

**Murrieta Valley Unified School District
Family Services**

2020/2021

Student Enrichment and Extended Day (SEED)

TK/K – 5th grade

Parent Pay Enrollment Packet



24300 Las Brisas Road North, Murrieta CA 92562

www.murrieta.k12.ca.us

(951) 304-1623



**Murrieta Valley Unified School District - Family Services
Student Enrichment Extended Day Program (SEED)**

24300 Las Brisas Road North, Murrieta, California 92562

PH: 951) 304-1623

FAX: 951) 304-1627

Dear Parent / Guardian:

Thank you for inquiring about the MVUSD Family Services Student Enrichment Extended Day Parent Pay Program. Please return the completed enrollment packet along with the following documentation to the Family Services office. If you do not have all the required documents, you may not be able to enroll.

- 1. **Photo ID** - for one parent in the household
- 2. **Registration fee** - Check, cash or money order only upon registration

Family Services programs are required to offer services to children and families with identified programmatic needs. Ancestry, color, creed, race, religion, sex, and/or mental or physical disability cannot be used to determine if a child or family receives services from our programs.

A complete application packet, all required documents, and verifications must be submitted and approved by the program administrator prior to the child's start date.

Sincerely,

A handwritten signature in black ink that reads "Kathleen Israelsen".

Kathleen Israelsen,
Director of Family Services

**Murrieta Valley Unified School District - Family Services
Student Enrichment Extended Day Program (SEED)**



2020/2021 SEED Parent Pay Rates

Effective July 1, 2020

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		\$165.00	\$190.00

Kindergarten & TK Weekly Rates			
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 Session is ONLY offered at Avaxat

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/ren will be attending the ECE Program on the following contracted schedule:

Site: _____ Days: M__ T__ W__ TH__ F__ Drop off Time: _____ Pick up time: _____ Full Day: _____

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

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

I agree to the charges of \$ _____ per week beginning on ____ / ____ / ____ Date _____

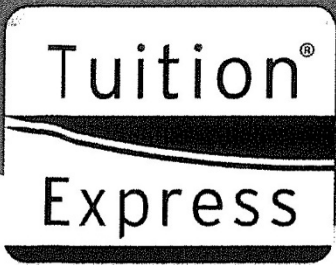
Registration Fee is due upon enrollment

Payment is due before first day of service and on the first school day of each week thereafter as stated in the SEED contract. Rates Subject to Change with 30 Days' Notice

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

I understand I must give a written 2 weeks' notice prior to withdrawal _____ Date _____

I have received a copy of the rates for the 2020/2021 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

A service of



**Murrieta Valley Unified School District - Family Services
Student Enrichment Extended Day Program (SEED)**

24300 Las Brisas Road North, Murrieta, California 92562

PH: 951) 304-1623

FAX: 951) 304-1627



2020/2021 SEED PARENT PAY PROGRAM POLICIES AND CONTRACT

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. Tuition is 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. Minimum/Modified Day fees will be reflected on your next month's statement and is based only upon attendance.
- _____ 6. A \$35.00 fee will be charged for returned checks. 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.

2020/2021 SEED PARENT PAY PROGRAM POLICIES AND CONTRACT

- _____ 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 sunscreen, 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.

2020/2021 SEED PARENT PAY PROGRAM POLICIES AND CONTRACT

- _____ 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. To ensure we are meeting the needs of your child, it is important that you inform us of any health risks or IEP's at time of enrollment. If your child has a health risk or needs an accommodation in order to participate in our program, a meeting will be held with the Family Services Supervisor to see if a 504 plan is needed.
- _____ 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.
- _____ 25. Given the current health crisis, Family Services will not be requiring the registration fee of \$100.00 per child/\$170.00 per family *or* the one-week fees at this time. **However, registration and first week fees will be due Monday August 3rd and must be paid prior to student starting in August.** As always, your account must be current to enroll for the new school year. We want to thank you for your partnership as we work together to get through this difficult time.

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



Murrieta Valley Unified School District
Family Services - Early Childhood Education Program
 24300 Las Brisas Road North, Murrieta, California 92562
 PH: 951) 304-1623 FAX: 951) 304-1627

2020/2021 SEED Parent Pay Parent Receipts

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: _____

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Student Enrichment Extended Day**

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2020/2021 SEED EMERGENCY FORM

SEED Parent Pay Program General Child Care (CTR)

Site: _____ Grade: _____ Teacher: _____ AM ___ PM ___ Both ___ M___ T___ W___ TH___ F___

Child's Legal Last Name First Name M 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: _____

A. Parent/Guardian Last Name First Name Employer Name / City

CELL PHONE# WORK PHONE# E-mail

B. Parent/Guardian Last Name First Name Employer Name / City

CELL PHONE# WORK PHONE# E-mail

Please list at least TWO local adults authorized to pick up your child. They must agree to be responsible in case of minor injury, illness, or if a parent cannot be reached. Only these people will be allowed to remove a child from the SEED site. Pick up designees must be at least 18 years of age; ID will be required. Emergency Form must be kept current.

NAME	CITY	RELATIONSHIP	AREA/PHONE NUMBER
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____

In the event of an emergency, an MVUSD Family Services employee will contact the 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 closure 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 or older, with proper I.D.

PHOTOGRAPHIC PERMISSION:

I do / I do not give permission to have my child 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: _____

2020/2021 SEED HEALTH INFORMATION FORM

Childs Name: _____ Site: _____ Session: _____

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 Schlatter's - 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 see if a 504 team meeting is necessary.*

Parent Initials: _____