



KID STREET LEARNING CENTER

Charter School and After School Program for T/K-6th Grades

"Teach to the heart, and the mind will follow!"



Dear Parents and Guardians,

Thank you for choosing to enroll your student at Kid Street Learning Center. We are very excited for the 2018-2019 school year.

If your student is newly enrolling in Transitional Kindergarten/Kindergarten through 6th Grade, please bring in copies of the following...

- Proof of immunizations. California law requires all children in state schools, both public and private, to have certain doctor-recommended immunizations, or receive them when they enroll. Visit cchealth.org for more information.
- Physical from Doctor
- Birth Certificate.
- Oral Health Assessment from Dentist. Form available in school office to provide to dentist.

If your child is already a student at Kid Street, please check with school office to see if they are missing any important paperwork.

- 1st Graders are required to have physical before school entry.

Information for everyone...

Please note that all students, returning or newly enrolling, must reapply every year to be a student at Kid Street Learning Center Charter School. We give first priority to current students and families, then on a first come, first serve basis. Although we will try to accommodate all that we can, we normally have a waiting list. If you are a **newly enrolling student**, you are not fully enrolled or on the waiting list until all completed paperwork and an Teacher Meeting is completed.

If you have any questions, please feel free to call the office at 707-525-9223.

Thanks for choosing Kid Street Learning Center Charter School for your student, we are excited to have you be a part of our family.

With Love, Kid Street Learning Center Staff and Teachers



Student Registration Form

Kid Street Charter School

709 Davis Street, Santa Rosa, CA 95401
(707)525-9223 Fax (707)525-9432

FOR SCHOOL USE ONLY
Enrollment Date _____
Student ID# _____
Counselor _____

Student's name (legal name) _____ / _____ / _____
 Please write in pen First Middle Last
 Other name known by (aka) _____ / _____ / _____
 First Middle Last
 Gender _____
 Student's street address _____ City _____ State _____ Zip _____
 Mailing address (if different) _____ City _____ State _____ Zip _____
 Main Phone (_____) _____
 Birth Date ____/____/____ Age ____ Years
 Mo / Day / Year
 Birth Place City _____ State _____
 Country _____
 Grade Level _____ School Year _____

Complete BOTH Ethnicity AND Race Not Hispanic or Latino
 Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race)

Race - Check the primary race and check all others that apply (The question above is about ethnicity, not race. No matter what you selected for ethnicity, continue to answer the following by marking one or more boxes to indicate what you consider your heritage to be.)

American Indian or Alaskan Hawaiian Other Pacific Islander
 African American or Black Hmong Samoan
 Asian Indian Japanese Tahitian
 Cambodian Korean Vietnamese
 Chinese Laotian White
 Filipino/Filipino American Other Asian
 Guamanian

Home Language Survey

- Which language/dialect did your child learn when he/she first began to talk? _____
- What language/dialect does your child most frequently use at home? _____
- What language/dialect do you most frequently speak to your child? _____
- Has your child ever been given the CELDT Test (Calif. English Language Development Test)? Yes No Don't Know
- In which language do you wish to receive written communications from the school? English Spanish
- Date first attended U.S. school _____
- Date first attended California school _____

What special services has your child received? SDC RSP Title I
 Current Exit date _____ 504 Speech GATE/Gifted Other (specify) _____

Other Services Remedial reading and/or math EL/English Language Learner

Are there psychological or confidential reports available from student's former schools? Yes No

Has student ever repeated a grade? Yes No If yes, in what grade? _____
 Has student ever been suspended from school? Yes No If yes, when? _____ Reason _____
 Has student ever been expelled from school? Yes No If yes, when? _____ Reason _____
 Is the student on probation? Yes No If yes, in which county? _____
 Most recent school attended _____
 Grade _____ School _____ Address _____ City _____ State _____ Zip _____
 Has student attended a public school in California? Yes No Has student attended school in Sonoma County? Yes What school(s) _____ No

Parent/Guardian _____ / _____ / _____
 First Middle Last
 Relationship to student _____
 Is this parent/guardian a member of the U.S. Armed Forces (Army, Navy, Air Force, Marin Corps, or Coast Guard) on active duty or full-time National Guard duty Yes No
 Address (if different from student) _____

Street _____ City _____ State _____ Zip _____
 Cell phone _____ Work phone _____ email _____
 List other students of Santa Rosa City Schools you are Parent/Guardian of _____

Parent/Guardian _____ / _____ / _____
 First Middle Last
 Relationship to student _____
 Is this parent/guardian a member of the U.S. Armed Forces (Army, Navy, Air Force, Marin Corps, or Coast Guard) on active duty or full-time National Guard duty Yes No
 Address (if different from student) _____

Street _____ City _____ State _____ Zip _____
 Cell phone _____ Work phone _____ email _____

List other students of Santa Rosa City Schools you are Parent/Guardian of _____

Parent/Guardian _____ / _____ / _____
 First Middle Last
 Relationship to student _____
 Is this parent/guardian a member of the U.S. Armed Forces (Army, Navy, Air Force, Marin Corps, or Coast Guard) on active duty or full-time National Guard duty Yes No
 Address (if different from student) _____

Street _____ City _____ State _____ Zip _____
 Cell phone _____ Work phone _____ email _____

List other students of Santa Rosa City Schools you are Parent/Guardian of _____

Residence – Where is your child/family currently living? (Federally mandated by NCLB) Please check appropriate box

Permanent housing Temporarily doubled-up Temporary shelters Motels/Hotels
 Temporarily unsheltered Foster-family home or kinship placement Other (Please specify) _____
Parent highest level of education Not a high school graduate High school graduate Some college
 College graduate Graduate school or postgraduate training

My signature below indicates that I have read and understand the registration form. It also certifies that the information on this form is true and correct. I understand that any change of residency information (address, telephone number, guardianship) must be reported to the school, examined, and verified within 30 days of change.

Signature of Parent/Guardian _____

Date _____

FOR SCHOOL USE ONLY (optional)

Proof of Birth Type _____ Verified by _____	Proof of Residence Type _____ Verified by _____	Proof Immunization Type _____ Verified by _____	Transcript	Special Permission	Registration Date / Time	Cum Requested
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Kid Street Learning Center Charter School

P.O. Box 6784, Santa Rosa, Ca 95406 / 709 Davis Street, Santa Rosa, Ca 95401

Phone: 707-525-9223 Fax: 707-525-9432

<http://www.kstreet.org>

Enrollment and Admission for 2018-2019

This agreement is made between _____ and Kid Street Learning Center Charter School.
Parent/Guardian's Name

1. _____ hereby enrolls _____ in Kid Street Learning Center Charter
(Parent/Guardian) *(Child's Name)*
School for the 2018-2019 school year.

2. I agree to insure regular and punctual attendance for the student. I understand that the school depends on student attendance for funding. It is my responsibility to have my student arrive on time to the classroom. I understand that regular and punctual attendance will help increase student academic growth. Some absences are unavoidable. California Education Code Section 48200 states the only valid reasons for absence from school are: 1. Illness or injury to the child, 2. Quarantine of the home by a health official, 3. Doctor or dentist appointment that can only be scheduled during school hours (please provide school office with a note from the doctor or dentist), 4. Attendance at funeral services of immediate family.

I understand that a note/phone call is required by 9:00am for any absences. I further understand and agree that a physician's note is required for any absences lasting more than three days.

Whenever possible, I agree to pre-arrange excused absences to insure that work assignments can be provided to my child in advance of his/her absence.

3. I agree to insure that my child will abide by the school rules of behavior and dress.

4. I agree to abide by the policies and procedures of the school as published and revised by the school from time to time.

5. I understand that the school relies on parent involvement. I understand that the school requests **4 hours per month** of volunteer time per family. This can include help in the classroom, school fundraising, recess supervision, After School Program, or other necessary tasks.

6. I understand that Kid Street will contact the previous school for records once the student has been accepted.

7. I understand that the school relies on funding provided by the state as well as donations from the community.

8. I agree to attend regularly scheduled parent teacher conferences and necessary meetings regarding my child's education.

9. I understand that the decision to pass a student on to the next grade or to retain the student in a lower grade is at the sole discretion of the school.

10. I will read and agree with the parent/student handbook guidelines.

11. This agreement is made based on information provided in the application. If any information is later discovered to be inaccurate I agree to withdraw my child and reapply.

12. My child is not officially admitted until the school has received all necessary enrollment, health forms, vaccinations and paperwork and all parties below sign this agreement.

Print Parent/Guardian's Name Date: _____ *Parent/Guardian's Signature* Date: _____

Address: _____ City _____ Zip _____ Phone: _____

Kid Street Charter School _____ Title: _____ Date: _____

Information for Enrollment

Mother's Name: _____ **Mother's DOB:** _____

Father's Name: _____ **Father's DOB:** _____

Other members of household (include relationship and age): _____

Student Grade for 2018-2019: _____

The info below is for the One Call Now System. The contact info you provide will be for emergencies and important reminders from our programmed phone system (a great way to save some paper!).

Parent(s) Email Address: _____

Phone numbers (Please include area code) _____

Did you know that when you sign up for One Call now, you can receive text message alerts? Just text the word "alert" to 22300, and you can receive text messages from the school!

Would you like information on being able to be a driver or a chaperone for school field trips?

Circle one: Yes No

Does your child need to take a medication while at school? Circle one: Yes No

Please list any allergies or medications your child has(Leave blank if none):

Kid Street Charter School
 P. O. Box 6784, Santa Rosa, CA 95406
 709 Davis Street, Santa Rosa, CA 95401
 707 525-9223 707 525-9432 FAX
 info@kstreet.org <http://www.kstreet.org>

Emergency Procedure Authorization

Child's Name _____ Date of Birth: _____
Last First Middle

In the case of illness or accident involving the child named above, the school is authorized to proceed as indicated. Number each item 1, 2, 3 etc. in order of desired action. In an acute emergency, the school is authorized to take the child to the nearest hospital.

_____ Contact Mother/Guardian _____
Name Phone, Pager, and Cell Phone Numbers
 _____ Contact Father/Guardian _____
Name Phone, Pager, and Cell Phone Numbers
 _____ Contact Friend or Relative _____
Name Phone, Pager, and Cell Phone Numbers
 _____ Contact Friend or Relative _____
Name Phone, Pager, and Cell Phone Numbers

Please list any allergies or other factors that the school, doctor or dentist should be aware of when providing treatment to the student including, for example: allergies to food or medicine, wears glasses or contact lenses, takes medication, etc. _____

Insurance _____
Carrier Name of Subscriber Group # Policy #
 Subscriber Address _____
Street City State/Zip Code
 Doctor _____
Name Address Phone #
 Dentist _____
Name Address Phone #

Medical Information

Note: All students must provide records documenting immunization against relevant diseases or waivers as provided by law. When enrolling your child, please bring immunization records and we will photocopy them for your child's permanent school record.

Does your child have any allergies: _____
 Has your child had a hearing evaluation: ___ Yes ___ No Date: _____
 By whom? _____ Results: _____
 Has your child had a vision evaluation: ___ Yes ___ No Date: _____
 Has your child had a speech evaluation: ___ Yes ___ No Date: _____
 By whom? _____ Results: _____

Initial of Parent or Guardian: _____

Emergency Release and Consent to Emergency Treatment Form

1. Emergency or Medical Release

I, _____ parent or legal guardian of _____, a minor child, authorize the following people to either be contacted or pick up my child in case of a medical or disaster emergency. I understand that my designee or I may have to show identification if there is any question by one of the staff. I agree that my designee or I will sign out my child with the time of pick up. In addition to the names listed on the front side of this form, the following people may pick up my child:

<i>Name</i>	<i>Home Phone #</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>

2. Consent to Emergency Treatment

I, the undersigned parent or legal guardian, do hereby authorize any adult employee of Kid Street Charter School, or any adult acting under the direction of, or on behalf of, any adult employee of the school (hereafter, the "agents of the school"), to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of the provisions of the Medicine Practice Act, or to consent to X-ray examination, anesthetic, dental or surgical diagnoses or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific emergency treatment being required, but is given to provide authority and power on the part of the school to give specific consent to any and all such emergency treatment.

This authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code, and will be applied to emergency care only in those cases where the parent or legal guardian cannot be located in time to give consent.

I also authorize said agents of the school to transport said minor in whatever manner is deemed necessary and reasonable under the circumstances, including transportation by emergency vehicle, to whatever emergency treatment center is deemed appropriate. In the event that an ambulance or other emergency vehicle is summoned, it is understood that the appropriate agent of the school will either accompany the minor in the emergency vehicle or meet the vehicle at the designated medical facility.

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

I have read and will comply with the above sections Emergency Release and Consent to Emergency Treatment:

Signature of Parent or Guardian

Date

Meal Program Eligibility Guidelines

Although all students receive free meals here at Kid Street, we do receive funding for those who qualify. This form must be filled out even if you do not qualify for anything.

Number of people in your household? _____

Do you receive Cal Works? _____ TANF? _____

Do you have Medi-Cal insurance? _____

Do you qualify for free lunch?(see below) _____ Reduced Lunch?(See below) _____

Annual Income(Yearly)? \$ _____

In order to provide the best service possible for you and your family, please specify any other agencies or services with whom you are affiliated: (EX: Catholic Charities, Interfaith, CPS, ect.)

Free Eligibility Scale Meals, Snacks, and Milk

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 15,678	\$ 1,307	\$ 654	\$ 603	\$ 302
2	21,112	1,760	880	812	406
3	26,546	2,213	1,107	1,021	511
4	31,980	2,665	1,333	1,230	615
5	37,414	3,118	1,559	1,439	720
6	42,848	3,571	1,786	1,648	824
7	48,282	4,024	2,012	1,857	929
8	53,716	4,477	2,239	2,066	1,033
For each additional family member, add:	\$ 5,434	\$ 453	\$ 227	\$ 209	\$ 105

Reduced-Price Eligibility Scale Meals and Snacks

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
For each additional family member, add:	\$ 7,733	\$ 645	\$ 323	\$ 298	\$ 149

Kid Street Learning Center Charter School Authorizations and Releases

Authorized for Release or Exchange of Confidential Information

I, _____ (Parent/Guardian's Name), Authorize Kid Street Learning Center to exchange confidential information with social service agencies, police and professional support agencies working with _____ (Child's Name) in order to implement emotional, physical, and educational development goals deemed necessary by Kid Street Learning Center.

This authorization is valid for the 2018-2019 school year.

I am releasing this information of my own free will and I understand that I may revoke this consent at any time.

(Parent/Guardian's Signature) _____ Date: _____

Authorization for Permission to Release Photographs and/or Videos

I, _____ (Parent/Guardian's Name) Parent or Guardian of _____ (Child's Name) hereby give Kid Street Learning Center permission to release photographs and/or videos of the above named child. I understand that any photographs or videos taken will be used in an ethical and professional manner for promotional purposes only (This includes the yearbook).

(Parent/Guardian's Signature) _____ Date: _____

Permission to Transport Student

Kid Street Learning Center has permission to transport _____ (Child's Name) by private car or bus on school approved trips to be made by the class, After School Program, or as a member of a groups participating in a special activity:

	Yes	No
--	-----	----

The above named child has permission to take supervised walks around the school and neighborhood or for walking field trips.

	Yes	No
--	-----	----

This permission is granted for all trips for the 2018-2019 school year while my child is enrolled.

(Parent/Guardian's Signature) _____ Date: _____

ACCEPTABLE USE POLICY AGREEMENT FOR STUDENTS (2018-19 School Year)
Kid Street Charter School

Rev. 6/13

School: **Kid Street Learning Center** Teacher: _____ Grade: _

Student **LAST** Name (Please print): _____

Student **FIRST** Name (Please print): _____

Student **MIDDLE** Name (Please print): _____

Parent/Guardian Name (Please print): _____

Parent/Guardian Phone #: _____

Upon signing this document you affirm that it is not reasonable that Kid Street can directly supervise your child every minute he or she is on the computer. Therefore, you agree that when your child is not directly supervised, he or she will obey all school computer use policies, civil and criminal laws. In the event your child notifies you they are receiving computer messages threatening death, bodily harm, or destruction to property, you agree to report this event immediately to both law enforcement and school.

As parent/guardian of this student, I understand the risks associated with allowing my child to use the Internet. Furthermore, in signing this policy, I affirm that the school district made a reasonable attempt to educate me on the known potential risks of using the Internet and the school's rules and goals of Internet use. Based on this adequate notice, I agree not to hold the Kid Street responsible for materials acquired or contacts made on the network.

I have reviewed these responsibilities with my child, and he or she clearly understands this acceptable use policy and has agreed to obey all school procedures, civil, and criminal laws. By signing below,

I hereby grant **I hereby do not grant**

permission to Kid Street to **provide network and Internet access at school.**

Please be advised that if you check no your student will not be permitted to use the district Internet access for research and exploration, but your child will still be instructed through the use of Internet-based educational software deemed vital to your child's educational success.

Parent Signature _____ Date _____

For a variety of reasons (academic activities, athletics, clubs, etc.) your child's name, individual student picture/video image, and/or creative work(s), may appear on a school- or district-related website. Please understand that once this information is placed on the Web, we cannot guarantee that the information will not appear on other sites. Also, some activities may involve a classroom to classroom video exchange, for example, students studying volcanoes could use video equipment (e.g., webcam) to see and talk to students in a classroom near Mount St. Helens. By signing this section,

I hereby grant **I hereby do not grant**

permission to Kid Street to place my child's name, individual student picture/video/webcam image, and/or creative work(s) on a school- or district-related website or the Internet.

Parent Signature _____ Date _____

Please sign in both places and return this page to the teacher. Retain the first three pages for your records.



KID STREET LEARNING CENTER

Charter School and After School Program for T/K-6th Grades



"Teach to the heart, and the mind will follow!"

After School Program Permission and Regulations

August 2018-June 2019

Parent/Guardian,

Welcome to our **Kid Street After School Program**! The After School Program (ASP) provides a safe, fun and nurturing environment for the care of our students from immediately after school dismissal until 6:00 PM every school day. ASP is Kid Street Learning Center ran program. Participation should be considered a **privilege**. In addition to our After School Program, we provide Kinder Klub for our Transitional Kindergarten and Kindergartener from 1:00pm – 3:00pm daily. This is a structured, safe fun time designed to prepare the Kindergartener for success. The same rules apply to Kinder Klub as to the ASP.

By completion of this form, I understand that I am registering my student in ASP.

1. Every student attending the After School Program (ASP) must have a current ASP Registration Form on file at our school (This form). I understand that it is my responsibility to inform the school of any changes to the information, particularly phone numbers and emergency contacts, which are found on Kid Street Learning Center Charter School Enrollment Forms.

Initials / Date _____

SIGNING OUT

2. I am enrolling my student in the **FREE** After School Program. I agree to sign my child(ren) out daily. This includes, time of pick up, initials of the person picking up the child(ren) and the pickup code (codes are in student/parent handbook and posted at the sign out table). If I do not sign out my child(ren) more than 3 times, I understand that my child(ren) may be suspended from this program for an indefinite amount of time, and a meeting will be set up between the ASP Director and parent prior to re-enrolling student into ASP.

For the protection of your student, only people designated on the School's enrollment forms will be allowed to pick up your student unless prearrangements have been made. **IDENTIFICATION WILL BE REQUIRED ON ALL PICK-UPS.**

Initials / Date _____

OPERATING HOURS AND EARLY RELEASE

3. The hours of the program are from the time school ends until 6:00 PM on the days that school is in regular session. It is crucial that your child stay in the program until it ends at 6:00 PM. There are certain conditions that may occur that require that your child be picked up at an earlier time. *You are required to use the early release codes on the sign out table and in your parent handbook if this occurs.* The parent/guardian agrees to pay a \$1 a minute, per child, late pick-up fee starting at 6:01 PM. If you have outstanding late fee's, your student(s) cannot participate until fee's are paid in full. If you are late 3 times, this will result in a termination of the program for the remainder of the year.

Initials / Date _____

BEHAVIOR EXPECTATIONS, EMERGENCY & DISMISSAL PROCEDURES

4. The same behavior expectations apply in ASP as during the regular school day. All Kid Street Learning Center policies in the student handbook apply to ASP. Inappropriate behavior may result in your student's suspension or withdrawal from the program.

5. To ensure the safety and security of all students in ASP, if an emergency occurs that threatens the welfare of a student, a school official will contact the Santa Rosa Police Department. Late pick-up from ASP may be considered such an emergency.

6. If school closes for inclement weather or any other reason, ASP will close also. In this case, special instructions will be given to your student's teacher and you will be contacted.

7. In the event of an emergency, the ASP has the permission of the parent/guardian to administer first aid or obtain emergency medical treatment, if necessary, for the child's welfare.

Initials/Date _____

I am registering my student in the After School Program. I have read, understand, and will comply with the rules outlined above.

_____(Name of child)

_____(Signature and Date of parent/guardian)