#### **Claremont Middle School**



### The Unight Scholars After-School Program 2019-2020 Information Packet

#### Dear Claremont Families,

Bay Area Community Resources (BACR) is excited to be partnering with Claremont Middle School to provide the Afterschool program next school year. Our BACR Program is committed to providing a physically and emotionally safe environment where students can learn and grow through participation in enrichment activities. Claremont After school Program is operated by BACR, a regional nonprofit agency founded in 1976. Our mission is to promote healthy development among youth and families, encourage service and volunteerism, and build communities. BACR has provided after-school academic support, enrichment, and physical activity programming in Bay Area communities for more than 30 years and is currently providing over 90 after school programs across the bay.

The submission of this registration packet DOES NOT guarantee enrollment into the Claremont After school Program. Priority registration will be offered to returning Claremont After school Program participants. After those students have been enrolled, registration will be on a first come, first served basis until the maximum enrollment is reached (100). Families are encouraged to complete registration early in order to plan for the upcoming school year.

FOR THE SAFETY OF OUR STUDENTS AND SCHOOL CAMPUS, ALL STUDENTS THAT WISH TO PARTICIPATE IN ANY CLAREMONT MIDDLE SCHOOL EVENTS, THAT TAKE PLACE AFTER SCHOOL, MUST COMPLETE A ENROLLMENT FORM.

The Claremont After school Program is a safe and fun place to be after school! It is designed for middle school students to partake in numerous enrichment activities connected with academics, explore their inner creative abilities, interests and talents, and be exposed to different fun and engaging opportunities that will enhance their thinking, learning and development processes. Homework time and assistance will be provided Monday-Thursday. Please keep in mind that our program provides homework assistance, as well as other enrichment activities for our students. We do not guarantee that your student's homework will be completed daily, so please check in with your student and look over their homework every night. Snack is provided daily for all students. Program is held Monday-Friday, operating from school dismissal until 6:00 p.m. daily. Some highlights of program offerings beginning this fall: Variety of Sports, Cooking, Performing Arts, and Makerspace activities.

The Claremont ASP begins on the first day of school, August 12, 2019. The program is closed when the school is closed. Also, the program closes three times out of the year for Professional Development, (Dates to be determined.) Reminders will be sent out in advance. All Families must attend a mandatory Parent Orientation for the after school program in August/September (date TBD).

\*Please note that completing an application does not guarantee your student's acceptance into the after school program. All accepted students would be notified at the latest by the first day of school. If your student is not accepted, he/she will be placed on our waiting list. Students on the waiting list will be placed in order. Once a spot opens, students will be called according to their position on the waiting list.

Claremont Middle School: The Knight Scholars ASP Payment Options

(MUST select one):

(All options include submitting either the full amount, or 1st Month of registration fee with this form).

Bay Area Community Resources: Claremont Middle School Registration Packet/pg.1

1st Month Enrollment payment (money order, or personal check, or bacr.org/payments) is due by August 12th.

Monthly Fee: Full Time Enrollment

Tiers	Cost Of First Child	Cost of Additional Child/ren
Tier 1- \$3,000/yr	\$300.00/mo	\$150.00/mo
Tier 2- \$2,500/yr	\$250.00/mo	\$125.00/mo
Tier 3- \$2,000/yr	\$200.00/mo	\$100.00/mo
Tier 4- \$1,500/yr	\$150.00/mo	\$75.00/mo
Scholarship	See below for more info.	

Enroll and pay in full now or by June 13,2019- get 30% off each tier. (Tier 1- \$2,100, Tier 2- \$1,750, Tier 3- \$1,400, Tier 4-\$1,050)

Bay Area Community Resources Payment Worksheet

Income Categories based on GROSS yearly income & family size.

Tier 2 - Tier 4 families must provide proof of income before participation can begin.

Number of People in Household	Tier1	Tier 2	Tier 3	Tier 4
2	\$151,303 & over	\$106,321- \$74,712	\$52,614 - \$74,711	\$36,972 - \$52,613
3	\$129,278 & over	\$90,844 - \$63,836	\$44,955 - \$63,835	\$31,590 - \$44954
4	\$107,252 & over	\$75,367 - \$52,960	\$37,296 - \$52,959	\$26,208 - \$37,295
5	\$85,227 & over	\$59,890 - \$42,085	\$29,637 - \$42,084	\$20,826 - \$29,636

#### Payment Policy

Bay Area Community Resources (BACR) is the agency in which the Claremont After School Program is under operation. The Claremont After School Program is a fee-based program and families are expected to pay their participation fees on a monthly base. Families are expected to pay full cost Tier 1 for enrollment, unless they provide income verification. No child will be turned away due to inability to pay for program. Please speak to your Site-Coordinator. Limited scholarships available. (1 per family)

PAYMENT TYPES - CHECKS/MONEY ORDERS, or Online Payments

Make: CHECKS/MONEY ORDERS payable to Bay Area Community Resources or BACR

Monthly fees must be paid in the form of a check or money order

#### TO PAY ONLINE, GO TO WWW.BACR.FORCE.COM/AFTERSCHOOL

(You will need to fill out a paper application, as well as registering online).

On memo line, please write in Claremont and your child's name.

All payments and fees are non-refundable.

1st Month Payment is due in August

#### Knight Scholar ASP Enrollment Days:

Please circle all days that apply:

Monday / Tuesday / Wednesday / Thursday / Friday / Claremont Middle School After School Events

Bay Area Community Resources: Claremont Middle School Registration Packet/pg.2

If applying for a scholarship. Your family must meet the eligibility requirements: Be on Free or Reduced Meals Program (Verified by Front Office) Submit Proof of Income by way of:

- Free Meals or Reduced Meals
  - 2017 Tax Return (must include all legal guardians)
  - 2017 W-2's from all legal parents/guardians
  - Last Two Pay Check Stubs from all legal parents/guardians
  - Proof of Benefits, (includes current year Free Lunch Waiver for student)

\*A limited number of scholarships will be awarded based on Sliding Fee Income Table above . No student will be turned away due to inability to pay.

#### Payment Types:

Monthly fees must be paid in the form of a check, money order, and automatic bill pay or online Make checks/money orders payable to: BACR

On memo line, please write in Claremont and your child's name.

Online: www.bacr.org/payments

Cash will not be accepted. All payments and fees are non-refundable.

Below is an example of a payment made to Bay Area Community Resources. Please follow the guidelines below when making a payment to BACR.

NAME AND ADDRESS		3321
ORDER OF Bay Area Community Resour	rces or BACR \$	
		DOLLARS
BIG BANK		
MEMO Student's Full Name & Month	Signature	
43316744854 3321 ··· 3	1456874801 II*	©2013 Cormo Bouches

Please ensure that all payments made are written legibly and in black or blue ink only. All payments need to include child's full name (no nicknames). Please make payment payable to: Bay Area Community Resources or BACR. Invoices will not be given out monthly. All Families are expected to know their monthly fee amount and due date. Invoices will be given out via email or in person only if the payment is past due.

Receipts will be given out either upon payment or within 48 hours of payment via email or in person.

\*Please note that BACR is a 501c3 and will provide their Tax ID for those who have FSA and want to claim the ASP care on their taxes.

#### Acknowledgement:

Please Initial next to each policy to verify that you understand the terms and conditions of payment to Bay Area Community Resources and submit with registration packet.

Monthly Fees are due on the 5 <sup>th</sup> day of every month.
First payment will be due before participation in program can begin. Participation cannot begin until this happens
Monthly Fees must be paid in form of check, money order, and automatic bill pay or online. Cash will not be accepted. www.bacr.org/payments.
Late Fees of \$20.00 will be added to individual accounts after the 10 <sup>th</sup> day of every month.
Payments must be made on a monthly basis. Past due payments of 30 days will "pause" services until the payment is made, therefore, the student will not be able to participate until this payment is made. Payments more that 60 days past due will result in dismissal from the program. Our goal is to work with each family on finding the best payment option, specifically when there is a change in a household financial situation. Re-enrollment can occur after past due amounts are paid in full.
Payments will not be prorated for any reason except for the month of June.
Monthly invoices will not be given out. Families are expected to know their total amount due monthly.
Families falling under payment tiers 2-4 must provide proof of income before participation in program can begin.
Students who are picked up after 6:05 pm will be charged a late fee of \$1.00 for every minute they are picked up late after the 5-minute grace period of 6:05pm. Late pickup fees will be included in the total of your monthly payment the following month.  Before enrollment is completed and your child begins participation in the Claremont After School Program these four steps need to be completed:
Registration Packet (must be completed in full)
(You will also need to provide the following information at time of registration)
2. Previous years 2017 Tax info or last 2 check stubs (If requesting financial assistance)
3. Attend parent orientation
4. Enrollment payment (money order, or personal check, or bacr.org/payments) due before participation can begin.
If you have any questions or need assistance completing this packet please contact the Program Director Marisa
Ramirez @ BACR mramirez@bacr.org or 510-559-3025.



# PARENT PERMISSION AND RELEASE ANDSTUDENT INFORMATION

## OAKLAND UNIFIED SCHOOL DISTRICT ASES and/or 21st CENTURY ELEMENTARY & MIDDLE SCHOOL AFTER-SCHOOL PROGRAMS

Name of School: <u>Claremont Middle</u>	<u>School</u>			
Student's Name	11 10		Grade	Date of Birth
other s value				
Parent/Guardian Name (Please print)	– Signature		To	day's Date
* = T			t t's	
Home Address	City		Zip	
Home Phone	Work Phone	Cell Pho	ne	
EMERGENCY CONTACT INFO	ORMATION			
In case of emergency, please contact:		81 1 g = g	· Vryo x	
Name	Relationship	9	Phone: wo	rk/home/cell
	56.71	5%	9	, 27.5
Name	Relationship		Phone: wo	ork/home/cell
Does your child have health coverage	? Yes	1	No	es es
Name of Medical Insurance	Policy/ Insurance #	Prim	ary Insured's	s Name
	110			
I authorize After-School Program Stat necessary for my child during the Aft	ff to furnish and/or obta er-School Program.	in emergency	y medical tre	atment which may
Parent/Guardian Name	Signature			Date



#### PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS

For the 2019-2020 school year, I give consent to Oakland Unified School District to disclose to After-School Program Staff my child's confidential academic data (test scores, report cards, attendance, and other performance indices), and input my child's data into the database created for afterschool programs for the sole purpose of providing targeted support and academic instruction and assessing the academic effectiveness of the After-School Program. I also give permission for After-School Program staff to monitor my student's progress and to request my child to voluntarily participate in evaluation surveys for the purpose of determining program effectiveness. I understand that consent to disclose information and evaluate programs is not a requirement to participate in the after-school program and that I can withdraw this consent at any time by notifying the After-School Program and the OUSD After-School Programs office in writing.

[?]	
Parent/Guardian/Caretaker Signature	Date
PHOTO/VIDEO RELEASE	
During your child's attendance in the After-School Prog photographed or videotaped; these photographs/video	
My childmaymay not be photographed/videotaped by the After-School progr	am for promotional purposes.
program activities and to edit or use any photographs of and my child shall have no legal right or interest arising	to photograph or videotape my child during After-School r recordings at the sole discretion of OUSD. I understand that I from the recording, including economic interest. I also agree arty it has approved from and against all claims, demands, rding.
?	
Parent/Guardian Signature	Date

#### SPECIAL NOTE REGARDING PROGRAM FEES

Some After-School Programs may charge fees on a sliding scale in order to serve more students and provide more services. Programs that charge family fees will waive or reduce the cost of these fees for students who are eligible for free or reduced-priced meals. Programs cannot charge a fee if the child is a homeless youth, as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec.1143a), newcomers (refugee, asylee, and unaccompanied minor), or if the child is in foster care. No eligible student will be denied enrollment due to a family's inability to pay program fees.



# WAIVER OF PICK UP POLICY AND PERMISSION TO RELEASE WITHOUT SUPERVISION (OPTIONAL)

#### FOR STUDENTS AGES 12 AND OLDER ONLY

School Site:	<del> 10</del>	3.4	1.0	
Name of Program:	Name of Student:			
Grade:	ų:			4 435
Date of Birth of Student:				
If I arrive, later than the dismissal time or am u	nable to pick up my child a	t the end of the Aft	er-School	Program:
<ul> <li>I give the After-School Program staff persupervision.</li> </ul>	ermission to release my chi	ild from the After-S	chool Prog	ram without
I hereby release and discharge the Oakland Un- from all claims for injury, illness, death, loss or arrive later than dismissal time or am unable to	damage arising from the re	elease of my child w	ithout sup	ervision if I
?	¥		Tr.	
Parent/Guardian/Caretaker Signature	Date	14		



#### **EARLY RELEASE WAIVER (OPTIONAL)**

**ELEMENTARY AND MIDDLE SCHOOL STUDENTS** 

- Elementary School students are expected to participate in the After-School program every day until 6pm, for a total of 15 hours per week.
- ♦ Middle School students who to participate in the After-School program at least 3 days per week until 6pm, for a minimum total of 9 hours will be given priority.

Eligible students who are able to fulfill these attendance requirements daily have priority for enrollment.

Base	d on the OUSD Early Release Policy, families can request Early Release of their child from the After-School
Prog	ram for any of the following reasons:
	Parallel Program
	Family Emergency
	Personal Family Circumstance
	Medical appointment
	Transportation
	Community safety
	Child accident
	Other conditions, as deemed appropriate
Scho	ol Site:
Nam	e of Program:
Name	e of Student:
Grad	e:
	uest early release of my child from the After-School Program at o'clock p.m. se check reason)
	I am concerned for my child's safety in returning home by him/herself after dark.
а	I am unavailable to pick my child up after this time.
a	Other:
	eby release and discharge the Oakland Unified School District and its officers, employees, agents and volunteers all claims for injury, illness, death, loss or damage arising from my child's early release from the After-School ram.
?	
	Parent/Guardian Signature Date



#### **SPECIAL INSTRUCTIONS**

All students with asthma, diabetes, and severe allergies should have emergency medication available to After-School Program staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a medical management plan (Diabetes, Severe Allergy, or Asthma Action Plan) signed by you and your doctor. The After-School Program will need to have medication for your child that is separate from the medication you provide the regular school day program.

See your School Nurse/Health Services for more information.

#### **AUTHORIZATION TO TREAT MINOR**

I give permission for the After-School Program staff to administer medication that my child may require during the After-School Program.

I authorize After-School Program Staff to furnish and/or obtain emergency medical treatment, which may be necessary for my child during the After-School Program.

Date:	Parent/Guardian Signature:	
Print Name:		
Does your child have vision problem	ns?	
Have you ever been notified that yo	our child has difficulty seeing?	
Is your child supposed to wear glass	ses?	

Please return this form immediately to the After-School Program. Thank you!



### BACR After School Program Release of Liability

#### 2019-2020

I the undersigned, understand the nature of the after school program and that participation is voluntary.

I further understand that Bay Area Community Resources will assume no responsibility or liability for injuries/illnesses of my/our child. I/we further understand that I/we hold Bay Area Community Resources and, their officers, agents, employees, and volunteers harmless from any and all liability or claims which may arise out of my/our child's participation in the After School Program.

I hereby release and discharge BACR, its officers, directors, employees, and volunteers from any and all claims for injury, illness, death, loss or damage as a result of after school program activities.

I further understand that accidents and injuries can arise out of program events and activities; knowing the risks, nevertheless, I hereby agree to assume all risks of damage, illness, injury or loss to person or property that is sustained while participating in, attending, preparing for or traveling to and from the after school program.

Parent/Guardian Signature  Print Parent/Guardian Name		Date		
		Student Name	^	
Address	City	State/Zip Code	Phone #	