Sacramento Valley Charter School After School Registration 2022-2023

Student Last name	First Name	Date of Birth				
Gender:	Grade:	Name of Teacher:				
Home Number, name of street, apt #, city, state, zip code.						
Mother's Last name	First Name	Home #	Cell #			
Father's Last Name	First Name	Home #	Cell #			
Name(s) of person(s) other than parent allowed to pick up your child.						
Name	Relationship	Telephone #				
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Health Information Student Health Insurance (list)						
Statent nearth mourance (not)						
Does your child have allergies? If yes, describe below. List all medical concerns, behavioral issues that include (asthma, diabetes, seizures, allergies, etc.) or circle NONE						
Parent consent for release of student photograph and information: I hereby give permission for the school SVCS to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized competitions, dates of attendance, awards received, and most recent previous school attended, in annual yearbooks, school productions, web sites, etc. and/or similar school sponsored publications or in school approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.						
I give permission	I do not give permission					
Please see the reverse side						
*I understand that I must pick up my child at the designated time or send a person listed on						

this form. If I am late picking up my child I understand that \$5 will be paid within the first 15 minutes and \$10 for 30 minutes of lateness. If late pickup is 3 days in one month, my child will be released from the program and added to the end of the enrollment waiting list.

-School Program-

Learn, excel and compete is the mission of the program. The goal of the program is to promote good study habits and improve academic performance in reading, math and science.

Q. What is the cost for after-school program?

A. The after-school program is free for scholar with low income and high learning needs.

Q. Who can attend?

A. Any student who has an extreme need for study and learning support.

Q. Is there a cost for after-school snack?

A. No, the program will provide a small snack for students.

Q. How long is after-school program?

A. The after-school program begins at 3:00 and ends at 5:00 pm., Monday thru Thursday.

SVCS AFTER SCHOOL PROGRAM PARENT AGREEMENT BASIC RULES AND EXPECTATIONS

The SVCS After School Program is a collaboration between the school and home. This agreement is essential between you, the school, and your child.

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Student's Nar	ne:			Grade:		
	Last	First	M.I.			
Classroom Te	acher:					
I agree to the	following:					
• I w	will make sure that	my child attends t	he program regul	larly.		
• M ₂	y designated persor	n(s) or I will pick	my child on time	at the end of the program each day		
• I w	vill notify the school	ol of foreseen abse	ences in advance.			
	nderstand that disrusson for dismissal f		ectful behavior v	vill not be tolerated and would be a		
• I u	nderstand that scho	ool suspension of	a child would als	o mean a program suspension.		
• M ₂	y designated persor	n(s) or I will attend	d parent conferer	nces when needed.		
	vill notify the officed	e of any changes a	s to our phone an	nd emergency numbers as well as		
	I understand that enrollment is on a "first come, first served basis". If my child is on the waiting list, I will await notification as to my child's first day of participation.					
	ave read the Basic ild to make sure tha			ram and will go over them with my ith them.		
Parent/Guardi	an Signature:			Date:		
Student Signa	tura (Dlagga print)					