

**Sacramento Valley Charter School
After School Registration
2016-17**

For Office Use ONLY: <input type="checkbox"/> Mon-Tue. <input type="checkbox"/> Wed.-Thurs. <input type="checkbox"/> Mon-Thurs. SID# _____
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A \$25 fee per child is due at regular student registration for 4 days weekly or \$100 for 4 weeks. A \$13 fee per child if two days only or \$52 for 8 days. Checks should be made to SVCS. Cash payments are acceptable.

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 #
		Accept Text yes/no	
Name(s) of person(s) other than parent allowed to pick up your child.			
Name	Relationship	Best Telephone #	
Health Information			
Student Health Insurance (list)			
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			
<p>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.</p> <p style="text-align: center;"> <input type="checkbox"/> I give permission <input type="checkbox"/> I do not give permission </p>			

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.

Parent/Guardian Signature

Date

Enrollment Date: _____

Registration Payment Type Cash Check Other Amount _____ Rec'd by _____

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. Who can attend?

A. Any student who has paid \$25 per week in advance or at the time of registration.

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

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

Q. How long are tutoring sessions?

A. Forty-five minutes for session 1 and 2 and thirty minutes for session 3. The after-school program begins at 3:00 and ends at 5:30 pm., Monday thru Thursday.

Q. How many students in tutoring sessions?

A. There will be a ratio of 4:1 of intensive instruction. Technology session will have a ratio of 10:1.5:30

Students can be released (picked-up) at the end of each session). Students are not required to attend until the program ends.

Time	Sessions
3:00-3:20	SNACK
3:20-4:05	Session 1
4:10-4:55	Session 2
5:00-5:30	Study Hall

My child will attend"

_____ Mon.-Thursday

_____ Mon-Tue Only

_____ Wed.-Thurs. Only

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