

# Paradise Elementary School District After School Program

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

- The After School Program is available Monday through Friday from 3:00 p.m. to 6:00 p.m.

If my child is unable to attend or if I have any questions or concerns, I will notify Gloria Silveira, the program director, at 209-484-8047 or [gsilveira@paradiseesd.org](mailto:gsilveira@paradiseesd.org).

## Parent/Guardian Responsibilities

- 1) I agree to sign my child out daily. I understand that my child can only leave the program with adults I have designated, in writing, on the registration form. These adults must produce a valid form of identification upon picking up the student. I will notify the staff, in writing, of any changes. I understand that no transportation is provided by the program.
- 2) I understand that my child may be removed from the program due to excessive discipline referrals.
- 3) I understand that all information regarding the child and family is kept in the strictest confidence. No information is given to persons or agencies outside the program, its staff, or authorized district staff without written consent. I understand that I can discuss concerns about policies or program activities with the program director or district coordinator. All complaints are confidential.

**I agree to enroll my child in the Paradise Elementary School District After School**

**Program beginning on \_\_\_\_\_ at Paradise Elementary School.**

**Parent/Guardian's Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**