



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

Monday - Friday

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

- Cost: \$0-\$300 per family, per year, on a sliding scale based on family income.
- Time: 3:00 p.m. - 6:00 p.m.
- This program is partially funded by grants from the California Department of Education.
- For families who pick up their children after 4:30 pm consistently 5 days a week.

*Priority will be given to income-eligible, English Learners, foster, and/or homeless first and then to those who submit completed paperwork and are committed to attending 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.

New for 2026-2027 School Year:

Cost: \$0-\$300 per family, per year, on a sliding scale based on family income.

Fees for the After School program will be waived for students who are Income-Eligible (Qualifies for the National School Lunch Program Free or Reduced Lunch for 26-27), an English Learner, Foster, or Homeless. Fees for students not eligible for a waiver will be based on the Household Income Level as indicated in the Free or Reduced Lunch Application families complete each year and the Poverty Guidelines established by the U.S. Department of Health and Human Services. No pro-rating or refunding of fees due to late enrollment and/or unenrollment. The National School Lunch Program Application will be sent to all enrollees on July 1st. Families of students not eligible for waived fees will be billed by July 15th and Payment is due upon receipt.

Please submit completed forms by:
May 29, 2026



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

2026-2027

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

Please Indicate Planned Program Participation:

- Monday-Friday Afterschool Care Participation (Sliding Scale \$0-300 per Family)
- Early Release Mondays/District Meetings/District Programs(e.g. GATE, Tutoring, etc.)Only (No Cost)

Please Print Clearly

Child(ren):

1. Last Name: _____ First Name: _____ Grade: _____
2. Last Name: _____ First Name: _____ Grade: _____
3. Last Name: _____ First Name: _____ Grade: _____
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: _____

MARCUM-ILLINOIS

Union Elementary School District



2026-2027

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. (Not relevant for Early Release Mondays/District Meetings/District Programs(e.g. GATE, Tutoring, etc.) Only Participation)
- Continual non-attendance may jeopardize my child's participation in the ASES program. (Not relevant for Early Release Mondays/District Meetings/District Programs(e.g. GATE, Tutoring, etc.) Only Participation)
- Continual pick-up before 4:30 p.m. may jeopardize my child's participation in the ASES program. (Not relevant for Early Release Mondays/District Meetings/District Programs(e.g. GATE, Tutoring, etc.) Only Participation)
- 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.

Program Payment

- If payment for program participation is necessary, payment will be due upon receipt of invoice. (Not relevant for Early Release Mondays/District Meetings/District Programs(e.g. GATE, Tutoring, etc.) Only Participation)

_____ 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 time as determined by the Program Coordinator and/or District Administration.
- 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 late pick-up will 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
-Medical Appointments -Dental Appointments -Illness -Medical Emergencies	-Sports -Church -GATE -Tutoring -Other Extracurricular Activities	- 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:** _____