



**UPLAND UNIFIED
SCHOOL DISTRICT**



Join us on a Safari adventure.

SUMMER Child Care

**ONLY
\$40
PER DAY**

**JUNE 9-AUGUST 8
6:30AM-6:00PM**

CURRENT UUSD STUDENTS TK-6TH

ON- SITE VISITORS & FIELD TRIPS

- ART & SOL PAINTING
- CASTLE PARK
- SAWDUST FACTORY
- JOHN'S INCREDIBLE
- UPLAND PD.
- SWIMMING
- UPLAND FD.

**REGISTER TODAY:
APPLICATION AVAILABLE ON UUSD WEBSITE**

FOOTHILL KNOLLS STEAM
ACADEMY OF INNOVATION
1245 VETERANS COURT
UPLAND, CA 91785





UPLAND UNIFIED SCHOOL DISTRICT

2025 SUMMER CHILD CARE PROGRAM CONTRACT

Child Name: _____ School: _____ Grade: _____ Age: _____

Parent Name: _____ Phone: _____ IEP (or other supports): _____

SPACE IS LIMITED-REGISTRATION WILL CLOSE WHEN THE PROGRAM IS FULL

___ Registration requirements

Child Care is designed for students currently attending/finished TK through 6th grade. (2024-25 school Year)

___ Initial FEES AND TUITION

Before my child is fully enrolled in the Upland Unified School District Child Care Program, I will pay a registration fee of \$31.00. **REGISTRATION FEES ARE NOT REFUNDABLE**

First payment due by May 30, 2025 for 1st Term: \$ _____

Tuition is due and payable 2 weeks prior to the first day of each term my child attends the program. (See Contract Schedule for tuition payment due dates) Invoices will be provided upon request. **The Summer Child Care site accepts Online Payments, personal checks, cashier checks or money orders. No cash is accepted.**

___ If full payment has not been received by the scheduled payment date, my child will not be able to attend the program until paid in full.

A ten percent (10) discount is given on the lowest tuition fees for siblings enrolled in the program.

Or

A ten percent (10) discount is given to Upland Unified District employees. (One discount per student)

Returned checks will be charged a \$27.00 fee. All returned checks must be paid with a money order.

___ Initial WITHDRAWAL/Change of Contract

I understand that if I withdraw my child I must submit a Withdrawal / Change of Contract form to the Site Coordinator two (2) weeks prior to the withdrawal date and tuition will be paid through that date. The District may, for any reason, terminate this contract with a two (2) week notice, with the exception of disciplinary reasons (see Dismissal section below.) Changes to your child's contract must be submitted with a two (2) week notice on a Withdrawal/ Change of Contract Form with a \$12.00 fee for each change of contract

___ Initial LATE PICK UP FEES

Upland USD Summer Child Care Site is open from 6:30 am - 6:00 pm. Any child not picked up by 6:00 pm will be charged a late pick up fee of \$7.00 per 5 minutes per child. Fees will be invoiced and due the



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following day. Any child not picked up within a reasonable time after closing of the site (not to exceed 30 minutes), and without parent contact will be placed in the care of the Upland Police Department. After the 3rd occurrence of lateness, at the discretion of the District, the child may be dismissed from the program

___ Initial DISMISSAL

If at any time the district determines that my child is unable to benefit from the program, or if he/she impairs the ability of other children to benefit from the program, the district may terminate this agreement without notice and refund any fees paid as deemed necessary. All regular school rules are in effect and failure to comply may necessitate consequences that may lead to suspension or dismissal from the UUSD Summer Child Care Program.

___ Initial PERSONAL PROPERTY

Students should avoid bringing personal property (including valuable and collectible items) to the Summer Child Care Program. Students are expected to take reasonable precautions to protect his or her personal property and assume all risk related to such property. The Summer Child Care Program is not responsible for items that are brought to, used during, or left at the Summer Child Care Program and are lost, stolen, damaged, or destroyed.

___ Initial SIGN IN/OUT PROCEDURES

I agree that my child must be signed in and out at the Child Care site each day, and may not be dropped off at the curb. I further understand that my child will be released only to a parent/guardian or other persons authorized by me who are listed on the Child Care emergency information form. This procedure is for my child's safety. For emergency situations, additional authorized persons may be added to the list by e-mail or text to the Site Coordinator or designee, but the parent/guardian must add the additional authorized person to the Release and Emergency Information Form the following day with date and initial to the entry.

___ Initial ABSENCES

If my child is going to be absent from Child Care, I will notify the Child Care Site by 8:30 am. Repeated failure to notify the site could result in my child being dismissed from the program. Absences cannot be made up, as space is reserved for each participant and no credit is given for absences. **There is no tuition credit for absences during the Summer Child Care Program.**

___ Initial NUTRITION AND LUNCH

It is my responsibility to provide a well-balanced lunch and nutritious snacks each day my child attends the summer child care program.

___ Initial MEDICINE

Only physician prescribed medication, in the original container, will be administered at the Child Care site. The container must be labeled by the pharmacist. The pharmacist will designate the name of the student, doctor, date, dosage, name of medication and method of administration. Medication improperly labeled or contained cannot be administered at Child Care. A UUSD consent form for the administration of medicine must be completed by the physician and parent/guardian, and be on file at the Summer Child Care site.



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 Initial ILLNESS AND EMERGENCY

Children that are ill or had a fever during the past 24 hours may not attend Summer Child Care. When my child becomes ill or injured at Child Care, I will be immediately notified and expected to pick him/her up promptly. In the case of an emergency (serious injury or a life-threatening situation, the paramedics and parents will be called).

 Initial ADDITIONAL ACCOMMODATIONS

I will discuss and set up a meeting with the child care staff prior to the start of program regarding any additional accommodations that are needed in order for my child to be successful in the Child Care Program.

Initial below, PG MOVIE PERMISSION

 Yes, my child has permission to view child appropriate PG rated movies.

 No, my child does not have permission to view child appropriate PG rated movies.

 Initial AGREEMENT

I understand that Child Care will be provided for my child only as long as I fulfill each of the above requirements. Additionally, in the event the Upland Unified School District must institute legal proceedings or other collection proceedings to enforce monies owed, reasonable attorney and other fees paid in connection with the collection of monies due on my account will be paid by the parent/guardian to the Upland Unified School District. I also understand that I will be responsible for any reimbursements necessary for damages to property caused by my child.

I HAVE READ THESE REQUIREMENTS AND AGREE TO UPHOLD THEM.

Parent/ Guardian (Print Name)

Parent / Guardian Signature

Date

Address

City

Zip Code

Cell Phone

Home Phone

Work Phone

Site Coordinator

Site Coordinator' Signature

Date



UPLAND UNIFIED SCHOOL DISTRICT

Minimum enrollment: 3 days per week

Summer tuition is paid in 2 payments. Payment is due two weeks prior to each term. Please indicate on the fee schedule below the weeks and days of the week your child will attend Child Care. Your child will not be able to attend if your tuition is not paid in advance. **There will be no refunds.**

I am contracting the following weekly schedule: **(A change in the number of days and/or the specific days attending requires a 2 week notice by completing a Change of Contract form with a \$10 change of contract fee.)**

Week		Days Attending (Circle Days Attending)	5 Day per week per child	4Day per week per child	3 Day per week per child
Week 1	June 09-13	Mon Tue Wed Th Fri	\$200.00	\$160.00	\$120.00
Week 2	June 16-20 Closed 6/19	Mon Tue Wed X Fri	Closed June 19	\$160.00	\$120.00
Week 3	June 23-27	Mon Tue Wed Th Fri	\$200.00	\$160.00	\$120.00
Week 4	June 30- July 3 Closed 7/4	Mon Tue Wed Th X	Closed July 4	\$160.00	\$120.00
Week 5	July 7 - 11	Mon Tu Wed Th Fri	\$200.00	\$160.00	\$120.00
Total due for 1st Term			Due by May 30, 2025		
Week 6	July 14 - 18	Mon Tu Wed Th Fri	\$200.00	\$160.00	\$120.00
Week 7	July 21 - 25	Mon Tu Wed Th Fri	\$200.00	\$160.00	\$120.00
Week 8	July 28 - Aug 1	Mon Tu Wed Th Fri	\$200.00	\$160.00	\$120.00
Week 9	Aug 4- 8	Mon Tu Wed Th Fri	\$200.00	\$160.00	\$120.00
Total due for 2nd Term			Due by July 3, 2025		
Sibling 10% Discount			One discount	\$180.00	\$144.00
Employee 10% Discount			per student	\$180.00	\$144.00

Child's Name

Sibling

Sibling

I AGREE to notify the Child Care Coordinator with a two week notice if I should withdraw my child or change his/her schedule, and **there are no refunds issued.**

Parent's Name (please print)

Parent's Signature

Cell Phone

Home School

Date

**UPLAND UNIFIED SCHOOL DISTRICT
Child Care Program
Release and Emergency Information**

Student LastName	Student First Name	Middle	Gender	Age	Date of Birth	Grade
Address Apt#	City	Zip	Phone	Language spoken in home		
Sibling	Grade	Age	Gender	School of Attendance		
Sibling	Grade	Age	Gender	School of Attendance		
Sibling ...	Grade	Age	Gender	School of Attendance		
Sibling	Grade	Age	Gender	School of Attendance		
Parent/Guardian			Parent/Guardian			
Place of Employment			Place of Employment			
Cell Phone			Cell Phone			
Work Phone			Work Phone			
Parent Email Address			Parent Email Address			
Student Lives With: Mother Father <input type="checkbox"/> Both <input type="checkbox"/> other _____						

EMERGENCY CONTACT INFORMATION

PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY AND/OR CALLED IN AN EMERGENCY

{Child will not be released to any other person without authorization from Parent/Guardian and must have a valid picture ID}

Name	Relationship	Address	Home Phone	Cell Phone	Date/Initials

List any medical condition that may require attention or result in an emergency during Child Care:

My Child is currently taking the following medication: (include dosage, med name mg/dose):

Upland Unified School District
STUDENT HEALTH UPDATE

Name _____ Birth Date _____ M ____ F ____

Does your child have

Medication Policy

California law and district policy require doctor and parent permission for any medication to be taken at school. You can obtain the necessary forms in the health office or on line at the District web site. All medication must be kept in a prescription container with the student's name, name of the medicine, dosage and prescribing doctor's name on the bottle. No "over the counter" medications such as cough drops, cough medicine, pain medication (i.e. Tylenol), etc., may be taken by students without a doctor's prescription. All medications are kept in the health office and given with adult supervision and not carried on the person of a student (with the exception of asthma inhaler and epinephrine auto- injectors) accompanied by appropriate physician instruction. Any physical restrictions must be confirmed by a written physician's note stating the type and duration of the restriction (i.e. casts, crutches, wheelchairs, etc.).

Parent/Guardian Signature: _____

Date: _____

ALLERGIES:

Seasonal	Yes	No
Bee Sting	Yes	No
Medication	Yes	No
Food	Yes	No
If "yes" specify	_____	
Item.	_____	
If "yes" specify	_____	
Reaction.	_____	
If "yes" specify	_____	
Medication	_____	

ADHD/ ADD	Yes	No
ASTHMA	Yes	No
Inhaler	Yes	No
Self-carry	Yes	No
(MD note required to schools office)		

DIABETES	Yes	No
Takes Insulin	Yes	No
SEIZURES or EPILEPSY	Yes	No
Date of last Seizure	_____	

FREQUENT EAR INFECTIONS	Yes	No
HEART CONDITION	Yes	No

Restrictions (Specify) _____

JOINT/BONE PROMBLEMS	Yes	No
Specify	_____	

MIGRAINE HEADACHES	Yes	No
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BLOOD DISORDER _____

STOMACH DISORDER _____

OTHER _____

HAS YOUR CHILD HAD:

Serious Injury/Illness	Yes	No	Specify _____
Major Surgery	Yes	No	Specify _____
Have trouble seeing close work?	Yes	No	Specify _____
Have trouble Hearing?	Yes	No	Specify _____
Have any other medical or	Yes	No	Specify _____
Physical reaction?			

UPLAND UNIFIED SCHOOL DISTRICT
CHILD CARE PROGRAM
BEHAVIOR GUIDELINES

Students must abide by all regular school day rules while in the Child Care Program. Good behavior guidelines include: treating all adults, other students, facilities, equipment and supplies with respect; following directions; behaving in a safe manner; and using appropriate language. If a student violates the guidelines, the parent/guardian will be notified and the following disciplinary process will be followed.

- **1st -Behavior Notification:**
A warning for the behavior violation is given.
- **2nd Behavior Notification:** The student may be asked to leave the program for the day.
- **3rd Behavior Notification:** The child may be suspended from the Child Care Program.
- **4th Behavior Notification:** The child may be dismissed permanently from the Child Care Program.

Serious violations of the guidelines may result in the student being immediately dismissed from the program at the discretion of the Director of Support Services. The parent/guardian will be contacted and asked to pick up the student.

Parent Signature

Parent Name (printed)

Child's Name

Date

Upland Unified School District
Student Acceptable Use Agreement

Student Section

Student Name (Print) _____ Grade _____

School/Teacher _____

I have read *Students' Use of Computer Technology and Electronic Communications* that was attached to this Agreement. I agree to follow the rules and procedures in this document. I understand that if I violate these guidelines, board policy, or school rules, my access can be terminated and that I may face other disciplinary measures, including suspension or expulsion from school and/or legal action in accordance with law and board policy. I further understand that any files, electronic mail and other information on the district's network or equipment is subject to inspection at any time, and that I retain no rights of privacy or ownership of that information, regardless of any personal password I may have.

Student Signature _____ Date _____

Parent or Guardian Section [Must be completed for students under 18]

I have read *Students' Use of Computer Technology and Electronic Communications* that was attached to this Agreement. I understand that if my child violates these guidelines, board policy, or school rules, his/her access may be terminated and my child may face other disciplinary measures, including suspension or expulsion from school and/or legal action in accordance with law and board policy. I further understand that any files, electronic mail and other information on the district's network or equipment is subject to inspection at any time, and that neither I nor my child retain rights of privacy or ownership of that information, regardless of any personal password I or my child may have.

I hereby release the district, its personnel, and any institutions or organizations with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the district's network or technology system, including but not limited to claims that may arise from the unauthorized use of the system to purchase products or services or exposure to potentially harmful or inappropriate material or people. I understand that I can be held liable for damages caused by my child's intentional misuse of the system.

I will emphasize to my child the importance of following these rules for personal safety.

Permissions

[] **Yes.** I give permission for my child to use the internet and to access information through the web and to engage in other educationally relevant electronic communication activities.

[] **No.** I do **not** give permission for my child to use the Internet nor to access information through the web nor to engage in other educationally relevant electronic communication activities.

[] **Yes.** I give permission that my child may be photographed as part of normal educational activities and that those photographs may be used in school/district publications including school/district web pages. Pictures will not be personally identified unless I have given written permission. Pictures with personal identification may be used for inclusion in the school yearbook and on student identification cards.

[] **No.** I do **not** give permission that my child's photograph be used in school/district publications including school/district web pages. Pictures with personal identification may be used for inclusion in the school yearbook and on student identification cards.

I further understand that my child's full name and grade in school may be included on any list on district-sanctioned web sites (e.g. honor roll lists, sports rosters, etc.) unless I indicate otherwise in writing.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Print) _____

Please Print Last Name:

First Name:



WEST END YMCA

Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the West End YMCA ("YMCA") (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any on-site or off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities and/or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, it's directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any on-site or off-site program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any on-site or off-site program affiliated with the YMCA.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, including but not limited to injury or death caused by a contagious illness, to the undersigned or such children due to negligence, active or passive, of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any on-site or off-site program affiliated with the YMCA.
4. THE UNDERSIGNED HEREBY AGREES THAT BY PARTICIPATING IN THE YMCA NATIONWIDE MEMBERSHIP PROGRAM, they release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for related to bodily injury or death in connection with the use of the YMCA facilities, and from any liability for other claims, including loss of property, and injury or death caused by a contagious illness, to the fullest extent of the law.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made. The undersigned further represents that he/she has legal custodian and guardianship rights with respects to the child on whose behalf this release is executed and signs it for said child under the express authority. In the event any provision of this Agreement is held to be void, null or unenforceable, the remaining portions shall remain in full force and effect.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.

			DATE	
First Name	Last Name	Signature of Applicant /Legal Guardian	Date of Birth Month, Day, Year	
Street Address	City	State	Zip Code	Phone Number

Name(s) of Child(ren) in Facilities, Services AND/OR Programs		
First Name	Last Name	Date of Birth – Month, Day, Year
First Name	Last Name	Date of Birth – Month, Day, Year
First Name	Last Name	Date of Birth – Month, Day, Year
First Name	Last Name	Date of Birth – Month, Day, Year
REQUIRED FIELD: PLEASE ENTER YOUR EMAIL		

FIELD TRIP/EXCURSION WAIVER AND MEDICAL AUTHORIZATION -MINOR
Education Code Section 35330

Name of School :Upland Unified School District

Field Trip Location _____

I, hereby give my permission for my child, _____ to participate in
The _____ field trip as part of his/her regular school program.

This field trip is to be held from _____ through _____. I fully understand that my child is to abide by all rules and regulations governing conduct during the field trip. It is understood that any child determined to be in violation of these behavior standards may be sent home at the parent or guardian's expense.

I understand and acknowledge that, as provided in education Code Section 35330, by consenting to allow my child to participate in this field trip, I shall, by law, be deemed to have given up all claims against the Upland Unified School District and each of its officers, employees and agents (hereinafter collectively referred to as "District") for any injury, accident, illness or death occurring during or by reason of the field trip. I also agree to relieve the district of any responsibility for damage to or loss of my child's property occurring during or by reason of the field trip.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon is deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardians, or participant. Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.

I AM AWARE THAT THE SCHOOL DISTRICT DOES NOT CARRY STUDENT ACCIDENT INSURANCE

Signature of parent/guardian _____ Date _____

Signature of student _____ Date _____

Emergency Phone Numbers (1) _____ (2) _____

Parents' Health Insurance Company _____ ID _____

In the event of illness or accident and if unable to contact above, please contact:

Name _____ Phone Number _____

Address _____

SPECIAL NOTE TO PARENTS/GUARDIANS

- (1) All drugs must be registered on this form; (2) all drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) ___ check here if there are NO special problems that the staff should be aware of and NO drugs are required on the trip; (4) any medication or drugs are to be taken by student, list them here:

_____. If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.