



West Contra  
Costa Unified  
SCHOOL DISTRICT

## FAIRMONT ELEMENTARY SCHOOL CHILD CARE/AFTER SCHOOL PROGRAM 2014-2015 School Registration Information Sheet

**To register for the Fairmont ASP Program you must complete the following: FORMS WILL BE PROCESSED ON A FIRST COME, FIRST SERVE BASIS. Please complete one form per child. In the case that our program is full, you will be put on our waitlist and we will contact you once there is availability.**

1. School-Age Childcare Registration Form: This form must be completed in full. Incomplete forms will be returned to you to be completed. You will be put on the list when your returned forms are completed and the registration fee is paid.
2. Bring Proof of Residency (El Cerrito Residents Only for Non-Grant Program): You must attach a copy of a current utility bill (water, phone, PG&E, etc.) with your name and address printed on it. We are sorry that we can not accept Driver Licenses as proof of El Cerrito residency.
3. \$26.00 Non-Refundable Registration Fee/Per Child
4. Emergency ID Card including Photograph of Child
5. Signed Bill Policy Form

### **Important Information:**

- The Fairmont ASES Grant program requires children to attend 5 days a week until 6:00pm. An early release waiver is available to Kindergarten students only.
- If registering for less than 5 days a week, or to pick-up children before 6:00pm, parents can enroll at non-grant rates which are listed on the fee schedule.
- You must re-register in our childcare/after school program for each new school year. Our registration/ waiting lists do not roll over from year to year.
- It is your responsibility to notify the Administrative Specialist at the Community Center if your address or home/work phone number changes. If we try to contact you and your address/phone numbers are incorrect your space and registration fee will be forfeited.
- Please notify the City of El Cerrito Recreation Department if you are not able to pay the assessed fees.

### **Registration Priority:**

1. First priority for fall childcare spaces is given to the children who are currently enrolled in the program.
2. Second priority goes to siblings, whose names are on the waiting list, of the children currently enrolled in the program.
3. Kindergarten children whose names are on our waiting list are given next priority until the kindergarten portion of the program is full.
4. Five day a week service needs receive priority.
5. Remaining spaces are given to those on our waiting list. Waiting list forms are taken on a first come, first serve basis.

QUESTIONS ABOUT THE PROGRAM please contact Cori Diaz, Supervisor at (510) 559-7003.  
QUESTIONS ABOUT THE WAIT LIST please contact Susan Ortega (510) 559-7006.



CITY OF EL CERRITO RECREATION DEPARTMENT

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**Liability Release:** To the extent permitted by law, I hereby absolve the City of El Cerrito, its employees and volunteers from all liability that may arise as the result of my participation in the activities mentioned on this sheet, and, if the above named participant is a minor, I hereby give my permission for his/her participation as indicated and in so doing absolve the City of El Cerrito, its employees and volunteers from such liability. I realize that the City of El Cerrito is not responsible for lost or stolen articles. I understand that participants in the City of El Cerrito programs do so at their own risk and the City does not provide accident insurance.

**Photo Release:** I acknowledge that the City of El Cerrito takes photographs and videotapes of its activities and events for publicity purposes and authorize the use of my image or my child's image by the City for such purposes. I understand I will not be compensated for use of photos or videos.

**Behavior Policy:** I understand that my child is expected to follow all rules established by his or her instructor, and any failure to comply may result in dismissal from the program. I also understand that no refunds will be given. A copy of our policy is available upon request.

I have received, read and understand the *2014-2015 School Year Waiting List Information Sheet*.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature indicates agreement to registration days/times and understanding of policies and releases listed above.*

**Staff Initials/Receipt/Date:**