



City of Dinuba Afterschool Program **Registration Packet**

Elementary Locations: Wilson, Jefferson, Roosevelt, Kennedy and Lincoln

Program Schedule: Monday – Friday, 2:30pm – 5:30pm

Grades: 1st – 8th grade

Program Fee: \$30.00 per month, per child

NO REFUNDS, NO EXCEPTIONS!

Welcome to the City of Dinuba Afterschool Program where we offer fun and exciting activities for your child's enjoyment. This program is an enrichment program that includes homework time, fitness, sports, crafts, science, dance, music, presentations and more!!! To ensure the health and safety of our students and recreation staff, the City of Dinuba has developed a plan to the best of our ability; adhering to state and local guidelines for youth programs as of 2023.

This packet is intended to inform you of all guidelines associated with the City of Dinuba Afterschool Program and Dinuba Unified School District, to ensure a positive experience. We look forward to serving you and your family this year!

PLEASE READ THIS IMPORTANT INFORMATION:

Take the time to review the entire registration packet for a better understanding of the program.

- In order to complete the registration process, **fill out the entire registration packet, provide a printed current photo of your child, and make a payment at the time of registration.**
- A flat monthly rate will be required regardless of your child's attendance and school schedule.
- Payments must be reoccurring, August through May; you cannot select the months you would like your child to attend. There are no sibling discounts or discounts for advance payments.
- To continue in the program, payment is due before a new month begins (unless months are paid in advance). If payment is not received before a new month begins, your child will be removed from the program and placed on a waitlist upon your request only.
- Parents are responsible to make payments in a timely manner, including during school scheduled holidays or breaks. If the last day of the month falls on a weekend or holiday, please be sure to make the payment the business day preceding the deadline. **NO REFUNDS, NO EXCEPTIONS!**
- Payments will only be accepted during business hours, in person or by credit card phone payment, between 8:00am-5:00pm. Our business office is open through school-scheduled breaks and closed only on observed federal holidays.

Sign-ups will only be accepted at the Parks and Community Services Office, 1390 E Elizabeth, Dinuba CA 93618. Please contact (559) 591-5940 for more information.



City of Dinuba Afterschool Program General Information

Based on the regulations established by the City of Dinuba and Dinuba Unified School District, the following guidelines will be implemented:

Checking-in/out of the program:

- Child must check in to the program after attending other school programs or sports. It is not the responsibility of recreation staff to locate your child if they do not check in.
- Students will only be released from the program to authorized contacts listed on the registration packet or if parent authorized and signed the walker permit. If someone not listed as an authorized contact will be picking up the participant, please call the site in advance.
- Participants with walking permits are dismissed at 5:00pm and at 4:30pm when daylight savings is in place. If you would like to arrange a different time for dismissal, contact the recreation staff on site.
- This is a drop-in program; as long as payment is current, participants will not lose their spot if they miss a day. Early pickups can occur any time before 5:30pm.

Late Pick-up and Late Fee procedures:

- If you are running late, contact the recreation staff in advance to keep your child calm.
- You may receive a courtesy call between 5:15pm – 5:30pm.
- After 5:30pm, a \$5 late fee will be applied, per child. After 5:45pm, an additional \$5 late fee will be applied, per child.
- If parent/guardian and/or those on the emergency form do not answer by 6:00pm, the Dinuba Police Department will be called to assist in the matter.
- Late fees must be paid before returning to the program.
- If three, documented late fees occur; your child will be removed from the program for the remainder of the school year.

School Schedule: Early Release/Minimum Days:

- The City of Dinuba Afterschool Program operates on the same dismissal time as at Dinuba Unified School District, grades 1-6. The program is available for eligible participants (grades 1-6) on early release and minimum days.
- Registered 7th & 8th grade participants, may attend an elementary school site of their choice, upon availability. The program may not fully accommodate the early release/minimum day schedule of 7th - 8th grade students. Other arrangements must be made on those days.

Lunch Requirements:

- Lunch will be provided between 3:00pm – 3:30pm; all food is provided by the Dinuba Unified School District Nutrition Program.
- Parent/guardian will need to communicate allergy concerns. Please contact the Dinuba Unified School District for special accommodations.

Behavior Expectations:

- Students are expected to participate and behave in a safe, respectful, and responsible manner toward other students, staff and property.
- Students choosing not to meet these terms, will be dealt with in a case-by-case manner. Recreation staff will implement the behavior guidelines and disciplinary actions as deemed necessary. In the event of disciplinary action, prior to returning, a reinstatement meeting must take place with the program supervisor, student, and parent/guardian.

ASP Site Contact Information:

Jefferson ASP: 318-7747

Kennedy ASP: 318-7735

Lincoln ASP: 284-2604

Roosevelt ASP: 287-5965

Wilson ASP: 318-7749



City of Dinuba Afterschool Program Emergency Form

It is the parent/guardians responsibility to update the emergency form as needed

Fill out the information accurately, please **PRINT**.

(Updates to the emergency form must be made at the recreation office)

Child's Name: _____ Grade: _____

School Site: _____ Gender: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Primary contact: _____ Email Address: _____

Mother's Name: _____ Cell #: _____ Work #: _____

Father's Name: _____ Cell #: _____ Work #: _____

Other's Name: _____ Cell #: _____ Work #: _____

Authorized Contacts

List authorized person(s) to pick-up child or contact if you cannot be reached (other than those listed above).
NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENT/GUARDIANS OR AUTHORIZED
CONTACTS (unless notified from parent/guardians in advance).

Name:	Relationship:	Cell #:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I/we hereby authorize the release of the child named above to the following persons in the event of illness, injury, evacuation or emergency that may occur while the students are in the Afterschool Program.

Child Lives with: Both Parents ☐ Mother ☐ Father ☐ Guardian ☐

Are there any Court-Mandated custody/visitation orders limiting access to this student? ☐ Yes ☐ No

***If yes**, attach a copy of the legal documentation, at the discretion of the City of Dinuba, staff will uphold the orders.

I declare that the information on this form is true and correct. I will notify the Program Supervisor immediately of any changes in the foregoing information.

Signature: _____ Date: _____



City of Dinuba Afterschool Program Participants Consent Form

(Updates to the medical form must be made at the recreation office)

Childs Name: _____ Last: _____

I acknowledge that City of recreation staff cannot administer medication to my child. Initial Here _____

Check YES or NO for the following questions:

- Yes ☐ No ☐ My child is currently taking medication?
If yes, please specify: _____
- Yes ☐ No ☐ My child has a health condition which may require care or emergency action?
If yes, please specify: _____
- Yes ☐ No ☐ My child's physical activity needs to be restricted?
If yes, please specify: _____
- Yes ☐ No ☐ My child requires vision or hearing devices? (e.g., glasses, contacts, hearing aid, etc.)
If yes, please specify: _____
- Yes ☐ No ☐ My child requires a modified diet or special feeding procedures?
If yes, please specify: _____

MEDICAL TREATMENT INFORMATION

Yes ☐ No ☐ If you cannot be reached, do you authorize your child to be treated/transported by ambulance to a medical facility, at your expense, for treatment?

Yes ☐ No ☐ Do you have Medical Insurance? Preferred Hospital: _____

Family Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

WALKERS PERMIT

Yes ☐ No ☐ Does your child have permission to walk home?
If yes, please specify any restrictions (e.g., can only walk with siblings, dismiss at specific time, etc.):

I understand the following: Recreation staff is not responsible for my child once they have been released from the program.

7th - 8th GRADE PARTICIPANTS ONLY

(Please only initial if you are enrolling a child that attends Washington Intermediate)

I agree to enroll my child, well aware that the City of Dinuba Afterschool Program may not fully accommodate the Washington Intermediate school schedule. Initial _____

Signature of Parent/Guardian: _____

Date: _____

Discipline Notes & Other

Child's Name: _____

[illegible]



City of Dinuba Afterschool Program Waiver Form

NOTE: All waiver forms MUST be signed in order to participate in the City of Dinuba Afterschool Program

Child's Name: _____ Age: _____ DOB: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Contact Phone #1: _____ Contact Phone #2: _____

School Site: _____

I hereby authorize the above named minor to participate in activities, associated with the City of Dinuba Community Services Department programs.

I furthermore waive, release, and discharge any and all claims for damages, stolen items, death, personal injury, property damage or liability relating to COVID-19 and/or variant strains, which the above named child or I may have or which hereafter accrue to the above named child or myself, against the city as a result of the above named child's participation in the City of Dinuba Community Services Department programs.

This release is intended to discharge the city, its agents and employees, individuals affiliated with this activity, and any other involved municipality or public entities from and against any and all liability arising out of or connected in any way with the above named child or my participation in the program, even though that liability may arise out of the negligence on the part of persons or entities mentioned above.

I hereby authorize the use photographs in the promotion of activities. I acknowledge that these photographs could also be used in such non-commercial promotional materials as brochures, flyers, newsletters, annual reports, audiovisual presentations, and on the web sites of City of Dinuba, sponsoring companies, partnership, and beneficiary organizations. In addition, I understand that these photos could also be shared with external media organizations, such as newspapers and television stations, to further promote the City of Dinuba programs.

I further understand that accidents and injuries can arise from the participation of the above named child in the City of Dinuba Community Services Department program participation. Such accidents and injuries may include, but are not limited to, pulled or strained muscles, foot and ankle injuries and any/all injuries associated with increasing heart rate. However, knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all the persons or entities mentioned above who (through negligence) might otherwise be liable to the above mentioned child or myself (or the above named child's or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on the above named child's heirs and assigns.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____



City of Dinuba After-School Program Parent/Guardian Code of Conduct

1. I will be prepared to show photo ID, as requested, this includes those that are listed on the emergency form as an authorized contact.
2. I will communicate and relate important information to staff.
3. I will make sure my child emergency form and medical form are kept up-to-date and answer or return any calls while my child is attending the program. Changes to forms must be made at the recreation office.
4. I understand that my child may lose privileges or be removed from the program due to behavior misconduct or exceeding the late pick-up agreement.
5. I will use appropriate and respectful language and tone of voice toward staff at ALL TIMES, whether asking a question, voicing a concern, or airing a complaint, inappropriate language should NEVER be used. Such language includes profanity, insults, racial ethnic slurs, offensive language relating to gender identity, physical appearance, or sexual orientation.
6. Parents/guardians or family members must not approach another participant or their family to resolve conflict or discuss a concern. Request a meeting in advance with staff to resolve a conflict or discuss a concern or contact the Supervisor Michele Tapia at (559)591-5940.
7. Authorities will be called if parents arrive under the influence of drugs or alcohol.
8. I understand staff will go over the behavior guidelines with my child, as needed.

After reviewing the behavior guidelines, **initial for acknowledgment** _____

Copy of Parent Code of Conduct is available upon request.



****Office use Only****

DINUBA COMMUNITY SERVICES

AFTER SCHOOL PROGRAM

2023-24 School Year

Child's Name:

Site:

[illegible]