



After School Care Program (Den) TK-8th Grade
Monday - Friday

After School Care Program (ASES/Den) **Limited Enrollment

- Cost: Free
- Time: End of Regular School Day - 6:00 p.m.
- This is a grant from the California Department of Education.
- For families who pick up their children after 4:30 pm consistently 5 days a week.
- You may pick up your children before 4:30 no more than 10 times for the year.

*Priority will be given to those who submit completed paperwork and are committed to attend 5 days a week until at least 4:30 daily.

If a waiting list is established based on program capacity, students included on the waiting list will be enrolled when an opening becomes available. Waiting lists will be developed on a first-come; first-served basis indicating date/time application was received. A student, who will attend the program daily until 6:00 p.m., has enrollment priority over a student who may attend on a more diverse weekly schedule.

Please submit completed forms by:
May 30th, 2025

To: Tiffany de Alba at Tiffanyd@sutter.k12.ca.us



2025-2026

After School Care (Den) TK-8th Grade Registration Form

Please Print Clearly

Child(ren):

1. Last Name: _____ First Name: _____ Grade: _____
Age: _____ Gender: ___M ___F Home Phone: () _____
2. Last Name: _____ First Name: _____ Grade: _____
Age: _____ Gender: ___M ___F Home Phone: () _____
3. Last Name: _____ First Name: _____ Grade: _____
Age: _____ Gender: ___M ___F Home Phone: () _____
4. Last Name: _____ First Name: _____ Grade: _____

Parent/Guardian:

Name: _____ Work Phone: () _____ Cell Phone: () _____
Address: _____ City: _____ Zip Code: _____
Employer Name: _____ City: _____ Occupation: _____
Email Address: _____

Parent/Guardian:

Name: _____ Work Phone: () _____ Cell Phone: () _____
Address: _____ City: _____ Zip Code: _____
Employer Name: _____ City: _____ Occupation: _____
Email Address: _____

Physician Information/Health History

Physician's Name: _____ Phone #: () _____
Insurance Carrier: _____
List any illness or medical condition staff should be aware of: _____
List any medications being taken that the staff should be aware of: _____
List any allergies (including food) staff should be aware of: _____

Sign-Out Authorization:

The following individuals have my permission to sign the above-named child(ren) out of Wildcat Care or ASES Program and should be contacted in an emergency when I cannot be reached. (Minimum 2 names required, 16 years or older)

Name: _____ Relationship: _____ Phone: () _____
Name: _____ Relationship: _____ Phone: () _____
Name: _____ Relationship: _____ Phone: () _____
Name: _____ Relationship: _____ Phone: () _____
Name: _____ Relationship: _____ Phone: () _____

Parent/Guardian Signature: _____ Date: _____

Date received in office: ____/____/____

Time: _____

Staff Initials: _____



ASES Parent Agreement

Please initial after each section of the following to indicate that you have read and agree to abide by each point.

ASES Attendance

- My child is expected to attend the ASES Program 5 days a week, for full range of hours. If it is not possible, I will fill out an Early Release Authorization Form indicating reasons needed for early release.
- Continual non-attendance may jeopardize my child's participation in the ASES program.
- Continual pick-up before 4:30 p.m. may jeopardize my child's participation in the ASES program.
- Any day that my child does not attend school, she/he cannot attend the ASES program.

_____ I have read and agree to the terms written above.

Holidays, School Breaks and Minimum Days

- I understand there is no care on Holidays or school breaks.
- On minimum days there is care provided from the end of the school day until 6:00 p.m..

_____ I have read and agree to the terms written above.

Discipline

- A written Discipline Notice will be completed and discussed with me whenever my child behaves disrespectfully or improperly, destroys property, injures another person, uses improper language, or in any way disrupts the ASES program
- My child may be suspended for an appropriate amount of the time as determined by the Superintendent/Principal.
- An accumulation of incidents may result in my child's disenrollment from the ASES program for the rest of the school year.

_____ I have read and agree to the terms written above.

Emergencies

- In case of an emergency, staff will contact me and/or the emergency contacts listed on the registration forms.
- If hospital attention is needed, staff will call 911. I understand that I will be held responsible for all costs incurred.

_____ I have read and agree to the terms written above.

Pick-Up

- My child is not allowed to leave the ASES Program unless picked up by an authorized adult listed on registration forms.
- My child must be signed out (full signature) and picked up no later than 6:00 p.m.
- I must sign an Early Release Authorization Form if my child is picked up before 6:00 p.m.

_____ I have read and agree to the terms written above.

Late Pick-Up

- Pick-Up after 6:00 p.m. is considered LATE pick-up
- I understand that each subsequent late pick-up result in Late Fees of \$15 for the first five minutes and \$1 for each additional minute.
- Excessive late pick-ups and/or non-payment of late fees will be cause for suspension or termination from the ASES program.
- If my child has not been picked up by 6:15 p.m., the Sutter County Sheriff Department will be contacted, and my child will be un-enrolled from the ASES Program for the rest of the school year.

_____ I have read and agree to the terms written above.

Parent/Legal Guardian Signature: _____

Date: _____



ASES Early Release Policy

Marcum-Illinois After-School Program operates daily immediately following the conclusion of the school day, until 6:00PM. In accordance with the California Education Code Section 8483 (a) (1), students should attend the program every day for the full range of hours offered. Students who do not attend regularly may be subject to un-enrollment. If, for any reason, a child is unable to attend the program every day for the full range of hours offered, the parent/guardian must provide a reason (see below) on the sign-out sheet at the time of pick up.

Priority is given to students who can attend 4-5 days a week respectively. We asked that students attend the program until at least 4:30PM daily to ensure your child(ren) receive the allotted hour of academic help. Early student releases need to be kept to a minimum.

Students may be released early from the after-school program prior to 6:00 p.m. for the following reasons:

M- Medical	P- Parallel Program	F- Family Needs
<ul style="list-style-type: none"> -Medical Appointments -Dental Appointments -Illness -Medical Emergencies 	<ul style="list-style-type: none"> -Sports -Church -GATE -Tutoring -Other Extracurricular Activities 	<ul style="list-style-type: none"> - Personal -Transportation -Childcare -Family Emergency -Weather

Please circle the reason for early pick up each day on the Sign-out sheet as shown below:

Reason for early release:		Marcum-Illinois School		
M-Medical		ASES 2024-2025		
P-Parallel Program				Date: 12/17/2024
F-Family Needs				
Doe, Jane	(M) P F	4:30		
Smith, John	M (P) F	5:00		
Swift, Taylor	M P (F)	4:45		

Parent/Guardian acknowledgement:

I have read and accept the Marcum-Illinois UESD ASES Early Release Policy and understand that noncompliance may result in the termination of my student(s) enrollment in the ASES program.

Parent/Legal Guardian Signature: _____ **Date:** _____

Student Name: Last: _____ First: _____ **Grade:** _____

Student Name: Last: _____ First: _____ **Grade:** _____

Student Name: Last: _____ First: _____ **Grade:** _____

Student Name: Last: _____ First: _____ **Grade:** _____