

BONITA UNIFIED SCHOOL DISTRICT
 115 W. Allen Avenue San Dimas, CA 91773
SCHOOL AGE CARE PROGRAM
2015-2016 Registration Form
(909) 971-8330 ext. 5361 or 5362

Please indicate the date you wish your tuition due.

1st of the month
 15th of the month
 Weekly*

Monthly payment schedules are available at the SAC office and on our website at <http://www.do.bonita.k12.ca.us> and reflect the total monthly fee due on the 1st or 15th.

* Payments made weekly will be assessed an additional \$5.00 per week.*

Select the program option needed by checking box

Kindergarten	Weekly Fee
<input type="checkbox"/> 6:30-8:00 & 11:30-6:00	\$88.00
<input type="checkbox"/> 6:30-8:00	\$43.00
<input type="checkbox"/> 1:00-6:00	\$78.00 ** 9/21/15
<input type="checkbox"/> 2:00-6:00	\$68.00 ** 3/28/16
<input type="checkbox"/> 6:30-8:00 & 1:00-6:00	\$83.00 ** 9/21/15

Grades 1-5	Weekly Fee
<input type="checkbox"/> Full Day	\$83.00
<input type="checkbox"/> 6:30-8:00	\$43.00
<input type="checkbox"/> 2:00-6:00	\$68.00

Grades 6-8	Weekly Fee
<input type="checkbox"/> Full Day	\$83.00
<input type="checkbox"/> 6:30-9:00	\$58.00
<input type="checkbox"/> 3:30-6:00	\$58.00

**** Dates subject to change**

Family discount of 10% for 2 or more children. Discount will be applied to the lower of the two fees. No additional cost for compact/pupil free days for children enrolled in a Full-Day or P.M. program.

Student information

#	Last name	First name	Reg. Fee	School of Attendance	Grade 2015-2016	Date service to begin
1			\$35.00			
2			\$25.00			
3			\$20.00			

I _____ agree to pay on the due date I have indicated. I understand that
 (Please print name)

failure to pay tuition within 5 calendar days according to the above payment agreement I have indicated, will result in a \$20.00 late fee and may result in suspension of services.

Signature _____

Date _____

Annual non-refundable registration fee is payable at time of registration.
Registration fee must accompany registration form.

All previous balances incurred and due to the SAC Program must be paid in full before student will be allowed to register.

Your first tuition payment will become due as of Friday, August 7, 2015.
A corresponding payment schedule will be made available prior to that date.

**2015-2016 SAC Program
Emergency Information Card**

School of Attendance

Grade as of Aug. 2015

Child's Last Name Child's First Name male/female

DOB and Current Age

Child's Address City Zip Code

Child's Home Phone

Student lives with mother yes or no _____
Mother's Name

Mother's Home Phone

Mother's Home Address City Zip Code

Mother's Cell Phone

E-Mail Address _____

Employer Address

Mother's Work Phone

Student lives with father yes or no _____
Father's Name

Father's Home Phone

Father's Home Address City Zip Code

Father's Cell Phone

E-Mail Address _____

Employer Address

Father's Work Phone

CUSTODY ALERT (Attach Court Order) Yes _____ No _____
(Parent/Guardian with Custody)

List any medical or food allergies of which we should be aware: _____

If there is anything you would like us to know about your student that would help us support him/her regarding medications, behaviors, physical disabilities, etc., please list that information here: _____

In case of an emergency, we will make every effort to contact the child's parents. We ask that three nearby adults (18 years or older) be listed in the event that we are unable to contact the parent.

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
City _____	City _____	City _____
Phone _____	Phone _____	Phone _____

Other names of adults (18 years or older) you authorize to transport your child to or from program: _____

In the event my child, becomes ill or injured while attending the SAC Program or while participating in a field trip, a reasonable attempt will be made by the staff to contact the parents or other individuals designated by me. Should no one be reached, I hereby consent to have the staff give approval for necessary medical attention recommended by a licensed physician or surgeon.

Additionally, I give the staff of the BUSD School-Age Care Center permission to consult Dr. _____
phone number _____ and the nearest hospital and, if necessary, to arrange for transporting the child to the doctor's office or any emergency center. I understand that I will be responsible for any expense involved and that neither the School-Age Care staff nor Bonita Unified School District will assume any financial responsibility for these actions.

Date Mother's Signature

Date Father's Signature

BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773
(909) 971-8200 Fax (909) 971-8339

PARENTAL PHOTO AUTHORIZATION 2015-2016

Dear Parents:

Some of the learning experiences students enjoy during the school year are photographed and video-taped. Occasionally, the photographs and tapes may be shown or displayed representing the school site or District. The school office will keep this document on file. You will want to consider completing this form annually at time of registration. This will exclude your student's photo from school publications.

You as a parent or guardian have the right of refusal if you do not wish for your student to be photographed or video-taped.

Please inform us by filling out the form below.

_____ Yes, I give permission for my student _____ to be photographed or video-taped.

_____ No, I do **not** want my student _____ to be photographed or video-taped.

Student Name (please print)

School

Signature of Parent or Guardian

Date



BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 Fax (909) 971-8329

Superintendent
Kurt Madden

Assistant Superintendents
Nanette Hall – Educational Services
Curtis Frick – Human Resources Development
Ann Sparks – Business Services

Board of Education
Patti Latourelle
Chuck Coyne
Glenn Creiman
Jim Elliot
Diane Koach

BUSD School Age Care 2015 – 2016

Dear Parents/Guardians:

The School Age Care Program Parent & Student Handbook can be found on the Bonita Unified School District website; click this link: [BUSD School Age Care](#). If you do not have access to a computer, copies of the Handbook are available upon request at your school site or at the School Age Care Office at the District Office.

Please return the signed form below with your program registration forms. Please review the handbook information with your student.

If you have any questions, please contact your student's School Age Care school site, or contact the School Age Care Office at (909) 971-8330 ext. 5361 or 5362.

Thank you for your cooperation.

Nancy Sifter
Coordinator, School Age Care Program

----- Cut here and return -----

RECEIPT OF NOTIFICATION OF ONLINE SCHOOL AGE CARE HANDBOOK

I acknowledge with my signature that I am aware of how to access the Handbook online and that copies are available at my School Age Care school site or at the District School Age Care Office.

Student's Name (please print)

School of Attendance (please print)

Parent Signature

Date