

Matey After-school Program

[M.A.P.]

(Please keep a copy of this Information Sheet for your records.)

Program Information

Dates: August 2nd, 2021 - June 2nd, 2022

Hours of Operation: Monday - Friday -- [7:00a - 7:55a] & [Dismissal - 6:00p]

Location: NP³ Elementary School 3800 Del Paso Rd. Sacramento, CA 95834

M.A.P. is a fee based after-school program that caters to NP³ students in grades K-8. We offer recreational activities on site for students after school. For more information, please visit the NP³ Elementary website under the parents tab.

Health & Safety Guidance: M.A.P. will continue to follow guidance as set by the California Department of Health. As these recommendations are updated, changes to our program will also be made in accordance with recommended guidance in regards to masks, cohorts, and spacing.

The following are requirements for attending M.A.P.

- All previous fees must be paid and account balance must be cleared.
- A Completed Registration Packet for the current school year
- Submit Registration Fees via MyProcure (once information has been entered into our system)

Program Costs

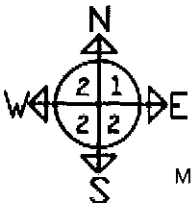
Registration Fee (non refundable) <i>Each fee is per family and is required per new session</i>	OPTIONS: 1) School Year Only Option: \$50.00 (per school year) 2) School Year + Summer Option: \$90.00 to include the summer session (option available until December 1st) *Summer Session is \$50.00 per family after December 1st
Hourly Rate	\$8.00/hour per student attending
Daily Cap	\$40.00 -- 5 hours or more a day; applicable during school break days
Late Pick-Up Fee	\$2.00 per minute after M.A.P.'s scheduled hours (per student)
Sibling Discount	10% discount for each sibling attending
Free & Reduced Lunch Discount	Discount available with current letter on file (2021-2022) school year. Check the NUSD website to apply.

Payment Information:

All payments must be made online through the parent portal, [MyProcure.com](https://myprocure.com). **Checks and Cash cannot be accepted.** You may also access the MyProcure link by visiting the M.A.P. Page on the Np³ website:

<https://natomasunified.org/np3e/>

Director: Eugene Felise **Email:** efelise@natomasunified.org **Phone:** 916-567-5890



Student Information

PLEASE PRINT CLEARLY

M.A.P. is a drop in program, but anticipating how many kids will be in attendance helps with planning and space accommodations.
Which days/times do you anticipate using?

Times	M	Tu	W	Th	F
7:00 - 7:45a -- AM ONLY *Elementary Only	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Dismissal - 6:00p -- PM ONLY	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Both	<input type="checkbox"/> BOTH AM & PM	<input type="checkbox"/> BOTH AM & PM	<input type="checkbox"/> BOTH AM & PM	<input type="checkbox"/> BOTH AM & PM	<input type="checkbox"/> BOTH AM & PM

#1	Last Name	First Name	M.I.	Grade Level
Preferred Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /		Known medical conditions OR Any medications taken by student
Known Allergies			Requires Use of <i>Inhaler</i> : *Yes / No Requires Use of <i>EpiPen</i> : *Yes / No	

**If yes to any of the above questions, one will need to be made available to M.A.P. with a doctor's authorization letter.*

#2	Last Name	First Name	M.I.	Grade Level
Preferred Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /		Known medical conditions OR Any medications taken by student
Known Allergies			Requires Use of <i>Inhaler</i> : *Yes / No Requires Use of <i>EpiPen</i> : *Yes / No	

**If yes to any of the above questions, one will need to be made available to M.A.P. with a doctor's authorization letter.*

#3	Last Name	First Name	M.I.	Grade Level
Preferred Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /		Known medical conditions OR Any medications taken by student
Known Allergies			Requires Use of <i>Inhaler</i> : *Yes / No Requires Use of <i>EpiPen</i> : *Yes / No	

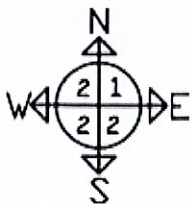
**If yes to any of the above questions, one will need to be made available to M.A.P. with a doctor's authorization letter.*

Physician:

Physician Phone:

Insurance Provider:

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M.A.P. Parent Information & Authorized Pick Ups

PLEASE PRINT CLEARLY

REGISTRATION OPTIONS (Select one)

	2021-2022 School Year ONLY (August 2nd, 2021 - June 2nd 2022)	\$50.00 per family
	School Year & 2022 Summer (option available until December 1st, 2021)	\$90.00 per family

Student's Primary Address: _____ APT. _____ CITY _____ ZIP _____

PRIMARY PARENT:

Name: _____ Relationship: _____

Email: _____ (This will be linked to your Myprocare account)

Cell: _____ Other: _____

ADDITIONAL PARENT/GUARDIANS:

Parent/Guardian: _____ Relationship: _____

Cell: _____ Other: _____ Email: _____

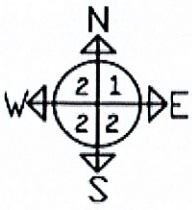
EMERGENCY CONTACT LIST: (If Different than parent/guardian listed above)

If parents cannot be reached, student(s) may be released to the following adults in case of emergency or illness.

Name	Phone Number	Relationship

(Authorized Persons may only be added/removed at the request of the Parent/Guardian)

This person is **UNAUTHORIZED** to pick up student(s): _____



M.A.P. 2021-2022 REGISTRATION AGREEMENT

1. **ENROLLMENT:** I understand that in order for my student to attend M.A.P. during the school year, I must complete and submit required registration forms and submit the required registration fees. Registration forms that are not 100% completed, will not be accepted and enrollment will not be complete.
2. **EMERGENCY CONTACT:** M.A.P. has up to date information pertaining to all Parent/Guardians and people listed under the included emergency contacts list. I will provide updated contact information to M.A.P. if the information on the registration form changes at any point during the school year.
3. **SIGN-IN/OUT:** I understand that my child(ren) **MUST** be checked in/out upon arrival and departure by parent/guardian or an authorized designee. I also understand that I, or anyone I authorize, may have to set up a PIN and Password to check my child(ren) in/out from M.A.P. I also understand that M.A.P. staff is authorized to sign my child(ren) in or out if the parent or designee is unavailable to do so.
4. **PAYMENTS:** I understand that I am responsible for registering with MyProcure. Fees are posted on the ***2nd of the month following care*** and I am responsible for checking my account and submitting payments by the ***10th of the following month.***
5. **LATE FEES:** A late fee of **\$5.00** will be applied to the account if payment is not received by the 15th of the month.
6. **LATE PICK UP RATE:** If my child(ren) is/are not picked up by M.A.P.'s specified closing times, I understand I will incur a late pickup fee of **\$2.00 per minute** per child until my child(ren) is/are picked up.
7. **RE-ENROLLMENT:** I understand that in order for my child to attend during the **2021/2022 school year**, my summer balance and any previously accumulated fees must be paid in full by **August 10th, 2021**. I will discuss any questions I have with the M.A.P. Program Director concerning billing and payments.
8. **ILLNESS:** My child(ren) may not be able to attend, when they are ill. If my child becomes ill while attending M.A.P., I, or my emergency designee, will pick up my child within **1 hour** of being notified by M.A.P. staff. The M.A.P. Director, or their designee, reserves the right to identify children who are too ill to attend the M.A.P. Program. I understand that if my child becomes ill while attending M.A.P., they will be placed in the designated rest area until they are picked up.
9. **HEALTH & SAFETY GUIDANCE:** M.A.P. is always reviewing health and safety guidelines and moves to operate under the most current guidance as it pertains to schools and after school programs like ours. I understand that protocols are in place and will be followed in the event that a student or staff member may test positive for Covid. We will follow recommended guidance from the California Department of Health.
10. **EMERGENCY RESPONSE:** In the event of an emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make arrangements as he/she considers necessary for my child to receive medical/hospital care in accordance with their best judgement. Under such circumstances, I authorize the physician provided in this packet to undertake such care and treatment as considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon.
12. **BEHAVIOR AND SAFETY:** Participation in M.A.P. is a choice and privilege. Students and parents must conduct themselves in a respectful manner towards other students, staff, and parents. M.A.P. can be suspended for any reason, including any disregard for student and staff safety, written or verbal directions given by staff, bullying, or any behavior that does not align with M.A.P. or NP³'s code of conduct for students and parents. I have read and understand the safety measures outlined in the ***M.A.P. Reopening Letter*** prior to student attendance at M.A.P. I understand that these guidelines are for the safety of my child(ren) and the safety of others. Continuous behavior that is not in accordance with the guidelines and safety measures implemented by M.A.P. is unacceptable and may result in expulsion from M.A.P. I have discussed all rules and expectations with my child(ren). I will discuss the importance of social distancing and hygiene with my child(ren) and frequently reinforce these measures at home. I have read, understood, and will abide by the conditions of this entire Registration Agreement. I have received a copy of the M.A.P. Information Sheet, and understand the Hours of Operation, Rates, my responsibilities to obtain the Invoice for Services and make payment for such services.

I am signing below as the indication of my intent to have my child(ren), [Write students names in the boxes below]

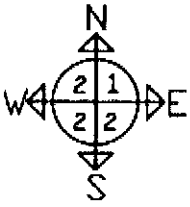
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participate in the NP³ School's Matey After-school Program. This registration agreement becomes effective the first day of care and supersedes all previous agreements.

Parent Name (printed)

Parent Signature

Date



Permission Slips

Movie Release

On occasion, we will show a movie and as you may have noticed, most of the "KIDS" movies are now rated PG. *Moana* (2016), *Frozen* (2013), *Diary of a Wimpy Kid* (2010), to name a few.

YES , PG movies are fine.	NO , not for us.
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Sunscreen Release

Summer Session Only

Staff will apply spray on sunscreen to kids 2x daily if you mark "YES". We use the spray on application of, at least, 30 SPF.

**If your child has allergies to spray-on sunscreens, please provide us with alternative sunscreen (that the student can apply by him or herself) or apply before attending M.A.P.*

YES , apply sunscreen to my kid(s).	NO , do not apply sunscreen.
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Photo/Video Release

I give permission for staff to photograph or videotape my child only to be used in a brochure, web page, or other means promoting the NP³ to the public.

YES , Photos are fine.	NO , not at all.
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Park N Play

Blackbird Park is a short walk away and we have access through NP³. We plan on using this park throughout the school year. Saying "YES" allows your student(s) to attend the park with M.A.P. at any time during the school year. If you choose "NO", we will have your student stay with a M.A.P. staff on campus.

YES , my kids can go to the park!	NO , they must stay behind.
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