



Sacramento Valley Charter School

Learn. Compete. Excel.

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Sacramento Valley Charter School

After School Registration

2024-2025

Student Last name	First Name	Date of Birth	
	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 the parent allowed to pick up your child.			
Name	Relationship	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			

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

***I understand that I must pick up my child at the designated time or send a person listed on this form. 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.**

After -School Program FAQ

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

A. The after-school program is free for scholars 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 an after-school snack?

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

Q. How long is the 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.

Student's Name: _____ Grade: _____

Classroom Teacher: _____

I agree to the following:

- I will make sure that my child attends the program regularly.
- My designated person(s) or I will pick my child on time at the end of the program each day.
- I will notify the school of foreseen absences in advance.
- I understand that school suspension of a child would also mean a program suspension.
- My designated person(s) or I will attend parent conferences when needed.

- I will notify the office of any changes as to our phone and emergency numbers as well as addresses.
- 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.
- I have read the Basic Information and Rules of the Program and will go over them with my child to make sure that they are understood and abide by them.

- **I understand that disruptive and disrespectful behavior will not be tolerated and would be a reason for dismissal from the program.**

Parent/Guardian Signature: _____ Date: _____

Student Signature:(Please print) _____ Date: _____