



**REACH After Care  
APPLICATION FORM 2021-22**

Today's Date: \_\_\_\_\_ Number of children enrolling: \_\_\_\_\_

Full name of child 1: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Full name of child 2: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Full name of child 3: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

**Days and times needed:**

**3 Days** \_\_\_\_\_ **4 Days** \_\_\_\_\_ **5 Days** \_\_\_\_\_

**Half Time** \_\_\_\_\_ **Full Time** \_\_\_\_\_ **TK/K Premium Only** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship (mother, father, stepmother, guardian, etc.) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City Zip

Mailing Address: \_\_\_\_\_  
Address or P.O. Box City Zip

Phone: (home) \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship (mother, father, stepmother, guardian, etc.) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City Zip

Phone: (home) \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Occupation: \_\_\_\_\_



**REACH Aftercare Program 2021-22  
Admission Policies**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

*With the intention of providing safe and engaging activities for all children, we set forth the following boundaries to help guide our community to a strong and healthy relationship amongst each other. With the following guidelines, REACH Aftercare Program will be able to provide the best care for all students. REACH Aftercare Program does not discriminate on the basis of race, ethnicity, religion, gender, age, disability, or sexual orientation.*

**Please READ and INITIAL each policy:**

\_\_\_\_\_ Parents must complete REACH Aftercare Program 2021-22 Application Form prior to enrollment.

\_\_\_\_\_ All children must have a change of clothes, including shoes, in their backpack.

\_\_\_\_\_ If a child intentionally injures themselves or another child, or is causing harm to others, we will have to ask that your child is picked up immediately.

\_\_\_\_\_ Our ratio is not to exceed a 1 to 12 ratio. We are unable to accommodate anything above this ratio.

\_\_\_\_\_ All families will be charged the full month, we are unable to accommodate absent days, unless school was canceled that day.

\_\_\_\_\_ Our facilities will be open from Afterschool until 5:30 PM. We will not be able to open earlier or stay later. If a child is picked up after 5:30 PM, families will be charged \$1 per minute.

\_\_\_\_\_ Please respect the rights of all children in the program. If any issues arise with other children in the program, please notify REACH Aftercare Program Staff and allow us to talk to the other children involved.

\_\_\_\_\_ REACH Aftercare Staff are required to hold confidentiality for all children, and will only be able to discuss matters with parents on their own children. If an incident occurred between your child and another, we are unable to discuss who the other child was, we will only be able to talk about the situation and the resolutions.

\_\_\_\_\_ Reduction or cancellation of monthly plan will require a written notice, Change Forms can be found in Aftercare room, and in Main Office, 30 days in advance.

\_\_\_\_\_ If a child has been absent from school for any reason, or asked to be picked up from school early, we are unable to accommodate aftercare service until child returns to school for a full day.

\_\_\_\_\_ Please be available by phone in case of an emergency.

\_\_\_\_\_ If you have any questions about the program, please contact the director.

***Please Sign below:***

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



REACH AFTERCARE PROGRAM
Annual Health History Form
2021-22

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Physician/Primary Provider/Clinic \_\_\_\_\_

Does your child take any medication on a routine basis? [ ] Yes [ ] No [ ] During school hours

Name of medication: \_\_\_\_\_ Purpose of medication: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Purpose of medication: \_\_\_\_\_

Please contact the school office regarding the "Medications at School" policies
if your child must take prescriptions or over the counter medications during the school day.

Check [X] the box and explain if your child has a history of, or now has the following conditions or concerns.

[ ] My child does not have any health issues at this time.

[ ] Asthma

- [ ] Mild [ ] Moderate [ ] Severe
[ ] Rescue Inhaler at home
[ ] Rescue Inhaler with student
[ ] Rescue Inhaler in school office

[ ] Allergies

- [ ] Mild [ ] Moderate [ ] Severe
[ ] Bees/insects
[ ] Foods \_\_\_\_\_
[ ] Seasonal Hayfever
[ ] Allergic to Medication \_\_\_\_\_
[ ] Other \_\_\_\_\_

[ ] Seizures

- [ ] As an infant
[ ] Use medication
[ ] Use emergency plan if happens at school

- [ ] EpiPen at home [ ] EpiPen at school
Not necessary to include Poison Oak/Ivy

[ ] Physical Limitations \_\_\_\_\_

- [ ] Special Equipment needed at home
[ ] Special Equipment needed at school

[ ] Heart Murmur/Disease \_\_\_\_\_

[ ] May REACH provide your child sunscreen?

[ ] Diabetes

- [ ] Type I
[ ] Type II

- [ ] YES
[ ] NO
[ ] If no, please provide own Sunscreen

Comments: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**REACH After Care  
Payment Information  
2021-22**

**Monthly**

	<u>3 Days/Wk</u>	<u>4 Days/Wk</u>	<u>5 Days/Wk</u>	<u>Drop In</u>
<b>Half Time*</b>	\$95 per month	\$125 per month	\$160 per month	\$10 per day
<b>Full Time</b>	\$183 per month	\$236 per month	\$280 per month	\$15 per day
<b>TK/K Premium</b>	\$60 per month	\$80 per month	\$100 per month	
<b>Bridge Period</b>	\$20 per month	\$30 per month	\$40 per month	

- **Non Refundable Registration Fee:** \$50.00 annually, per family.
  
- **Bridge Period:** For families with students that have a gap in dismissal times. Covers the period between.
  
- **TK/K Premium:** For families interested in care **ONLY** from K dismissal to 4th Grade dismissal, just the TK/K premium applies. For TK/K families interested in full or half day care, the TK/K premium will be charged **in addition to the full or half time rate.**
  
- **Late Pick Up Policy**  
If your child is picked up after 5:30pm (or 4pm for half-time) parents will be charged a late fee of \$1.00 per minute.
  
- **Late Fee Policy:**  
Fees are due by the 5th of each month. A late charge of \$10.00 may apply on or after the 6th.
  
- *Half time participants must be picked up by 4pm.*
- *We offer a 10% discount for additional siblings*



**Please READ and INITIAL each Payment Policy:**

\_\_\_\_\_ **Non-Contracted Hours/Days:** The above hourly rates are based on your contracted daily attendance. Any hours that are outside your hourly bracket or contracted days will be charged the drop-in rate of \$10.00 (Half Time) or \$15.00 (Full Time) per day.

\_\_\_\_\_ **Enrollment:** Our program reserves the time, space, and staffing for children regardless if they attend the program or not. The monthly rate will be charged in full regardless if the child attends or not. Any days that the school or aftercare is not provided, will not be charged.

\_\_\_\_\_ **Late Pickup Fee:** Aftercare ends at 5:30 PM every day. A late pick up fee of \$1 per minute will be charged to your account if your child is picked up after 5:30 PM.

\_\_\_\_\_ **Cancellation or Contract Change:** In order to change your contract or cancel your plan, please fill out the change/cancellation form and give notice at least 30 days in advance.

\_\_\_\_\_ **Late Payments:** Fees are due by the 5th of each month. A late charge of \$10.00 may apply on or after the 6th.

**Subsidized Child Care:**

We offer support and assistance with applying for subsidized child care through River to Coast and Sonoma 4C's. If you have any questions about these programs, please talk to the Director for more information and brochures.

*Please Sign below:*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_