2016-2017 FORMS

Form #1

Extended Care

To purchase extended care hours please register and pay online or fill out the form below with your payment and return it to the Financial Office.

Parent's Name: _____ Email Address: _____

Student #1: _____ Student #2: _____ Student #3: _____

Cell phone: _____ Day phone: _____ Date:_____

Method of Payment:

Total Payment: _____ Check #: _____ Cash: _____

Card number: | | | | | | | | | | | | | | | | |

VISA- MASTER CARD (Please circle) Expiration Date: _____/_____

Save this credit card for future purchase: YES NO

Select:

Extended care hours	Student #1 Name	Student #2 Name	Student #3 Name	Total
25h				
50h				
100h				
Extended care Package				

Total: $_____

Rates:

Extended care Hours	Rate/hour/child	Total per child
25h	$6.50	$162.50
50h	$6	$300
100h	$5.50	$550
Drop-in no hours on file	$10	$10
$1/minute after 6 pm	$1/minute	$1/minute
Extended care Package (Sept-June)*	$1700 (1st child)	$1500 (2nd child)

*Unlimited use of extended care per child from 7:30-8:00 am, 3:00-6:00 pm and from 12-6 pm on minimum day from August 30th 2016 - June 15th 2017. This package doesn't include the vacation breaks or summer camp extended care.

Form #2

NEW FAMILIES – Please complete this form and return it to the office.

NAIS Data Survey (optional)

Please help us complete the NAIS data surveys by completing the following racial and ethnic information.

Student's Name_____

Nationality/ies of Student:

French____ French-American____ French-Other____ American ____
American-Other____ Other_____ (specify)

Student Race/Ethnicity (US Citizens or permanent residents of the United States):

African-American_____ Latino/Hispanic-American_____ Asian-American_____
Native American_____ Middle Eastern American_____ Multiracial American_____
Pacific Islander American_____ Caucasian, Non-Hispanic_____

Student Race/Ethnicity (Students who are not US Citizens or permanent residents of the United States):

African _____ Latino/Hispanic- _____ Asian _____ Middle Eastern _____
Multiracial _____ Pacific Islander _____ Caucasian, Non-Hispanic _____

Dear Families,

The Emergency Health Card below is our best resource for contacting you during the time your child is at school. **Please complete all sections of the form including your mobile and work phone numbers.**

On occasion, we have students who become ill or are injured at school and require immediate medical assistance. When a student requires **immediate medical assistance,** our protocol is to call 911 first and then contact the parents or guardians. In an emergency, if we are unable to reach the parents or guardians, a staff member from school will accompany the student and the paramedics to an emergency room and stay with the child until the parent or guardian arrives.

In the absence of parents or guardians, the medical history section of the Emergency Health Card (see reverse side) is important to those who will transport and treat your child. **Therefore, we ask that you give us as much medical information as you can, particularly if your child has a chronic medical condition or history of drug allergies. Additionally, please list all medications that your child takes regularly.**

We urge parents or guardians of students who take medication for a chronic disease to bring a two-day supply of their medication to the office to be used in the event of a major earthquake or other civil disaster. If such a disaster were to occur, students might not be able to travel to their home for a significant amount of time.

Thank you for your assistance.
The SDFAS Administration

Chères Familles,

La fiche de renseignements est le document essentiel qui nous permet de vous contacter en cas d'urgence pendant les activités scolaires et périscolaires. ***Nous vous remercions de prendre le temps de la lire avec attention et de bien vouloir répondre à toutes les questions. N'oubliez pas de nous indiquer vos numéros de téléphones portables et professionnels.***

Il arrive qu'un enfant tombe malade ou ait besoin ***d'assistance médicale immédiate.*** *Dans cette éventualité, nous appelons le 911 puis les titulaires de l'autorité parentale. En cas d'urgence et dans l'éventualité où nous n'arriverions pas à vous joindre, un membre du personnel ou moi-même se joindra à l'équipe paramédicale pour accompagner l'enfant aux urgences et lui tiendra compagnie jusqu'à l'arrivée d'un membre de sa famille.*

En cas d'absence des titulaires de l'autorité parentale, le bilan médical que nous vous demandons de compléter sur la fiche d'informations (voir au verso) est primordial pour ceux qui prennent en charge votre enfant. ***C'est pourquoi nous nous permettons de vous demander de nous communiquer l'historique médical le plus complet possible en précisant toute allergie, prescription médicale ou maladie chronique. Nous vous remercions de bien vouloir ajouter la liste de médicaments que votre enfant prend de manière suivie.***

Si votre enfant est sous traitement pour cause de maladie chronique, nous vous demandons de bien vouloir apporter une dose de médicaments équivalente à deux jours de traitement en cas de tremblement de terre ou autre catastrophe. En effet, votre enfant ne pourrait probablement pas rentrer chez lui en de telles circonstances, avant un certain laps de temps.

Nous vous remercions de votre compréhension et de votre coopération.
SDFAS Administration

Please fill out the form / *Veuillez compléter le formulaire*

Emergency Contact and Medical Information for a Student - **Form #3**

Child's Name

Date of Birth

M F
Gender

Parent's/Guardian's Name

Parent's/Guardian's Name

Cell Phone | Work Phone

Cell Phone | Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts and Names of Persons Authorized to Pick-up my Child

Primary Emergency Contact

Secondary Emergency Contact

Cell Phone | Work Phone

Cell Phone | Work Phone

Person's Name and Phone Number

Person's Name and Phone Number

Person's Name and Phone Number

Person's Name and Phone Number

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations/ Medications

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release San Diego French-American School and individuals from liability in case of accident during activities related to San Diego French-American School, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Vacation Break or Minimum Day Workshops

To register for vacation break or minimum day workshops, please fill out the form below and return it to the Financial Office with your payment.

Parent's Name: _____ Email Address: _____

Student #1: _____ Student #2: _____ Student #3: _____

Please circle and write the camp title below: Minimum Day Workshop

Specify Workshop Name:

Preschool Camp **K-8th SDFAS camp** **Surf Camp half day**

Specify Camp Name:

Cell phone: _____ Day phone: _____ Date: _____

Method of Payment:

Total Payment: _____ Check #: _____ Cash: _____

Card number: Date: _____

MASTER CARD – VISA (Please circle) Expiration Date: __/__

Save this credit card for future purchase: YES NO

Select:

Camp	Student #1	Student #2	Student #3	Total	Comments
Preschool Camp					
K-8th SDFAS Camp					
K-8th Surf Camp					

$_____

Vacation Break Rates:

	Fall Break Oct. 24-Oct. 28 PK0 to 8th grade (5 days)	Winter Break Feb 20-24 PK0 to 8th grade (5 days)	Spring Break Apr. 17-25 PK0 to 8th grade (7 days)
Full day 8:30-4 p.m.	$75	$75	$75
Half Day 8:30-12:30 p.m.	$65	$65	$65
Week half days only	$275	$275	$385
Week full days only until 4 p.m.	$315	$315	$441
Week full days only until 5 p.m.	$360	$360	$504
Extra hour from 4-5 p.m.	$10/day	$10/day	$10/day
Late pick up after 5 p.m.	$1 per minute	$1 per minute	$1 per minute
During all breaks, there is no extended care provided before 8:30 a.m. and after 5 p.m.			