesy when dealing with others. Students may be sent home if they refuse to obey rules or directions of staff; refusal to stay with a designated group; fighting; possession of drugs, alcohol, tobacco or weapons of any kind. Willful destruction of the Community Center's property shall be the responsibility of the parent of guardian to repair or replace. The Community Center, administration, and staff reserve the right to dismiss your child from out campus or

program for behavior or conduct deemed detrimental to self, other participants, the staff or the program coordinator.

Reschedule or cancelations of appointments (if applicable to the program)

If you need to reschedule or cancel an appointment you must do so by calling our main office at least **24 hours in advance** (early Cancellation). If you cancel on the same day of the appointment it is considered a late cancelation, and it is not eligible to be rescheduled. Early cancelations, however, *may be* eligible for reschedules depending on availability of all tutors. Reschedules are not guaranteed to be given by the student’s regular tutor. **No-shows and late arrivals are not eligible for reschedules nor credit or refunds. We DO NOT provide credit or refunds for missed appointments or missed reschedules.**

Change of Tutor Policy

We are committed to maintain the same tutor for the student throughout the school year. Nevertheless, we reserve the right to change your child’s tutor if it’s deemed necessary by the program coordinator or the administration.

Financial Aid (i.e. scholarships)

Scholarships *may be* provided to families in financial hardship. You may request a financial aid application form in our reception. In order to be considered to a scholarship, you must provide the required documentation named in the application form, and (if needed) documentation required by administrative staff. You also must complete and submit all paperwork in a timely manner before the deadline (if any). Our administrative staff in conjunction with the executive director or the board of directors will review it and give you a response within five business days from the day you submitted the application via email or phone call.

Registration and payment question or complaints

Complains or questions regarding the program may be handled by the program coordinator or team leader. Questions or complaints regarding registrations and payments are to be handled by administrative staff. If neither the program coordinator nor the administrative staff are able to answer your questions or concerns, you may write a letter to our executive director with your contact information, and you will receive a response as soon as possible.

Release of liability and agreement to policies. Read before signing.

In order to be allowed to participate in any way in Sol Del Valle Community Center’s programs, I the undersigned, acknowledge, appreciate and agree that:

- I have read the policy agreement document, I willingly agree to comply with the policies mentioned in the document and resolutions of staff or administration.
- I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, indemnify, and hold harmless Sol Del Valle Community Center, its officers, officials, and/or employees, other participants, sponsors, volunteers, and, if applicable, owners or lessors of the premises used to conduct the events (the releasees) from any claims, demands, losses, and liability arising out of or related to any injury or loss to person or property, whether arising out of the negligence of the releases or otherwise to the fullest extent permitted by law.

SIGNATURE REQUIRED

I have read agreement of policies statement, understand and agree to it. I understand that all polices are subject to change. I read the release of liability statement; I fully understand its terms and understand that I have given up substantial rights by signing below. I sign this freely, and voluntarily without any inducement.

Parent/Guardian Name

Signature

Date