



# After School Program (ASP) & Teen Zone Child Care Hybrid Model

ASP and Teen Zone Child Care Hybrid Model will begin on October 19<sup>th</sup>. The schedule and fees will remain in effect until BOUSD moves to a full schedule on campus (date TBD).

Program Fees*	Kinder	1st-6 <sup>th</sup>	7 <sup>th</sup> -8 <sup>th</sup>
Hybrid A (Mon/Thurs at school & Tues/Wed/Fri at BCC)	\$320	\$300	\$190
Hybrid B (Tues/Fri at school & Mon/Wed/Thurs at BCC)	\$320	\$300	\$190

**\*There will be a non-refundable \$50 per child registration fee due at the time of registration for new families**

Sliding-scale rates are available from the Brea Resource Center, please call (714)990-7150.

## Program Registration:

- o Registration for new families will open if spaces are available. Completely fill out the registration packet and e-mail to afterschoolprogram@cityofbrea.net. Original forms must be turned in on the first day of program.
- o Registration is not complete or space secured until all forms have been completed and returned and a credit card has been provided. At this time checks and cash are not accepted.

## Hybrid Model:

- o After school care will be available on days that students are on campus. \*Parents are responsible for transportation to the Community Center (with exception to Laurel families).
  - o Full day child care at the Community Center will be available on non-campus days.
- \*Participants at Laurel School will be walked from school to the Community Center by staff members.

## Kinder:

- o As Kindergarten will be on campus 4 half days a week, we will provide morning or after school care depending on your child's schedule, as well as all day care on Wednesdays.
- o We will walk Laurel participants to/from school based on their schedules.
- o Kinder from other schools will be responsible for their own transportation to/from school.

## Jr. High:

- o Limited van transportation is available for an additional fee. Please indicate on your form if you need this. (Space is not guaranteed).

**ASP and Teen Zone child care is ONLY available to students who live-in OR attend school in Brea.** Non-residents are not eligible at this time.

**ASP will NOT be providing van transportation at this time. We will only have staff members pick-up and walk participants from Laurel School to the Community Center for after school care on days participants are at school. Families at other schools are responsible for transportation.**

**ASP and Teen Zone Child Care is ONLY available on BOUSD school days. Child care will NOT be provided on holidays and staff development days at this time.**

Please note that this schedule will only remain in place while BOUSD provides hybrid learning. Once BOUSD transitions to a full-time schedule, ASP will also transition. You will be notified once the new schedule and program fee options are available.

If medications need to be administered or supervised by ASP personnel, please fill out the Physician's Request for Administration of Medicine form.

Victoria Ugarte  
Community Services Specialist  
714.990.7179  
afterschoolprogram@cityofbrea.net

Mary Kathryn Mendoza  
Community Services Supervisor  
714.671.4427

# Important ASP & Teen Zone Policies

## SICK POLICY

- **If your child develops any of the following symptoms, they may not return to program until they are symptom free for a full 24 hours** or until your child's physician indicates he/she can return to program. If your child is found to have any of the below symptoms in program, we will isolate them from the other children and call you to pick them up immediately.
  - Severe coughing
  - Yellow eyes or skin
  - Mouth sores with or without drooling
  - Unusual spots or rashes
  - Infected skin patches
  - Headache or stiffness of neck
  - Heavy nasal discharge that is not clear
  - Difficult or rapid breathing
  - Tears, redness of eyelids with discharge
  - A fever of 100.4 F or above
  - Sore throat or trouble swallowing
  - Severe itching of body or scalp
  - Vomiting
  - Any other contagious or communicable disease
- If your child has any communicable disease (including COVID-19), please inform us immediately so we can take necessary precautions. **Children may return when they have been symptom free for a full 24 hours.** In certain cases when an illness is contagious and communicable, a physician's written release stating the child is no longer contagious will be required. We will inform you when a written release is required.
- We ask that if a participant or anyone in their household has recently travelled internationally, that the participant not return to or start our program until they have self-quarantined for 14 days.
- **Per the OC Health Officer's Orders – May 29, 2020**
  - All participants who have been diagnosed with or are likely to have COVID-19 shall immediately isolate themselves and may return after they have fully recovered and are free of all symptoms for at least 3 days (72 hours).
  - All participants who know they have been in close contact with a person diagnosed with or likely to have COVID-19 shall quarantine themselves in their home until 14 days from the last date that they were in close contact with a person that has been diagnosed with or likely to have COVID-19.

For more **COVID-19 information and to read the full OC Health Officer's Orders, please visit the OC Health Care Agency's COVID-19 page:** <https://ocCOVID19.ocalthinfo.com>

## HEALTH SCREENINGS

- **Prior to arriving to program, we ask that parents perform a health screening by taking their child's temperature and ensuring they do not have a fever of 100.4°F or higher or any COVID-19 symptoms.**
- Upon arrival, participants must receive a health screening, which includes taking their temperature with a non-contact thermometer. If a participant has a temperature of 100.4°F or higher, there will be an allowable grace period (up to ten minutes) where the child can wait with their parent/guardian in a vehicle or a reasonable distance away from the facility. This guideline recognizes that temperatures can rise quickly if the child was running to the facility excited, wearing a hat or drinking a hot drink. If after the second test, they still test 100.4°F or higher, the child must be taken home and can return after being symptom free for a full 24 hours.

## HEALTH AND CLEANING

- Staff will be cleaning equipment, surfaces, toys and restrooms throughout the day, including before and after use.
- Staff and children will be washing hands and/or using sanitizer before entering and exiting

the classroom, playground area and each activity, in addition to regular washing before and after restroom use and meals. Hand sanitizing will also be required after touching their faces, blowing their noses, etc.

- Staff and children will maintain social distancing while in program - yes, we know this is difficult for younger children, but we will be educating the children, setting up the room for success and have extra staff to assist in maintaining social distancing as much as possible.
- No personal toys or belongings other than necessary school supplies, lunches, a needed sweatshirt/sweater and a water bottle will be allowed.
- Staff members will be wearing face masks at all times and sanitizing/hand washing consistently between child interactions, activities and duties. Gloves will also be worn regularly for many duties and interactions.

## **FACE COVERINGS / MASKS**

- All participants are to wear a face covering while in inside or when social distancing cannot be maintained. Including entering and exiting the Community Center.
- The exception to this policy will be when participants are eating/drinking, playing outside or participating in physical recreational activities, when social distancing can be maintained. Staff will be educating and working to maintain social distancing in the program throughout the day. Please label masks.
- It is required that all persons entering, exiting and doing business in the Brea Community Center wear a face covering. All staff are required to wear a face-coverings.
- A cloth face covering is a device or accessory that covers the nose and mouth. It can be secured to the head with ties or straps or simply wrapped around the lower face. Cloth face coverings can be made from a variety of materials, such as cotton, silk or linen, and can be factory-made, sewn by hand, or improvised from household items, such as scarfs, T-shirts, sweatshirts or towels. Face shields are an acceptable alternative for those that cannot wear a mask properly.
- The cloth face covering order SHALL NOT APPLY to the following persons: a) Children under the age of 2; b) Anyone who has trouble breathing, or who is unconscious, incapacitated or otherwise unable to remove the cloth face covering without assistance; or c) Persons with a medical or mental health condition or development disability that prevents wearing a cloth face covering.

## **Important Info, Rules & Expectations**

### **WHAT TO BRING**

- **Educational Support:** In order for us to be able to provide academic support, the following items are **required for each participant** on a daily basis:
  - Electronic device such as laptop or tablet
  - Headphones
  - Any books/schoolwork and supplies required to complete daily work\*
  - Student's individual class schedule (supply updated changes as they occur)

*\*We will **NOT** be able to print any materials or provide any items listed above.*

- **Lunches and snacks**

Each day participants need to bring a lunch, multiple snacks (2-4) and enough water for the day or a refillable bottle. Lunches can NOT be refrigerated or heated up. Drinking fountains will be closed and ASP will NOT be providing lunches. There will be NO café or vending machine use. Please plan accordingly.

- **Personal belongings**

This year, the use of personal items such as toys or cell-phones has been suspended until further notice due to the health and safety of the children. Personal belongings should be kept to necessities and labeled with your child's name. ASP is not responsible for lost, misplaced, or damaged items (including money).

## **CHECK-IN/OUT PROCESS** (notifications will be sent prior to any changes)

- No adults allowed in any program areas.
- There is one centralized check-in/out location – please enter through the west side sliding doors off of the Community Center's parking lot.
- All participants must be checked in between 7:30am-8am to ensure they are ready to start the educational part of their day. The doors will lock at 8am.
- Temperature-taking and health checks of participants will take place at the door.
- It is required that all persons dropping off or picking up participants wear a face-covering in the Brea Community Center.
- Pick-up will take place from 4pm-6pm daily. Arrangements can be made for an earlier pick up time. Doors will be locked between the hours of 8am-4pm.
- We ask that sick parents/guardians stay home and not be the responsible party dropping off and picking up participants.
- **Photo ID's of the parent/adult picking up the participant will still be required. Only authorized persons are allowed to pick up participants.**

## **THINGS TO KNOW**

- **Late pick-up**

The late pick-up fee is \$2 per/minute past 6:00 p.m. If you know you will be late, please communicate with ASP staff in advance or as soon as you know this situation is a possibility. Even though you may communicate with us in advance, the late pick-up fee will still be applied. The best number to call, if you know you will be late, is 714.990.7179.

- **Medications**

If your child needs to take medication during program, please ask staff for a Physician's Request for Administration of Medicine form, fill it out and return it to ASP staff. If your child has an Epi-pen or needs to take medication while in program, please bring medication in a labeled clear plastic bag along with the prescription. Please make sure to let staff know at drop-off what needs your child has.

- **Contacting staff during program**

If you need to contact an ASP staff member, please call Victoria Ugarte at 714.990.7179 or Mary Kathryn Mendoza at 714.671.4427. If you are not able to reach them, they are busy assisting programs, so please contact the Front Counter at 714.990.7101.

## **ASP PARTICIPANT RULES AND EXPECTATIONS:**

1. Golden Rule: Treat others as you would have them treat you.
2. Always keep your hands to yourself.
3. Respect each other's personal space.
4. Name calling is unacceptable. No inappropriate language.
5. Listen and be respectful to staff members at all times.
6. Please walk while inside the building.
7. Food and drink belong in designated areas only.
8. Take good care of games and equipment.
9. Ask for permission to go anywhere.
10. Always clean up after yourself.

## **BEHAVIORAL MODIFICATION APPROACH:**

Generally, behavioral issues with participants are handled with a verbal warning and discussion with staff members. If the issue continues or becomes excessive, parent contact will be made by the School Aged Programs Specialist. Other consequences due to disciplinary problems may include: Loss of activities, exclusion from day(s) of program or expulsion from the program. Refunds may not be given due to disciplinary problems.



## After School Program (ASP) and Teen Zone Child Care Payment Plan Contract

### 2020/2021 Hybrid Learning Schedule

Select Option	Kinder	Monthly
	Hybrid A (Morning on campus/Wed all day at BCC)	\$320
	Hybrid B (Afternoon on campus/Wed all day at BCC)	\$320

Select Option	1 <sup>st</sup> -6 <sup>th</sup> Grade Program Fees*	Monthly
	Hybrid A (Mon/Thurs at school & Tues/Wed/Fri at BCC)	\$300
	Hybrid B (Tues/Fri at school & Mon/Wed/Thurs at BCC)	\$300

Select Option	7 <sup>th</sup> - 8 <sup>th</sup> Teen Zone Program Fees*	Monthly
	Hybrid A (Mon/Thurs at school & Tues/Wed/Fri at BCC)	\$190
	Hybrid B (Tues/Fri at school & Mon/Wed/Thurs at BCC)	\$190
	Van Transportation (Space is limited, contact 714-990-7179)	\$30

**\*A \$50 ONE TIME REGISTRATION FEE PER CHILD WILL BE DUE AT TIME OF REGISTRATION FOR NEW FAMILIES**

**\*DEBIT/CREDIT CARD PAYMENT IS THE ONLY PAYMENT OPTION OFFERED AT THIS TIME.**

By signing this contract, I am authorizing the City of Brea to charge my checking/credit account on a weekly or monthly basis according to the After School Program payment plan option I select, and to make any adjustments necessary to correct declined transactions or charges made in error, including payment for declined transactions.

(initial) \_\_\_\_\_ I understand my card will be charged at the start of each month

-If a charge is declined, a \$25 service fee for each declined transaction will be applied, no exceptions. In the event that a scheduled payment falls on a weekend, holiday, or if staff is otherwise unavailable, the monthly charge will occur on the next business day.

-Additionally, I understand it is my responsibility to provide new payment information due to a charge resulting from account closure or the issuance of a new card in the event of fraud, theft, cancellation, expiration, etc. Failure to do so, will result in a \$25 service fee applied for each invalid transaction, no exceptions.

-The City of Brea follows the BOUSD School District Schedule. This Contract will be in place until the Program moves to a Full-Time Learning Schedule. Services provided will be Monday – Friday, between the hours of 7:30am – 6:00pm.

-I am committing to the ASP/Teen Zone Program terms and fees until the Program moves to a Full-Time Learning option. At that time, the City of Brea will provide me with updated Program and fee details and a new Payment Plan Contract where I can choose to commit to or withdraw from the Program at that time.

**NO cancellation or refunds will be issued, no exceptions.**

Participant(s) name(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

CREDIT CARD PAYMENT INFO:		
Name on Card:	Signature:	
Credit Card #:	Expiration:	CVV:

**2020/2021 After School & Teen Zone Programs  
City of Brea Community Services**

<b>CHILD 1</b> Last Name:	First:	Middle:	Age:
School Attending:	Teacher:	Grade in Fall:	Birthdate:
<b>CHILD 2</b> Last Name:	First:	Middle:	Age:
School Attending:	Teacher:	Grade in Fall:	Birthdate:
<b>CHILD 3</b> Last Name:	First:	Middle:	Age:
School Attending:	Teacher:	Grade in Fall:	Birthdate:

<b>PARENT</b> Last Name:	First:	Middle:
Street Address:	City:	Zip Code:
Cell Phone:	Work Phone: (Ext.)	Home Phone:
Email:		

<b>PARENT</b> Last Name:	First:	Middle:
Street Address:	City:	Zip Code:
Cell Phone:	Work Phone: (Ext.)	Home Phone:
Email:		

<b>MEDICAL INFORMATION:</b>
<input type="checkbox"/> Allergies: _____.
<input type="checkbox"/> Is your child taking any medications*? _____. (If yes please explain)
<input type="checkbox"/> Is there anything we should be aware of? _____. (For example any medical or behavioral diagnoses)
<small>*If medications need to be delivered or supervised by ASP Personnel, please fill out a Physician's Request for Administration of Medicine form</small>

**AUTHORIZED persons (other than parent/guardian) to contact in case of emergency or to take child from facility: Child will not be allowed to leave without this written authorization from parent/guardian.**

Name:	Phone:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to pick up
Name:	Phone:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to pick up
Name:	Phone:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to pick up



# **PARTICIPANT WAIVER**

**City of Brea**

**1 Civic Center Circle, Brea, CA 92821-5732**

**(714) 990-7600**

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**Important!**  
**Waiver must be read and signed.**

**PLEASE READ CAREFULLY**

## **LIABILITY RELEASE AND ASSUMPTION OF RISK INCLUDING CORONAVIRUS/COVID-19**

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*Print Minor Participant's Name*

The City of Brea ("City") has implemented preventative measures to protect participants in its child-care, drop-in, camp, and recreational programs (each, a "Program") from the risk of infection with COVID-19 which is known to cause serious illness, disability, and/or death. In spite of those measures, the City cannot guarantee that you or your child will not become infected with COVID-19. Further, attending a Program could increase your risk and your child's risk of contracting COVID-19 and suffering serious illness, disability, or death.

I certify that I am an adult and that I am the parent or legal guardian for the participant identified above. By signing this Liability Release and Assumption of Risk, I acknowledge the contagious and dangerous nature of COVID-19 described above, the risk that my child and I may be exposed to or infected by COVID-19 by attending a Program, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at a Program may result from the actions, omissions, or negligence of myself and others, including the City, its officers, volunteers, contractors, agents, or employees, and/or other Program participants and/or their families.

With full knowledge thereof, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any harm, injury, and/or damage that may occur to me or my child relating to my child's attendance at any Program. On behalf of myself, my child, and our heirs and successors in interest, and to the fullest extent permitted by law, I hereby release, covenant not to sue, discharge, and hold harmless the City, its elected officials, officers, agents, volunteers, and employees ("City Parties") from any and all claims, liabilities, actions, damages, costs or expenses of any kind arising out of or relating to my child's attendance at any Program ("Claims"). I understand and agree that this Liability Release and Assumption of Risk includes any Claims based on the actions, omissions, or negligence, whether passive or active, of the City Parties and irrespective of whether a COVID-19 infection occurs before, during, or after my child's attendance at any Program.

**I AM SIGNING THIS DOCUMENT WITH THE INTENT TO RELEASE AND HOLD HARMLESS IN ADVANCE THE CITY OF BREA AND ALL OTHER CITY PARTIES WITH RESPECT TO ALL POSSIBLE LIABILITY FOR INJURY, ILLNESS, DISABILITY, AND/OR DEATH, EVEN IF CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF ANY OF THE CITY PARTIES, TO THE MAXIMUM EXTENT PERMITTED BY LAW. I HAVE READ THIS DOCUMENT AND UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING THE SAME I AM GIVING UP IMPORTANT LEGAL RIGHTS.**

\_\_\_\_\_  
Print Parent/Guardian's **Name**

\_\_\_\_\_  
Parent/Guardian's **Signature**

\_\_\_\_\_  
Date

### **CITY OF BREA IMAGE RELEASE**

I hereby consent to and authorize the use and reproduction of any and all video and/or photographic images. I give permission to the City of Brea to photograph or videotape me and I agree to release such photographs and/or video to be the sole property of the City of Brea. These images will be used in a variety of City media (print, video, social media) to promote City programs and services. Furthermore, I agree that I will not receive any compensation for such use.

CHILD'S NAME \_\_\_\_\_

Signature of parent or guardian of minor \_\_\_\_\_ DATE \_\_\_\_\_

SHORT DESCRIPTION: City of Brea run Social Media; City of Brea Website

### **I HAVE READ AND UNDERSTAND ALL OF THE INFORMATION PROVIDED TO ME IN THIS PACKET:**

Participant  
Name(s): \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_