

Murrieta Valley Unified School District

Family Services
2019/20

Student Enrichment and Extended Day
including
Kindergarten and TK Wrap Around
Enrollment Packet



24300 Las Brisas Road, North
Murrieta, CA 92562
(951) 304-1623

Revised 01/19

TO BE COMPLETED BY ENROLLING STAFF ONLY

Date Received _____ Start Date _____ Date Added to Waitlist: _____

SEED site: _____ Grade: _____ TK/Kindergarten: AM: _____ PM: _____

Days of Attendance (circle): M T W TH F AM PM BOTH Weekly Fee: _____

Registration Fee: \$ _____ 1st Week's Fee: \$ _____ Total Paid: \$ _____

Check/MO#: _____ Cash Receipt #: _____ Driver's License Number: _____

Enrollment Interviewer: _____ Date: _____ Date Taken Off Waitlist: _____

Murrieta Valley Unified School District Family Services
 24300 Las Brisas Road, North
 Murrieta, CA 92562 (951) 304-1623



SEED Enrollment Form 2019/20

(child's) Legal Last Name: _____ First Name: _____ MI: _____ Date of Birth: _____

(child's) Address: _____ City: _____ Zip: _____ Home Phone #: _____

(child's) Gender: M / F (child's) Ethnicity: _____ (child's) Birth Place (city, state) _____

(child's) First Primary Language: _____ Language Spoken In Home: _____

Child lives with (circle): Both Parents Father Mother Stepfather Stepmother Other: _____

(parent #1) Last Name: _____ First Name: _____ MI: _____

(parent #1) Address: _____ City: _____ Zip: _____ Home Phone #: _____

Employer: _____ City: _____ Work Phone #: _____

E-Mail Address: _____ Cell Phone#: _____

Education Level (circle one): Not HS Grad/ HS Grad/ Some College/ College Grad/ Post Grad/ Decline to Answer

(parent #2) Last Name: _____ First Name: _____ MI: _____

(parent #2) Address: _____ City: _____ Zip: _____ Home Phone #: _____

Employer: _____ City: _____ Work Phone #: _____

E-Mail Address: _____ Cell Phone#: _____

Education Level (circle one): Not HS Grad/ HS Grad/ Some College/ College Grad/ Post Grad/ Decline to Answer

SIBLING(S) NAME	GRADE	SCHOOL ATTENDING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MURRIETA VALLEY UNIFIED SCHOOL DISTRICT

Family Services 2019/2020 Weekly SEED Rates

Effective July 1, 2019

Tuition Is Due on the First School Day of The Week

1st through 5th Grades Weekly Rates

		PART-TIME 1 to 3 Days	FULL-TIME 4 to 5 Days
Before School	6:30am - Class Start	\$55.00	\$70.00
After School (includes min day fee)	Class Release - 4:30pm	\$55.00	\$70.00
After School (includes min day fee)	Class Release - 6:00pm	\$80.00	\$105.00
Before AND After School (includes min day fee)	6:30am - 4:30pm	\$95.00	\$115.00
Before AND After School (includes min day fee)	6:30am - 6:00pm	\$115.00	\$150.00
SEED Camp Weekly Rate	Effective June 2019	\$165.00	\$190.00

Kindergarten & TK Weekly Rates

		PART-TIME 1 to 3 Days	FULL-TIME 4 to 5 Days
Early Bird Before School	6:30am - Class Start	\$55.00	\$70.00
Early Bird After School	Class Release - 3:00pm	\$80.00	\$105.00
Early Bird After School	Class Release - 4:30pm	\$105.00	\$125.00
Early Bird After School	Class Release - 6:00pm	\$135.00	\$165.00
Early Bird	6:30am - 3:00pm	\$115.00	\$150.00
Early Bird	6:30am - 4:30pm	\$135.00	\$165.00
Early Bird Full Day	6:30am - 6:00pm	\$165.00	\$190.00

Late Bird Before School	AM School Bell - Class Start	\$80.00	\$105.00
Late Bird Before School	6:30am - Class Start	\$115.00	\$150.00
Late Bird Before/After School	AM School Bell - 4:30pm	\$105.00	\$125.00
Late Bird Before/After School	AM School Bell - 6:00pm	\$135.00	\$165.00
Late Bird After School	Class Release - 4:30pm	\$55.00	\$70.00
Late Bird After School	Class Release - 6:00pm	\$80.00	\$105.00
Late Bird	6:30am - 4:30pm	\$135.00	\$165.00
Late Bird Full Day	6:30am - 6:00pm	\$165.00	\$190.00

Additional Fees:

Fees

Minimum Day Charge (School release - 3:00pm)	\$ 15.00
Registration Fee per Child / Family	\$100/ \$170
Current Year Reinstatement Fee	\$ 40.00
Late Pickup Fee, per minute, per Child	\$1.00
Returned Check Fee	\$ 35.00
Late Tuition Payment Fee	\$ 35.00
Early Release Until 3:00pm	\$ 15.00

My child will be attending the SEED Program on the following Contracted Schedule:

Days attending: M T W TH F Drop off time: _____ Pick up Time: _____ Full Day: _____

Discount: _____ Sibling: _____ (10% on oldest sibling) Total Tuition \$ _____

Child(ren) Name: _____ Parent/Guardian (Print Name) _____

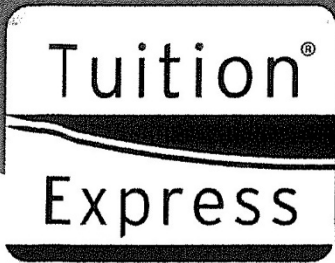
I agree to the charges as stated above _____ Date: _____

**Payment is due before first day of service and on the first day of each week thereafter as stated in the SEED contract.
Registration fee is due upon enrollment.**

I understand rates are subject to change with 30 Days' notice _____ Date: _____

I understand I must give a 2 week written notice to Withdrawal _____ Date: _____

I have received a copy of the rates for the 2019/20 School year _____ Date: _____



Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express@ — a payment processing system that allows on time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize MVUSD Family Services (business name) to initiate credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER

Cardholder Name

Phone #

Cardholder Address

City

State

Zip

Account Number

Expiration Date

Cardholder Signature

Date

- Check for MONTHLY Tuition Payments (processed on the first school day of the Month)
Check for WEEKLY Tuition Payments (processed on the first school day of the Month)
\$ Weekly Tuition amount to be withdrawn

For Official Use Only
Date Received
Employee Signature



**SEED PROGRAM POLICIES AND CONTRACT
2019 / 2020**

MVUSD Family Services shall not discriminate against children based on their gender, race, color, religious creed, national origin, ancestry and physical or mental disability.

Child/Children's Name(s): _____

Please read and initial each line.

Enrollment space for MVUSD Family Services programs is limited and dependent on facility availability. Prior to enrollment, parent(s) must read, complete, sign and date required Enrollment Form, Program Policies and Contract, Behavior Contract, and Emergency Card. Parents are responsible for reading, understanding and abiding by Parent Handbook, Discipline Contract, Program Policies and Contract. Previous balance and/or child's behavior may determine enrollment eligibility

- _____ 1. Student Enrichment and Extended Day (SEED) requires a \$100.00 per child/\$170 per family NON-REFUNDABLE registration fee. A NEW signed contract is required along with one (1) week of fees prior to student starting each year (registration fee includes camp registration).
- _____ 2. SEED fees are due on the first school day of the Week. Tuition is calculated on an annual fee based on school calendar days and paid weekly. There is no credit given for partial weeks of the school calendar. Fees are based on enrollment and not attendance. Checks or money orders are to be made payable to MVUSD. Locked payment boxes are located at each location. Cash can only be accepted at the Family Services Office, 24300 Las Brisas Road, North, Murrieta and is not accepted at any program locations/ classrooms. Past due balances will incur a monthly late charge of \$35.00 per family. No child will be permitted to continue in the program unless all fees from previous sessions are paid. A family carrying a balance for more than thirty days will be dropped from the program and their account will be turned over to a collection agency. If space is available, the child may be reinstated upon payment of all outstanding tuition fees and a re-registration fee of \$40.00.
- _____ 3. **SEED AND CAMP FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.** No credit is given for days missed due to illness or vacation. Statements will be sent to your classroom each month and placed on your child's sign-in sheet as a reminder. Parents are responsible to pick up statements from child(ren)'s site. Family fees are still due as stated above whether or not you have received the statement. Program staff are there to ensure the health and safety of the children only. They cannot answer billing questions. Any and all billing questions are to be referred to the MVUSD Family Services Account Technician (ext. 2149).
- _____ 4. Parents who choose to pay their SEED fees in full for the month will receive a 5% discount. The monthly tuition must be received in the tuition payment box located in classroom or Family Services Office no later than the first school day of each month.
- _____ 5. A Minimum/Modified Day fee of \$15.00 will be charged per day/per child when your child attends. An Early Out Day fee of \$15.00 will be charged per day/per child when your child attends. Minimum/Modified Day and Early Out Day fees will be reflected on your next month's statement and is based only upon attendance
- _____ 6. A fee of \$35.00 will be charged for a returned check. Upon the second notice of a returned check due to insufficient funds, all subsequent family fee payments must be made by money order in the box in the classroom or cash at the Family Services Office located at 24300 Las Brisas Road, North.
- _____ 7. MVUSD family discount – A discount will be applied for a second and subsequent children from the same family. The discount will be applied to the oldest child.
- _____ 8. Withdrawal – Parents must give a two week written notice to the program site **and** MVUSD Family Services Office prior to last day of service. If notice is not received by the MVUSD Family Services office, tuition will be charged for this period until notice is received. You will be responsible for payment of all tuition charged each week plus late payment fees until termination notice is received.

Murrieta Valley Unified School District Family Services
Student Enrichment and Extended Day (SEED)
24300 Las Brisas Road North, Murrieta, California 92562

SEED PROGRAM POLICIES AND CONTRACT
2019 / 2020

- _____ 9. Enrollment Changes- Changes may be added to schedule if SEED space is available for additional days or reduced for a schedule change with one (1) week written notice to the MVUSD Family Services Program Office one week prior to change of service. Sign in/out sheets are checked monthly. If you are utilizing extra days/time you will be charged according to the sign in/out sheets.
- _____ 10. Parent, or designee, must accompany their child or children into the program and determine that the child is under adult supervision prior to leaving the premises. All parents, or designees, in all Family Services programs must manually sign their child(ren) in and out of all Family Services programs each day. No child, or sibling under the age of 18, may sign himself/herself in or out of the program. Continual failure to sign your name and correct pick up times for your child(ren) may result in a termination from the program.
- _____ 11. Only adults (18 years or older) authorized in writing by the parents can drop off or pick up a child from the program. Staff will question those with whom they are unfamiliar and check their identification. Anyone without proper authorization and identification will be stopped from taking a child.
- If someone not on the list is coming to pick up your child, you must notify the staff, in writing, in advance. All Restraining and Custody Orders must be kept current and on file at the site and at the Family Services Office.
- _____ 12. **Parents are responsible for having their child picked up on time.** Habitual lateness will result in the child being dropped from the program. If your child(ren) is not picked up 30 minutes after the close of the program, your child will be considered abandoned and the appropriate authorities will be called. More than four late pick-ups can be cause for termination from the program.
- _____ 13. Student Enrichment and Extended Day (SEED) Camp Program is available when school is not in session (does not include District scheduled holidays). Prior to attending SEED Summer Camp, you must complete a calendar of the days you plan to attend. Summer calendars are available at the SEED sites and MVUSD Family Services Office. Space is limited. Fees must be current to be enrolled in SEED Summer camp.
- _____ 14. Fall, Winter and Spring SEED Camps must be pre-paid for number of days of attendance with your camp registration form prior to student attending. Registration forms will be available at each SEED site prior to each camp. Space is limited. Fees must be current to be enrolled in SEED camp.
- _____ 15. Parents must give a twenty-four hour (24) notice to the MVUSD Family Services Program Office for any changes in attendance during the SEED Camp Program. If notice is not given to the SEED Program Office, fees will be charged for this period. You will be responsible for payment of all fees charged and any late fees until notice is received. Fees are non-refundable.
- _____ 16. Parents will be called and must have their child picked up within one (1) hour, when a child is ill, in any significant discomfort, or has seriously violated the discipline policy.
- _____ 17. Prescription and over-the-counter medication (including sun screen, diaper cream) may be dispensed, but must follow the established medication policy as determined by MVUSD. Medication packet must be completed by doctor and on file at the program location. All expiration dates must be current.
- _____ 18. No personal belongings or toys are to be brought to the program. The program will not be held liable for any lost, stolen or damaged items. This includes cell phones and all electronic devices.
- _____ 19. Parents are responsible for keeping child(ren)'s records up to date. Information must be updated in the office and classroom. Failure to do so may result in being dropped from the program. Phone numbers, mailing address, emergency information and authorized pick-ups must be accurate. All emergency cards must have two different local contacts or admission into MVUSD Family Services programs will be delayed/denied.
- _____ 20. Discipline procedures used by our staff are designed to be fair, consistent and effective. MVUSD Family Services has established a Response to Intervention program. The child, parent and teacher work together to resolve inappropriate behavior.

**Murrieta Valley Unified School District Family Services
Student Enrichment and Extended Day (SEED)
24300 Las Brisas Road North, Murrieta, California 92562**

**SEED PROGRAM POLICIES AND CONTRACT
2019 / 2020**

- _____ 21. MVUSD Family Services reserves the right to drop any child(ren) in SEED or SEED camp programs with five days notice to parent/guardian should the Director of Family Services or Program Supervisor deem it necessary.
- _____ 22. Parents/Guardians are responsible to receive communications that are left on the sign in sheet; mailed to address given on contract, and / or posted at child's Family Services program location/classroom.
- _____ 23. Children with health risks or IEP'S must have a 504 in place with Family Services office prior to student start date.
- _____ 24. I understand that causes for termination of service are failure to abide by above Parent Contract and/or program policies and procedures stated in Parent Handbook including but not limited to: absence of five (5) or more consecutive days without parent/guardian contact with staff; ten unexcused absences during the fiscal year (July1-June 30); failure to sign in and out on a daily basis; intentionally signing in and/or out incorrectly; failure to pay monthly family fee; insulting, berating, or threatening behavior by parent/guardian or their designee towards staff.

By my/our signature(s) below, I/we acknowledge that I/we have read and agree to abide by the Family Services Enrollment Form and Program Policy and Contract and they were reviewed with me by an MVUSD Family Services staff member.

PARENT / GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE

PARENT / GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE



PARENT RECEIPTS SEED

Parent Handbook

I have received a copy of (or reviewed on-line) the Murrieta Valley Unified School District Family Services Parent Handbook.

_____ (Parent Initials)

Contract (Admission Agreement)

I have received a copy of the Policy/Contract that I have read, reviewed with staff and signed.

_____ (Parent Initials)

MVUSD Uniform Complaint Procedure

I have received MVUSD Uniform Complaint Procedure in Parent Handbook.

_____ (Parent Initials)

I understand that all MVUSD employees complete a background check before working with children, which includes a Department of Justice Clearance.

_____ (Parent Initials)

***SIGNATURE OF ONLY ONE PARENT/GUARDIAN IS NEEDED**

PARENT / GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE

PARENT / GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE

STAFF WITNESS: _____

DATE: _____



**Murrieta Valley Unified School District Family Services
SEED (CCTR) EMERGENCY FORM
2019 / 2020**



SEED Site: _____ Grade: ____ Teacher: _____ AM ____ PM ____ Both ____ M T W TH F
.....

Child's Legal Last Name _____ First Name _____ MI _____ Birth Date _____ Gender _____

Home Street Address _____ City _____ Zip Code _____ Home Phone Number _____

Custody ruling/ Restraining Order prohibiting the release of children to: _____
(Copy of legal document required):

Child lives with: (please circle): Father Mother Stepfather Stepmother Other: _____

1. Parent / Guardian Last Name _____ First Name _____ Employer Name _____ / _____ City _____

CELL PHONE# _____ WORK PHONE# _____ E-mail _____

2. Parent / Guardian Last Name _____ First Name _____ Employer Name/City _____ / _____ City _____

CELL PHONE# _____ WORK PHONE# _____ E-mail _____

Adults authorized to pick up children who have agreed to be responsible in case of minor injury, illness, or if parent cannot be reached. Card must be kept current. You must include at least TWO local persons to start in the program. Only these people will be allowed to remove a child from the site. Pick up designees must be at least 18 years of age, ID will be required.

NAME	CITY	RELATIONSHIP	AREA / TELEPHONE
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

In the event of an emergency, a MVUSD Family Services employee will contact appropriate emergency services and/or physician. As the parent or authorized representative, I hereby give consent to MVUSD-Family Services to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) Osteopath (D.O.) or dentist (D.D.S.). This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child named above. The parent or authorized representative agrees to pay any fees incurred.

Physician's Name _____ City _____ Telephone _____

Insurance Company: _____ Policy #: _____

Parent's Signature: _____ Date: _____

In case of an emergency necessitating the closing of the program, children will be directed in accordance with Murrieta Valley Unified School District emergency departure procedures. Students will only be released to authorized adults eighteen (18) years of age or older, with proper I.D.

PHOTOGRAPHIC PERMISSION:

I do / I do not give permission to have my child (ren) appear in media coverage approved by the Family Services Program Director. For program security and safety, I do / do not give permission for classroom cubby pictures.

Parent's Signature: _____ Date: _____



Murrieta Valley Unified School District Family Services

Childs Name: _____ **Site:** _____

HEALTH INFORMATION - PLEASE LIST ANY HEALTH PROBLEMS AND/OR MEDICATIONS YOUR CHILD REQUIRES AT SCHOOL OR HOME

This information is important for your child’s health and safety as well as disaster preparedness. If medication is taken at school, a completed MVUSD Medication Authorization form must be on file – this includes inhalers.

Please mark the appropriate box. If any of the following apply to the student and give a brief explanation in the space below if necessary:

- | | |
|---|---|
| <input type="radio"/> Anxiety Disorder | <input type="radio"/> Down Syndrome |
| <input type="radio"/> Attention Deficit Disorder - Takes meds | <input type="radio"/> Eating Disorder |
| <input type="radio"/> Attention Deficit Disorder - No meds | <input type="radio"/> Genetic Disorder |
| <input type="radio"/> Allergies - No meds at school | <input type="radio"/> Gastrointestinal Condition |
| <input type="radio"/> Allergies - Medication; kept in health office | <input type="radio"/> Previous Head Injury |
| <input type="radio"/> Arthritis | <input type="radio"/> Headaches/Migraines |
| <input type="radio"/> Asthma - Mild, No inhaler | <input type="radio"/> Hearing Impaired (Explain) |
| <input type="radio"/> Asthma - Inhaler; kept in health office | <input type="radio"/> Hemophilia |
| <input type="radio"/> Hypoglycemia | <input type="radio"/> Kidney Disorder (Explain) |
| <input type="radio"/> Bee Sting Allergy - Has Epi-pen | <input type="radio"/> Osgood Schlatters - Knee Problems |
| <input type="radio"/> Bee Sting Allergy - No meds at school | <input type="radio"/> PE Restriction |
| <input type="radio"/> Blood Disorder | <input type="radio"/> Spina Bifida |
| <input type="radio"/> High Blood Pressure | <input type="radio"/> Scoliosis |
| <input type="radio"/> Cancer/Leukemia | <input type="radio"/> Seizure Disorder/Epilepsy |
| <input type="radio"/> Cardiac Problem - PE restriction | <input type="radio"/> Tourette Syndrome |
| <input type="radio"/> Cardiac Problem - No restrictions | <input type="radio"/> Wears Glasses |
| <input type="radio"/> Cerebral Palsy | <input type="radio"/> Visually Impaired |
| <input type="radio"/> Color Blindness | <input type="radio"/> Other* (please explain below) |
| <input type="radio"/> Cystic Fibrosis | <input type="radio"/> NO KNOWN HEALTH PROBLEMS |
| <input type="radio"/> Diabetes - Tests at school | <input type="radio"/> IEP (please include a copy of IEP in packet) |
| <input type="radio"/> Diabetes - Does not test at school | <input type="radio"/> 504 Plan |

*Health Problem: _____

Explain: _____

Medication (types & dosage): _____

Taken during classroom session? (medical packet required) YES NO

**Parents of a child with an established 504 Plan or IEP for regular Educational Services should contact a Family Services Supervisor to establish a 504/IEP team meeting.

Parent Initials: _____