

## SCPENS Registration Information

### Beginning of Year Requirements 2015-2016

#### Checklist of required forms for registration

Download, complete and bring these documents to Orientation (found on the following pages)

- Adult School Registration/Entry Form (*each parent/guardian needs to complete a form; two are provided*)
- Parent Participation Requirements & Contract
- School District Waiver, Release and Hold Agreement
- Emergency Card
- Permission to Publish
- Disability Accommodations (*complete if applicable*)
- California School Immunization Record (*2 pages—posted on a separate link*)

#### Finger printing procedures (*for new SCPENS Members only*):

Adults working in the classroom must be fingerprinted as mandated by the Santa Cruz School District. This process should be completed before Orientation.

- Fingerprint Procedures
- 3PENS Volunteer Agreement

#### Fees due at Orientation

- Payment of the first and last month's tuition. Refer to the [Fee Schedule](#) for the monthly rate. Make your check out to SCPENS.
- \$25 Adult School Registration fee is due. Make checks out to Santa Cruz Adult School.
- \$100 SCPENS registration fee (due at enrollment to reserve your place in the program.) If you enrolled late and have yet to pay, the fee is due at Orientation. Make your check out to SCPENS.

#### Reference Documents—for your information

Read the reference documents posted on the [Members](#) page

- Parent Handbook (Includes philosophy, snack guidelines, membership policies, grievance procedures)
- Calendar 2015-2016 (holidays, meetings, yard days, special events)
- Fee Schedule 2015-2016
- California Immunization Requirements
- SCPENS Sickness Policy
- Field Trip Packet
- SCPENS By-Laws

#### School Contact Information

Website	Classroom phone	Voicemail (membership info)
<a href="http://www.scpens.org">www.scpens.org</a>	420-0739	425-4495

# Santa Cruz Adult School Registration/Entry Form

*Please print clearly.*

Today's Date \_\_\_\_\_ Social Security Number (Optional) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Circle: Male Female Birthdate Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Education Number of years of school completed (circle highest completed): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 College

Highest degree or diploma earned (circle one): None GED HS Diploma Technical Certificate AA/AS Degree

4 years College Graduate Graduate Studies Other \_\_\_\_\_ Earned in US? Yes No

Are you on CalWORKS? Yes No Have you attended Santa Cruz Adult School before? Yes No

Concurrent Students only: Attach referral form. High School: \_\_\_\_\_

**Ethnicity (mark one or more):**  
 White  Filipino  
 Hispanic  Amer Indian  
 Black  Alaskan Nat  
 Asian  Pacific Isl  
 Other: \_\_\_\_\_

**Language (mark one):**  
 English  Tagalog  
 Spanish  Korean  
 Vietnamese  Lao  
 Chinese  Russian  
 Hmong  Farsi  
 Other: \_\_\_\_\_

**Instructional Program (mark one):**  
 ABE  Adults w Disabilities  
 ESL  Health & Safety  
 ESL Cit  Home Economics  
 CTE  Parent Education  
 HS Dip  Older Adults  
 GED  Community Ed

**Attainable Goal within Program Year** 1=Primary 2= Secondary  
 Improve reading & writing  
 Improve English skills  
 HS Diploma/GED  
 Get a job  
 Get a better job  
 Retain a job  
 Enter college or training  
 Work-based project  
 Family Goal  
 US Citizenship  
 Military  
 Personal goal  
 Other

**Special Programs**  
 None  
 Jail  
 Community Corrections  
 State Corrections  
 Homeless Program  
 Family Literacy  
 Workplace Ed  
 Tutoring  
 Distance Learning  
 Special Needs  
 Alt Ed K12  
 Non-traditional Training  
 Other

**Labor Force Status (mark one):**  
 Employed  
 Unemployed  
 Not employed; not looking for work  
 Retired

**Emergency Information:**  
 In case of emergency please contact:  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

The office will provide this number:

ID Number \_\_\_\_\_

**Signature of Student** \_\_\_\_\_

Section #	Course Title	Location	Day	Time	Start Date	Fees
<b>TOTAL FEES</b>						

**OFFICE USE ONLY:**

Form of Payment: Cash Check Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Term 1 2 3

AIM Date Entered: \_\_\_\_\_ Initials \_\_\_\_\_ CASAS Tested Date \_\_\_\_\_ Initials \_\_\_\_\_

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## SCPENS Parent Participation Requirements & Contract

*Effective Dates: September 2015 – June 2016*

1. **Classroom Days and Classroom Seminars:** Work a minimum of one day per week in the classroom. On your classroom day you may be asked to arrive a few minutes early and to stay briefly after class to help set up and clean up the day's activities. Approximately twice a month you will stay 30-45 minutes after class for parent education seminars with your teacher.
2. **Parent Meetings:** You are required to attend one evening meeting each month. Either or both parents may attend. These meetings are generally scheduled the third Thursday of the month from 6:45 to 9 p.m. No children please (babes in arms are okay).
3. **Snacks:** Bring a healthy snack approximately once a month for all of the children in your class. Snack guidelines are included in the Parent Handbook.
4. **Fundraising:** Each family is expected to participate in at least two fundraising events during the year to help the school reach its \$400 per family goal and acquire the additional funds needed to support the program.
5. **Support Job:** Perform a support job for the year. A list of these is in the Parent Handbook. You will be asked to indicate your preferences before the start of school. Assignments will be posted at Orientation and you will be provided with specific instructions and support for your job.
6. **Yard Day:** Participate in two of our three scheduled yard days. Yard days are held on Saturdays from 9 a.m.-noon to provide necessary routine maintenance and upgrades to the facilities. For safety reasons, alternate arrangements for children should be planned. Limited childcare is available with advance sign up.
7. **Child Watch:** (Preschool classes only) Supervise children of parent workers after class, less than once a month, during seminar times. This will be on a day your child is regularly scheduled to attend.
8. **Health Requirements:** Participants must comply with State health standards with respect to physical examinations and immunizations as well as our school's health policies. All medical and general entrance forms must be completed before your child attends school.
9. **Fingerprinting:** Comply with the fingerprint requirements mandated by Santa Cruz City Schools (see the [Members](#) page of our website.) This process must be completed before your first day of class. Anyone without fingerprint clearance is prohibited from working in the classroom.
10. **Program Fund:** \$200 is collected each year per family to pay for school supplies, school events, field trips, guest speakers, and basic operating costs. There will be two fundraising events offered to offset this cost for those who prefer to raise the funds: Fall Rummage Sale 8-Hour work-shifts and/or Read-a-Thon Pledges. Credits will be applied and balances will be due in February. Alternatively, families have also opted to make a payment by adding \$25 to their monthly tuition check starting in October & will make their final payment in May. Please let your Teacher/Treasurer know if you plan to pay in monthly payments.
11. **Tuition Payments:** Tuition is to be paid on the first school day of each month. Your first and last month's tuition is due at Orientation. A \$20 late fee will be applied for payments submitted 10 days after due date. Failure to pay fees in a timely manner may jeopardize your place in the program. Families in good standing (participate in the classroom, attend seminars and parent meetings, fulfill their support job requirements and make timely tuition payments) who have paid for their first and last month's tuition, and have a financial need, may apply for assistance through our Scholarship Fund.

**I/We have read the *Parent Participation Requirements* and agree to fulfill these responsibilities as part of our membership at SCPENS. I understand that I may be assigned a make-up assignment if I miss a Parent Meeting or Yard Day and that if I repeatedly fail to meet the requirements, I may be asked to leave the program.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT**

Effective Dates: September 1, 2015 to June 15, 2016

**"Student" = Parent**

1. \_\_\_\_\_ (hereafter "STUDENT") is enrolled in the Santa Cruz City School's (hereafter "DISTRICT") Adult Education Parent Education Program and its laboratory component, the parent nursery at Santa Cruz Parent Co-op school at 411 Roxas Street, Santa Cruz.
2. The purpose of the parent nursery is to provide the participation Adult Education students with in-depth training and experience in order to develop their parents knowledge and skills through interaction with their preschool or toddler age children between the ages of one and five years of age.
3. STUDENT acknowledges and agrees that the parent nursery is not intended to be and does not constitute a District operation childcare center.
4. STUDENT acknowledges and agrees that he/she is participation in the Parent Education Program and Parent Nursery voluntarily.
5. STUDENT further acknowledges and agrees that he/she has voluntarily enrolled his or her child(ren) (names and birthdates) \_\_\_\_\_  
\_\_\_\_\_ in the parent nursery component of the Parent Education Program and that STUDENT hereby voluntarily releases, holds harmless, and indemnifies the DISTRICT; the District's Board of Trustees, each individual Board member, and each and every District officer, agent, employee, and representative, for and against all claims, actions, charges, losses, or damages which arise out of STUDENT's and his/her child(ren)'s participation in the Parent Education Program and the parent nursery component, including but not limited to negligence, personal injury, wrongful death, or property loss damage.
6. STUDENT acknowledges his or her understanding of the provisions of Section 1542 of the Civil Code of the State of California and hereby expressly waives all rights benefits, and remedies under Section, which provides as follows:  
  
A General Release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the Release, which if known by him must have materially affected his settlement with the debtor.
7. STUDENT has been fully advised of the potential risks incidental to participation in this District Adult Education Parent Education Program and hereby acknowledges and assumes such risks on behalf of his/herself and his/her children.
8. STUDENT is fully aware of the legal consequences of signing this agreement and does so voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SANTA CRUZ CITY SCHOOLS

\_\_\_\_\_  
Superintendent, Santa Cruz City Schools

\_\_\_\_\_  
Date

# EMERGENCY CARD

Santa Cruz Parent Education Nursery School

Teacher \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Birth date: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_

*(If different than above)*

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of emergency and I cannot be contacted, please call and release my child to:

Phone: \_\_\_\_\_ Ask for: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ Ask for: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ Ask for: \_\_\_\_\_ Relationship \_\_\_\_\_

\*\*\*\*\*

## SPECIAL HEALTH PROBLEMS OR ALLERGIES:

Student is presently taking continuing medication:      Yes      No

If yes, please indicate what it is and for what condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In case of serious illness, or an accident involving my child when I cannot be contacted, I hereby authorize school personnel to obligate me for emergency medical services.

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PERMISSION TO PUBLISH

Santa Cruz City Schools

Dear Parents/Guardians;

As part of your son's/daughter's education program, (s)he will have the opportunity to publish documents and projects on the World Wide Web. These documents might include a personal homepage, a story or poem, a graphic, a science or research project, a group photograph from an activity or club, or a collaborative project with other students locally or internationally. Individuals with Internet access around the world will be able to view and possibly respond to your child's work by electronic mail. We think this is an exciting and enriching opportunity for our students.

We will publish these documents only with your written permission. Please consider the following options and initial next to the options you will permit. Then sign and return this form to your child's teacher. To see examples of work that is already published on the World Wide Web, ask your child's teacher. Thank you for your cooperation.

### Santa Cruz City Schools Guidelines:

- Published documents may not include a child's phone number, street address or box number, or names of other family members;
- Documents may not include any information which indicates the physical location of a student at a given time other than attendance at a particular school or participation in school activities;
- Documents may not contain objectionable material or point directly or indirectly to objectionable material;
- Documents must conform to school board policies and established school guidelines;
- No student Last Names may be used on any web page.

Additionally, documents must be edited and approved by a referring teacher and/or Education Technology Site Liaison before publication.

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### Parent Guardian Permission:

I grant **Santa Cruz Parent Education Nursery School** and/or **Santa Cruz Adult School**, permission to publish documents or photographs on the World Wide Web or in local newspapers as described above, including the following (**initial all that apply**):

\_\_\_\_\_ **First Name of Parent and/or Child**

\_\_\_\_\_ **Identifiable Photograph**

\_\_\_\_\_ **Group or Unidentifiable Photograph**

\_\_\_\_\_ **Pictures of my child may be shared online with other current SCPENS members**

\_\_\_\_\_ **I do not grant SCPENS or Santa Cruz Adult School permission to publish documents as described above.**

**PRINT CHILD and PARENT NAMES** \_\_\_\_\_

**List any siblings that may be photographed at school** \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This permission form will be in effect for the duration of your child's enrollment in the Santa Cruz City School District. If at any time you wish to change this, you may contact the principal of the school your child attends to complete a new form.*

## Parents and/or Children with Disabilities

If you are a participating parent with a disability, and/or a parent who has a child with a disability who will be participating in the SCPENS program during the upcoming year, and you believe that you or your child will require accommodations in order to participate in our Nursery School program including field trips, please identify below the specific disability and the kind(s) of accommodation you believe will be needed. The information you provide on this form is confidential and will only be shared with the SCPENS teachers, the SCPENS board and the principal of the adult school. Please promptly return page one, when completed, to your teacher. Keep page two as a reference guide.

1. Name of person with disability: \_\_\_\_\_

2. Circle one:      Parent                  Child

3. Please identify the specific disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Please identify the kind(s) of accommodation that will be needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have received and read the "Procedures Regarding Reasonable Accommodation" form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please detach this form from page two and promptly return to your Co-op Teacher. Keep page two as a reference regarding Reasonable Accommodation.*

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### For office use only:

ADA Coordinator Contact Date: \_\_\_\_\_ Comments/special needs:

Distribution: ADA Coordinator \_\_\_\_\_ Co-op Teacher \_\_\_\_\_ Adult School Principal \_\_\_\_\_

## Procedures Regarding Reasonable Accommodation

1. Prior to the beginning of each school year, SCPENS staff will prepare a list of official Program activities including field trips that are planned for the year, a copy of which will be included in the parent packet. Notification of impromptu field trips will be given to members in a timely manner.
2. The SCPENS “ADA coordinator” will work with the Board, parents, and staff to address and resolve issues relating to program access for disabled parents and/or children, as well as requests for reasonable accommodation.
3. The SCPENS ADA Coordinator will review the list of official Program activities and will contact each parent who has identified a disability and requested reasonable accommodations, to ensure that these activities are accessible to that person or can be made acceptably accessible through reasonable accommodations. If necessary, the ADA Coordinator will be responsible for making reasonable inquiries regarding the accessibility of a site or activity. Telephone inquiries will normally be considered to be reasonable efforts.
4. Whenever an additional Program activity is suggested during the year, the ADA Coordinator will, before final approval and scheduling of that activity, (1) make reasonable inquiries regarding accessibility of that activity and (2) coordinate with the Board, staff, and any person who has identified a disability regarding that activity, and/or any reasonable accommodations or alternative arrangements to allow full participation, if possible.
  - a) SCPENS recognizes that some kinds of activities are inherently inaccessible to disabled persons, depending upon the disability. Any decisions by the ADA Coordinator, staff, and/or the board should, however, be consistent with the policy that (1) all official Program activities conducted on school district property should be accessible, (2) official off-site Program activities in which the parents are expected to participate should be held in accessible locations if possible, and (3) an accessible site or activity should be given preference if there is a choice between two comparable sites or activities.
5. All issues regarding reasonable accommodations or the accessibility of an official Program activity should be resolved at the local Nursery School level if possible. If any such issue is not resolved after reasonable attempts to do so at the local level, that issue should be directed to the Principal of the Santa Cruz Adult School at (831) 429-3966. If the Principal is unable to resolve the issue after reasonable attempts to do so, that issue may be directed to the school district’s ADA Coordinator at (831) 429-3832.