



**Learning
Enrichment &
Activity
Programs**

L.E.A.P. Summer Program June 10-June 28, 2019

PARENT HANDBOOK & STUDENT ENROLLMENT PACKET

Sanger Unified School District
Adela Madrigal Jones, Superintendent
1905 7th Street
Sanger, CA 93657
(559) 524-6564
(559) 875-0556 (FAX)

**Please return
completed packets
to Mandy Chacon
at District Office**

Summer LEAP



TRANSPORTATION INFORMATION

Dear Parents/Guardians:

Transportation will be provided from Centerville, Del Rey, Jackson, Lone Star, Madison and Wilson for the Summer LEAP program. **Students will be picked up at Centerville, Jackson and Wilson and taken to Jefferson for Summer LEAP. Students will be picked up at Del Rey, Lone Star and Madison and taken to Sanger Academy for Summer LEAP.** Students will be returned to these same schools at the end of the day; there will be no stops at personal residences.

Please have someone waiting at the bus stop to pick up your child every afternoon. The SUSD Transportation Department has informed us that bus drivers will be unable to leave very young children at the bus stop without a parent waiting. If there is no parent waiting for Kinder, 1st or 2nd Grade students, the driver will be forced to return them to the summer LEAP program where you will be called to pick them up. This will result in a late pick up. Two late pick-ups will cause your child to be dropped from the program.

We are concerned about the safety of your child. Please be aware that there will be no supervision at bus stops, and we strongly recommend that you have someone waiting for your child(ren), regardless of their age, to walk them home each day.

Thank you for your cooperation, and please do not hesitate to contact me if you have any questions.

Sincerely,

Mandy Chacon
Coordinator, After School Programs
559-524-6564



L.E.A.P. Summer Program

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Activity
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Basic Information and Rules

The L.E.A.P. Summer Program will operate June 10th through June 28th, Monday through Friday; from 8:00 a.m. to 2:00 p.m. We will focus on educational and enrichment activities, including reading, fine arts, fitness/nutrition, and hands-on science and math activities. It is not a daycare program, but an opportunity for students to engage in positive experiences during the summer. For questions, please call 559-524-6564.

The program will be staffed with a site coordinator who is directly in charge of site management and a trained leader for each group of up to 20 students.

1. **School Sites:** Due to construction, there will be two school sites offering the Summer LEAP program this summer: **Jefferson and Sanger Academy**. Parents may choose the school site they wish their child to attend.

Important!! Please rank your choice of campus (with #1 being your first choice) in the box at the top of page 6.

2. **Eligible Grade Levels:** In order to register for the Summer LEAP program, your student must be a current K-5th grader in the Sanger Unified School District (in the school year 2018-19). Students who will be entering kindergarten in Fall 2019 will **not** be accepted.
3. **Transportation:** Transportation will be provided from Centerville, Jackson and Wilson **TO Jefferson**; and from Del Rey, Lone Star and Madison **TO Sanger Academy**. **The bus will pick up and drop off at these school sites only**; there will be no pick-ups or drop offs at personal residences or other bus stops.
For further info, see the letter on page 1. Please be aware that there is no supervision at bus stops, and you are expected to be waiting for your student when he/she is dropped off.
4. **Enrollment:** Enrollment is on a first-come, first-served basis. Upon receiving all of the completed forms for your child(ren), the summer coordinator will notify you of your child's enrollment in the program. **Please do not send your child to the summer program until you have heard from the coordinator that your child has been accepted.**
5. **Attendance:** Regular attendance is important. Students are expected to participate in the summer program every day and are expected to stay for the entire program. **Parents should notify the site coordinator of absences in advance. Three unexcused absences will result in dismissal from the summer program, to make room for students on the waiting list.**
6. **Food/Medical Allergies:** Please inform your site coordinator in writing of any food or medical allergies before the program begins. LEAP will provide a free breakfast and lunch each day. In addition, we frequently provide healthy snack "taste tests" to help teach healthy eating habits. If there is a type of food that your student should **not** eat, please let your coordinator know!!
7. **Student Pick-Up:** Children attending the summer program must be signed in and out daily by their parent (or other authorized person as listed on the Registration Form). **Please do not call the LEAP office and request that your student be sent out to your car.** LEAP rules require that you get out of your car and sign your child out.

Your child must be picked up promptly at the end of the program. If your child has not been picked up by the end of the program, staff will try to contact you. If your child has not been picked up by 2:30 p.m., CPS and/or Police will be contacted. **Parents who pick up their child after 2:15 p.m. twice will lose the opportunity for their child(ren) to participate in the summer program.**

For safety reasons, we discourage allowing students to walk home unattended. However, if it is necessary to have your child walk home alone, you must approve it by filling out the “Student Walker Permission Form” on page 5. Please be advised that after school personnel are NOT responsible for students who walk home unattended after they have been signed out by staff.

8. **Discipline:** Participation in the summer program is a privilege. All children must follow the rules of the program and regular school rules at all times. **Disruptive or disrespectful behavior toward other students or staff is reason for dismissal.**
9. **Early Release Policy:** The L.E.A.P. Summer Programs will be operated five days a week until 2:00 p.m. each day. Students are expected to attend the full program every day in order to benefit fully. However, flexible scheduling is required in order to meet the needs of students, their families, and the objectives of the after school program. Students enrolled in the summer program shall attend the program the full 6 hours or until 2:00 p.m. on each regularly scheduled day, or risk losing their spot, except in the following cases:

- Illness or injury during program time.
- Family emergencies or hardships (such as transportation).
- Medical or dental appointments.
- Other conditions directed by the school relating to student safety, student developmental needs, or age-appropriate performance expectations.

If your child requires early release for one or more of the reasons listed above, you must complete an “Early Release Agreement” with the approval of the site coordinator.

10. **Photo and Videotape Release:** We are proud of our after school program and our students. During after school activities and events, we will occasionally take pictures and/or videotapes of program participants. These photos and/or videos may be used in newsletters, our website, brochures, or other after school promotional materials.
11. **Emergency Procedures:** Emergency cards must be filled out and turned in to the site coordinator before your child will be enrolled in the program. Reasonable measures will be taken to safeguard the health and safety of all after school participants. If, however, an accident does occur, the parent or guardian will be notified. For this reason it is imperative that the after school staff always have current emergency contact information. If your contact information changes, you must notify your child’s leader or the site coordinator immediately. If a medical emergency occurs, emergency medical help will be called.
12. **School Rules:** In addition to the above rules, all regular school rules apply during the summer program hours.

Fill out the attached forms and **return to Mandy Chacon at the District Office ASAP.** **Space is limited and applications will be processed on a “first-come, first-serve” basis in Mandy’s office.** You may FAX to 559-875-0556, or email to: mandy_chacon@sanger.k12.ca.us *(It is always a good idea to call or email and make sure your documents were received.)*



L.E.A.P. Summer Program

PARENT AGREEMENT

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Activity
Programs

I have read the L.E.A.P. Summer Program Parent Handbook and understand the conditions of my child's participation in the Summer Learning, Enrichment & Activity Program. My initials and signature below are indications of my intent to have my child participate in the summer program.

Student's Name: _____ Current Grade: _____
Last First M.I. (2018-19 School Year)

I will go over all rules with my child to make sure that they are understood. I agree to the following:
(Initial each applicable statement below.)

_____ I will make sure that my child attends the program regularly. I understand that three unexcused absences will result in dismissal from the summer program.

_____ My designated person(s) or I will pick up and sign my child out each day before 2:15 p.m.

_____ I give permission for my child to walk home alone. (Walker Permission form on pg. 5 must also be filled out).

_____ If my Kinder-2nd Grade student will be riding the bus, I understand that I am expected to be waiting at the bus stop each day when my student is dropped off (see page 1 for more info.)

_____ I have read the **Early Release Policy** on page 3 and understand that my child needs to attend the full program each day unless I need to pick him or her up early for one of the reasons stated in the early release policy.

_____ I give permission for my child to be photographed or videotaped during the program, and for the photo or videotape to be used for newsletters, bulletin boards, our website, or other promotional items for the Sanger After School Program.

_____ I will notify my child's site coordinator of any medical issues or allergies.

_____ I understand that this is a voluntary program and that disruptive and disrespectful behavior will not be tolerated and will be reason for dismissal from the program.

_____ I understand that my child will receive free breakfast and lunch each day. In addition, LEAP frequently provides healthy snack "taste tests" to encourage healthy eating habits. If there is a type of food that my student should **not** eat, I will inform my coordinator in writing before the program begins.

_____ I will notify my child's program leader or site director of any changes in our contact information, especially emergency phone numbers.

_____ I understand that enrollment is on a "first-come, first-served basis" and I will be notified if my student is accepted into the program, (or if my student is put on the waiting list). If my child is on the waiting list, I will await notification as to my child's first day of participation.

Parent/Guardian Signature: _____ Date: _____



Learning
Enrichment &
Activity
Programs

L.E.A.P. Summer Program Walker Permission Form

Student Name: _____ Grade: _____

By my signature below, I hereby give permission for the above named student to walk home after participation in a Sanger LEAP After School Program **without** adult supervision.

Please release my student at _____ p.m. in order to walk home alone.

I hereby give permission for the program staff to sign my child out of the facility at the above time. **In signing this form, I understand that the after school staff is not responsible for my child's safety after he or she has been signed out of the program by staff.**

Parent/Guardian Signature: _____

Date: _____

Site Coordinator Signature: _____



2019 Summer Campus Choice (Please rank your choices, with #1 being your first choice):

_____ **Jefferson**

_____ **Sanger Academy**

SUMMER REGISTRATION FORM

(PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD)

You must also complete all emergency information on the reverse side of this page.

Student's Name: _____ **Birth Date:** _____ **Age:** _____

Student's Address: _____
and Street

_____ **Grade:** _____ **Current School :** _____
City State Zip (Current Grade and School: 2018-19 School Year)

Home Phone Number: _____

Does your child have any special needs? Yes No If yes, please explain below:

Parent/Guardian: _____ **Phone-Work:** _____ **Cell:** _____

Parent/Guardian: _____ **Phone-Work:** _____ **Cell:** _____

My child will: (check one) *walk home _____ be picked up _____ **ride the bus from _____
A Student Walker Permission Form must be filled out (pg. 5 attached). (See more info on page 1)*

Persons Authorized to Sign Your Child Out:

Safety is top priority in the program; therefore no child enrolled will be released from the L.E.A.P. program without a parent/guardian signature or that of one of the three individuals listed below.

(Note: The names that appear below must be of someone 16 years or older.)

Name		Phone		Relationship	
Name		Phone		Relationship	
Name		Phone		Relationship	

I give consent to the L.E.A.P. program to collect assessment data.

Parent/Guardian Signature: _____

SITE COORDINATOR USE ONLY:

Any Special Needs/Allergies: Yes No

Student I.D. #: _____ Medication Required during LEAP: Yes No

Emergency/Health Form Completed: Yes _____ No _____ Date Application Received:

Walker Permission Form Completed: Yes _____ No _____

Notes: _____



L.E.A.P. Summer Program

Emergency Card

Child's Name: _____ Date of Birth: _____ Sex: _____
(Last) (First)

Please list two friends or relatives (**other than parents**) who can be contacted in case Parent/Guardian cannot be reached in the event of an emergency:

1. Name: _____ Work #: _____ Cell #: _____

2. Name: _____ Work #: _____ Cell #: _____

Medical Insurance Carrier: _____ ID # _____

Medi-Cal # _____ My child currently has no Health Insurance

Does your child have any allergies or health conditions we should know about? Yes No

If yes, please explain below:

Please check if your child needs to take medication DURING LEAP HOURS:

If so, parent is required to provide: 1) copy of Doctor's orders; 2) a parent note giving LEAP personnel permission to administer medication; and 3) the medication, to the Summer LEAP coordinator prior to student's attendance in the program.

I VERIFY that the information on my child, _____, is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in the event of an emergency. In the event of an emergency, if I cannot be reached, I hereby authorize transportation to a medical facility at my expense, to provide the necessary emergency medical treatment of my child

Parent/Guardian Signature: _____ Date: _____