

San Pasqual Education Department

K-12th Grade

Grade
For
2019-2020
School

2019-2020 Registration & Emergency Information

Student Name (print) Last First Middle Date of Birth Name of school

Physical Address City State Zip

Mailing Address City State Zip

Home Phone Parent/Guardian Cell Phone Parent E-mail Address

Home Phone Parent/Guardian Cell Phone Parent E-mail Address

San Pasqual Enrolled Family Member Relation (ie; self, parent, grand-parent, great grand-parent)

Parent/Guardian Name Place of Employment Work Phone

Parent/Guardian Name Place of Employment Work Phone

IN CASE OF EMERGENCY

The following persons are notified they will be my child's designated emergency contact _____ initial

Name Address Phone Relationship

Name Address Phone Relationship

Insurance Company: Policy Number:

Doctor's Name: Phone Number:

***I understand if I do not have a working contact phone number, my child may not be able to participate in SPED programs.**

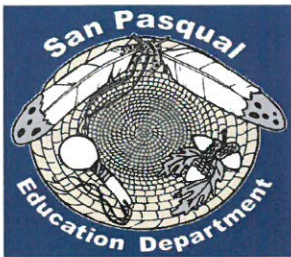
My son/daughter has my permission to participate in on-going events sponsored by the San Pasqual Education Department for the 2019-2020 school year or until I withdraw my permission.

In case of injury, I release the San Pasqual Education Department of all liability.

In case of emergency, when a parent or emergency contact is unavailable, the staff of the San Pasqual Education Department is authorized to obtain emergency medical care for my child or send my child to the nearest hospital by ambulance at my expense.

Parent / Guardian Signature

Date



San Pasqual Education Department

Conduct Agreement

SPED Rules

- Respect self, others, property, center and program rules
- Keep all body parts and objects to yourself
- Use appropriate language
- Stay in assigned areas
- Maintain a healthy mind, body, and spirit

Disciplinary Procedures

Disciplinary procedures may include the following and are determined by staff & director, depending on severity and number of incidents.

Verbal warning, call parent / guardian, notify parent to pick-up student, suspension from program and facilities, parent conference.

Zero Tolerance

The following offenses are zero tolerance offenses and may result in immediate suspension, expulsion, or calling law enforcement. Students will be required to meet with the Youth Prevention Program Manager for an initial student assessment.

- Inappropriate or disrespectful language
- Fighting or endangering others
- Possessing or being under the influence of drug or alcohol (including tobacco)
- Possession of weapons
- Bullying and/or participating and/or instigate or as a spectator

Vehicle Rules

- Respect driver at all times
- Seatbelts are to be worn & stay in seat at all times while vehicle is moving
- Use low voices
- Keep all body parts to yourself
- No eating or drinking
- No gum or candy permitted
- Zero tolerance policies apply

If a student has on-going misbehavior in a SPED vehicle, for example during ITS or on fieldtrips, the student may be suspended from the following game or future fieldtrip.

I understand the above rules and disciplinary procedures. I have also read the parent / student handbook and understand and agree to adhere to the procedures of the San Pasqual Education Department.

Parent signature

Date

Student signature

Date

San Pasqual Education Department After-School Tutorial Program

Once your child arrives at the Education Department they must participate in the After-School Tutorial Program.

During our Tutorial Program students will be doing the following:

- Reading / Literacy
- Homework
- Worksheet & Academic Skill Building
- Cultural Activities
- Computers
- Social Skills

NOTE: Your child may not complete all their homework during tutorial. Please discuss homework with your child each day.

PICK UP PROCEDURES

I understand the San Pasqual Education Department's After-School Tutorial program is held during the following hours Monday through Friday and the program is subject to change. I will check the schedule and calendar for updates.

K-3rd 2:30 - 4:30 pm

4th/5th 3:30—4:45 pm

6th/7th/8th 3:15—4:45 pm

HS (M/T, F 3:00—4:45 pm) and Block Days (W/Th. 2:30—4:45 pm)

Fun Friday Scheduled Fridays 2:30 - 4:30

For the safety of our students and staff, as well as, supervision, students may not be dropped off earlier than their grade level tutorial time.

I understand that my child must check-in and participate upon arrival. The SPED will provide supervision for checked-in registered students participating in our after- school programs during the above scheduled times.

Students will be allowed to use the phone in case of an emergency. Cell phones are not allowed during tutorial, only during break.

Initial _____ My child may be picked up only by authorized persons listed on the back of this form.

Initial _____ My child will be picked-up at the above times.

Yes or No My Child may choose to walk home.
Circle one

Yes or No My Child may attend scheduled SPED events after tutorial, such as ITS, Culture,
Circle one per guidelines of each individual program or class and if registered.

Initial _____ I understand there is no supervision after 5:00 p.m. for SPED students.

Staff will make a courtesy call for students continuously picked up late. If problem continues, parents will be contacted by the Director or Program Manager.

I, _____ (parent/guardian), understand the San Pasqual Education Department After-School Tutorial Program procedures. I am fully responsible for pick-up arrangements. I will assist teachers and my student with homework and classroom information. I understand that I will inform SPED staff of any changes or updates immediately regarding my student and my contact information.

Parent/Guardian Signature

Date

****Please see Administrative Assistant or Director if there are persons restricted by court decree to pick up your child. We have a document to be signed and a process to inform staff.**

**San Pasqual Education Department
Pick-up Authorization**

Student's Name _____

Pick-up Procedures

I understand my child must be picked-up after scheduled program. I authorize the following individuals to pick-up my child. Please advise authorized person(s) that they may be asked to provide identification.

Name **Phone**

Name **Phone**

Name **Phone**

Name **Phone**

Name **Phone**

Name **Phone**

Parent's Signature

Date

San Pasqual Education Department Program

Release Form

Student's Name: _____

1. Student Arrival and Departure

I understand the San Pasqual Education Department will provide supervision for registered, checked-in students during scheduled times only. Students are required to check-in upon arrival and are released after participation is complete or at the end of the scheduled session.

Please circle YES or NO _____ **parent initial**

2. Computer Use

San Pasqual Education Department allows students to use computers & internet for educational purposes. I understand that my child may be limited to certain websites. The education department will not be responsible for all websites my child visit.

Please circle YES or NO _____ **parent initial**

3. Screening Permission

I give my permission for personnel to use the appropriate screening instruments (tests, surveys) to assess the learning and developmental progress of my child / family.

Please circle YES or NO _____ **parent initial**

4. Photograph and Publication Consent

I give consent for the program to use, publish, circulate and distribute photographs, videos and writings, of myself and/or my family in publications, presentations or to further the goals and evaluation of the program.

Please circle YES or NO _____ **parent initial**

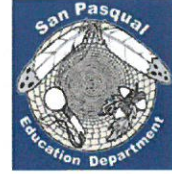
Parent Signature

Date



San Pasqual Education Department

Infinite Campus



Students registered in the Valley Center Pauma Unified School District have infinite campus access through their school's website. At these websites, students and parents are able to search the Infinite Campus link in order to check on class assignments and grades.

As part of our program, we provide student monitoring and collaborate with the school district.

Due to this resource provided, all students must provide the San Pasqual Education Department with their login and password information to better understand their student's standing in the school's curriculum.

Student Login ID (Usually ID number): _____

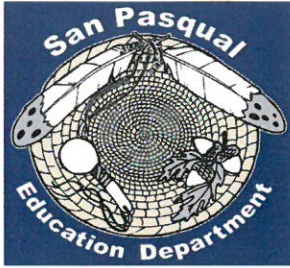
Student Password : _____

I understand the rules and disciplinary procedures. I have read the Student Handbook and understand the policies and procedures of the San Pasqual Education Department.

HANDBOOK AVAILABLE AT SPED

Parent/Guardian _____ Date _____
Signature

Student Signature _____ Date _____



San Pasqual Education Department

Release of Student Records Form

Student Name: _____ Grade _____
Student Address: _____
School: _____ 2019-2020
Student Date of Birth: _____ School Year

I, _____, the parent/guardian of the above named student give my written consent to the above named school and its employees to release copies of confidential student records to the San Pasqual Education Department for the purpose of academic monitoring and providing parent support. These documents include but are not limited to:

- Academic Transcripts
- Standardized Test Scores
- Progress/Report Cards
- Daily Homework Assignments
- Periodic Classroom Assessments
- Current Year Grades to Date
- Attendance Information
- Sociological Information
- IEP/504 Plan
- Infinite Campus I.D. and Password access

I further give my consent for _____ (Principal Name) and _____ (School Name) and Valley Center-Pauma Unified School District personnel to discuss matters involving the above named student with SPED representatives for the 2019-2020 academic year. In addition the SPED has my permission to access their Infinite Campus Portal code and records also, visit my child's school for on-site tutorial.

I hereby release the above named school and the Valley Center-Pauma School District from any liability under the Family Educational Rights and Privacy Act for the release of the information stated above and recognize that all San Pasqual Education Department Staff will hold all information in the strictest of confidence.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

San Pasqual Education Department

Student's Health Information

Child's Name _____

Birth Date _____

Gender: F / M

Health History	YES	NO	Please Explain "Yes" Answers
1. Has your child ever had a serious injury or illness?			
2. Is your child wearing or supposed to wear glasses?			Date of last exam:
3. Does your child have problems with ears/hearing?			
4. Has your child ever had convulsions or seizures?			Date of last incident:
5. Is your child taking any medications now?			List medications:
6. Is your child now being treated by a physician, a dentist, or a specialist?			Circle all that apply: physician / dentist / specialist Describe:
7. Has your child been diagnosed with any of the following: asthma, diabetes, epilepsy, heart/blood vessel disease, liver disease or ADHD?			
8. Is your child allergic to any medications?			
9. Is your child on a special diet or prohibited from eating certain foods?			
10. Does your child have any other Allergies (insect bites, animals, plants, dust, pollen)?			
11. Does your child have any food allergies ?			
12. Does your child have any allergy problems such as rash, swelling, itching, or seasonal allergies?			
13. Does your child have any physical limitations that may affect his/her everyday activities?			
14. Does your child have <i>any other conditions</i> that have not been mentioned on this form?			

San Pasqual Education Department

Student's Health Information Continued

Child's Name _____

Health History	YES	NO	Please Explain "Yes" Answers
15. Can your child swim?			
16. Does your child have a current IEP (Individual Education Plan)?			Under what disability do they qualify? Example: SLI, SLD OHI etc.. _____
Please include any information that might help us serve your child better.			

I give the San Pasqual Education Department permission to administer Children's Tylenol or Benadryl in the case that my child is in pain or in need of an antihistamine. (Dosage would be determined by your Child's age/weight unless noted here)

Signature _____ Date _____

I understand that if my child becomes ill during the program, I will be notified and will be responsible to pick up my child.

*By signing this student health information form I agree that my child is healthy enough to participate in classroom and outdoor physical activities.

Parent /Guardian Signature

Date

******I understand that if I do not have a working phone number, my child may not be able to participate in San Pasqual Education Department programs.***