San Pasqual Education Department

K-12th Grade

2020-2021 Registration & Emergency Information

Student Full Name (last, first, middle)	Date of Birth	Name of School

Student Email Address	Student Cell Phone #

Mailing Address	
Physical Address	

Parent Name	*Cell Phone #	*Home / Work Phone #	Place of Employment	Email Address

San Pasqual Tribally Enrolled Family Member's Name	Relation to Student

Insurance Company	Policy #	Doctor's Name	Doctor's Phone #

IN CASE OF EMERGENCY

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

Name	Phone #	Relationship	Address

*I understand that 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 2020-2021 school year or until I withdraw my permission.

I give my permission for Education Center staff to contact my student through their personal cell phone and email .

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**

16152 Kumeyaay Way P.O, Box 365 Valley Center, CA 92082   Phone: 760-751-1474 Cell: 760-560-7198   spparentinfo@sanpasqualtribe.org

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San Pasqual Education Department
After-School Tutorial Program

Once your child arrives at the Education Department they <u>MUST</u> participate in the After-School Tutorial Program.

During our Tutorial Program students will be involved in 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)

For the safety of our students & 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.

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 _____ No   My Child may choose to walk home.

_____ Yes _____ No   My Child may attend scheduled SPED events after tutorial, such as ITS, Culture, 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 these 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.

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Child's Name _____ Date of Birth _____ Gender F _____ M _____

Health History	Yes	No	Please Explain "Yes" Answers
Has your child ever had a serious injury or illness?			
Is your child wearing or supposed to wear glasses? Date of Last Exam _____			
Does your child have problems with ears/hearing?			
Has your child ever had convulsions or seizures?			Date of Last Incident:
Is your child taking any **medications** now?			List Medications:
Is your child being treated by a physician, dentist or specialist?			Describe:
Has your child been diagnosed with any of the following: asthma, diabetes, epilepsy, heart/blood vessel disease, liver disease or ADHD?			
Is your child allergic to any medications?			
Is your child on a special diet or prohibited from eating certain foods?			
Does your child have any other Allergies (insect bites, animals, plants, dust, pollen)?			
Does your child have any **food allergies**?			
Does your child have any allergy problems such as rash, swelling, itching, or seasonal allergies?			
Does your child have any **physical limitations** that may affect his/her everyday activities?			
Does your child have any other conditions that have not been mentioned on this form?			
Can your child swim?			
Does your child have a current IEP (Individual Education Plan)?			Under what disability do they qualify? Example: SLI, SLD, OHI, etc...

I understand that if my child becomes ill during the program, I will be notified & will be responsible to pick up my child. By signing this form I agree that my child is healthy enough to participate in classroom & outdoor physical activities.

_____   _____

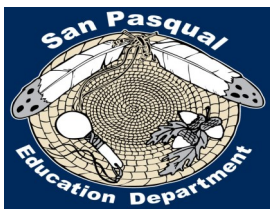**Parent /Guardian Signature**   **Date**

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

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 Childs age/weight unless noted here

_____.

_____   _____

Parent /Guardian Signature   **Date**

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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**

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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 <u>during scheduled times only</u>. Students are required to check-in upon arrival and are released after participation is complete or at the end of the scheduled session.

YES ____   **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.

YES ____   **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.

YES ____   **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.

YES ____   **NO** ____   _____ **parent initial**

_____   _____
Parent Signature   **Date**

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San Pasqual Education Department Program

Pick-up Authorization

Student's Name_____

Pick-up Procedures

I understand my child must be picked-up after their 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   **Relationship**   **Phone**

_____
Name   **Relationship**   **Phone**

_____
Name   **Relationship**   **Phone**

_____
Name   **Relationship**   **Phone**

_____
Name   **Relationship**   **Phone**

_____
Name   **Relationship**   **Phone**

_____   _____
Parent Signature   **Date**

San Pasqual Education Department

Release of Student Records Form

2020-2021

School Year

Student Full Name (last, first, middle)	Date of Birth	Name of School	Grade

The above named school and it's employees have my written consent 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
- Photos
- Infinite Campus or Power School Portal I.D. and Password access

I further give my consent for the (please check the appropriate box)

☐ Valley Center-Pauma Unified School District

☐ All Tribes Charter School

personnel to discuss matters involving the above named student with SPED representatives for the 2020 --2021 academic year. In addition, the SPED has my permission to access their Infinite Campus Portal / Power School records and to visit my child's school for on-site tutorial.

I hereby release the above named school and the 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.

_____   _____

Parent Signature   Date

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