

SFUSD ExCEL AFTER SCHOOL PROGRAM ENROLLMENT FORM

ExCEL Enrollment Form

SFUSD ExCEL After School Program is pleased to offer daily after school programs for students at all SFUSD elementary and middle school sites. Each school site selects a community-based organization to operate the ExCEL program and provide high quality afterschool experiences for our students.

Purpose of the Programs

The purpose of the after school program investment is to provide students with academic enrichment opportunities which are designed to compliment students' regular academic program and provide a safe environment for students. After school programs are designed in collaboration with the schools that the students attend and in alignment with SFUSD guidelines.

How are the programs funded?

All of the SFUSD ExCEL After School Programs in elementary, K-8, and middle schools are available at low or no cost to families thanks to **federal and state grant funds** as well as funding from SFUSD and the **Department of Children, Youth & Families (DCYF)**.

SFUSD ExCEL After School Programs in high schools are available at low cost to families thanks to federal grants and funding from SFUSD. This will not include before school and we will have to charge for the before school program.

In SFUSD, most school-based after school and summer learning programs are co-sponsored by SFUSD (the ExCEL program) and a partnering community based organization. The majority are funded through a combination of family fees and city, state and federal grants that are not guaranteed to be renewed once a grant cycle has ended.

While SFUSD is committed to expanding after school programming to meet the needs of all families, the CDE also has specific requirements related to funding that include providing access to focal populations. Some of the state and federal grants are very competitive. The California Department of Education (CDE) selects the school sites that receive grants, determines the grant amount, and the number of students served by the grant.

In addition to the local, state and federal grants, **Wah Mei School** also contributes resources, both in-kind and in-cash, in order to serve more families and/or provide more enrichment opportunities for students.

Each school site receiving after school funding is required to:

1. Operate an after school program at least 3 hours/day for at least 15 hours/week and until 6 pm
2. Provide academic, enrichment, recreation and physical activities
3. Provide a nutritious snack
4. Operate with student-to-staff ratio that will not exceed twenty-to-one (20:1) for grades 1-12 and 10:1 for grades TK/K

Priority for Program Slots

Since the demand for ExCEL Programs often exceeds the funding capacity, priority enrollment goes to students who are identified by the program as:

- Youth experiencing homelessness
- Youth in foster care

- Low income youth
- English language learners.
- Youth who attend the full day program, five days a week (either AM or PM or both at BASE!)
- Students who attend the school site location of the after school program
- Students are also identified through a school site specific process based on but not limited to: academic need, truancy, and socio-emotional needs.

Early Release for the Program:

Per State grant guidelines, enrolled elementary & middle school students are expected to attend the program every day until 6:00pm. **BASE! Extracurricular activities take place from 5-5:45 every day, we encourage parents or guardians to pick up between 5:30-6:00 to ensure that their child can finish the activity.** Early release from the program can be arranged. Whenever you pick up your child, prior to the end of the program, please be aware that the staff are REQUIRED to give you a code to use on the ExCEL sign out sheet.

Fee based Programs - All ExCEL after school programs in elementary and middle schools are fee based programs. SFUSD has a district wide copayment fee structure for ALL ExCEL elementary/K-8 and middle after school programs.

- The monthly co-payment fee will be waived for a family with a child in the program who is a homeless youth or for a child who is in foster care
- The monthly co-payment fee will be waived for a family that is eligible for Free or Reduced lunch except for those co-payments required by local, state or federal tuition subsidy programs. Families should complete the [SFUSD Meal Application](#) on an annual basis to be eligible for the monthly co payment fee waiver. If a family completes the application online, an eligibility letter can be printed from a family's online account. If a family completes a paper application, an eligibility letter will be sent to the house.
- A family that is not eligible for free/reduced lunch will pay a co-payment fee on a sliding scale.

For more information refer to the [FAQ](#)

Attendance Policy:

Wah Mei before and after school programs are structured and children will be engaged in programming until pick up time. Attendance is important and our program is funded based on consistent attendance. Parents are asked to email the BASE! Management office at afterschool@wahmei.org OR Wah Mei School Main Office at 415-665-4212 as soon as feasibly possible if your child will be absent.

Consistent absences beyond one day per week may result in disenrollment of the program. If your child is absent for three (3) consecutive days and we do not hear from you, your child may be for disenrollment due to lack of adherence to agency policies until the center has been notified of the reason for absence.

If your child is absent for two consecutive weeks and you fail to notify Wah Mei, your before and after school services may be terminated pending review of the Director of the Program.

Persistent non-compliance with the attendance policy may be a cause for disenrollment due to lack of adherence to agency policies.

Americans with Disabilities Act (ADA)

Unlike the school day, which is required to comply with Individualized with Disabilities Education Act (IDEA), the after school program must comply with Americans with Disabilities Act (ADA). Services and activities provided by a public entity to the public, whether directly or through an agency, must be accessible to students with disabilities with **reasonable accommodations** (e.g. federal, state and local disabilities rights such as Section 504). Enrollment in the program can include a query if a student needs additional support, but cannot use that information to influence enrollment. If a student has a 504 plan or IEP plan, the ExCEL program may request access to that information in order to identify what **reasonable accommodations** can be made to support access to the program.

Safe and Supportive Environments- Progressive Response to Challenging Behavior

In collaboration with the school day, ExCEL programs must ensure policies and protocols within its program that are sufficient to ensure staff, student and family member safety. ExCEL programs are required to document injuries, referrals and crisis situations. Each agency will share their progressive response to challenging behavior with staff, students and families. Progressive Response to Challenging behavior should include universal practices across programs to promote a safe and supportive community. It should also include an internal process for managing challenging behavior that may result in alternative consequences (e.g. Restorative Circles) or Tier II intervention (e.g. behavior contract) or suspension from program.

**SFUSD ExCEL BASE! AFTER SCHOOL PROGRAM
ENROLLMENT FORM**

Required for all Qualifying Students:
Parent Acknowledgement of Free Before and After School and Opt In/ Out Form

Expanded Learning Opportunities Program provides priority and/ or free enrollment in SFUSD after school programming. The following criteria designate priority enrollment:

- Student qualifies for Free/ Reduced school meal benefits as determined by the Multipurpose Family Income Form
- OR student is a designated English Language Learner
- OR student is designated foster youth

The following criteria designate access to priority enrollment and FREE after school programming

- Student qualifies for free/reduced school meal benefits
- Student is designated foster youth

_____ OPT OUT: I acknowledge that my child qualifies for free and/or priority aer school programming and I am **OPTING OUT** of participation in the program for this school year.

_____ OPT IN: I acknowledge that my child qualifies for free and/or priority aer school programming and I am **OPTING IN** to enroll and participate in the program for this school year.

| |
|----------------------------------|
| School Site Name |
| Alice Fong Yu Alternative School |

| Student First Name | Student Last Name | Grade (2024-2025) | Date of Birth |
|--------------------|-------------------|-------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|----------------------|--------------|------------------|-----------------------|
| Parent Name: | | | Email Address: |
| Home Address: | City: | Zip Code: | Phone Number: |

Parent/Guardian Signature: _____

Date _____

Parent Permission and Student Information Form

Permission to Participate in ExCEL After School Program

I give my child permission to participate in the Wah Mei BASE! ExCEL After School Program.

| | |
|---------------------|---|
| Program Name | School Site |
| BASE! | Alice Fong Yu Alternative School |

| Student First Name | Student Last Name | Grade | Date of Birth | Child has previously attended this after school program? (Y/N) | Any Additional Support needed? | | |
|--------------------|-------------------|-------|---------------|--|--------------------------------|------------------------------|--------------------------------|
| | | | | | <input type="checkbox"/> 504 | <input type="checkbox"/> IEP | <input type="checkbox"/> Other |
| | | | | | <input type="checkbox"/> 504 | <input type="checkbox"/> IEP | <input type="checkbox"/> Other |
| | | | | | <input type="checkbox"/> 504 | <input type="checkbox"/> IEP | <input type="checkbox"/> Other |

| | | | |
|------------------------------------|--------------------|--------------|--------------------|
| Home Address: | | City: | Zip Code: |
| Home Phone: | Work Phone: | | Cell Phone: |
| Preferred Home Language(s): | | | |

POLICIES AND PERMISSIONS

I have reviewed and understand the following policies and information:

| | |
|-----------------|--|
| Parent Initials | For the following: |
| | ATTENDANCE REQUIREMENTS |
| | EMERGENCY CONTACT & AUTHORIZATION FOR MEDICAL TREATMENT FORM |
| | AUTHORIZED PICK UP |
| | PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS |
| | PHOTO/VIDEO RELEASE |
| | AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION (OPTIONAL if applicable) |

Parent/Guardian Signature: _____

Date: _____

EMERGENCY CONTACT/RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT

| | | |
|---------------|--------|----------------|
| Student Name: | Grade: | Date of Birth: |
|---------------|--------|----------------|

In case of emergency please contact:

| | | |
|-------|--------------|-----------------------|
| _____ | _____ | _____ |
| Name | Relationship | Phone: work/cell/home |

| | | |
|-------|--------------|-----------------------|
| _____ | _____ | _____ |
| Name | Relationship | Phone: work/cell/home |

Does your child have health coverage? Yes No

| | | |
|-------------------|------------------------|---------------------|
| _____ | _____ | _____ |
| Name of Insurance | Primary Insured's Name | Policy/ Insurance # |

| | |
|------------------------|--------------|
| _____ | _____ |
| Name of Child's Doctor | Phone Number |

| Allergies or Medical History that may be of importance | Medication Student is taking |
|--|------------------------------|
| | |
| | |
| | |

I authorize ExCEL After School Program Staff to furnish and/or obtain emergency medical treatment which may be necessary for my child during the Before and After School Program.

Parent/Guardian Signature: _____

Date _____

AUTHORIZED PICK UPS

Adults Authorized to Pick Up Student

***Wah Mei policy indicates that the authorized pick up person must be at least 16 years old.** Adults that are NOT authorized to Pick up Student (attach relevant documentation)

| | | |
|-------|-------------------------|-----------------------|
| _____ | _____ | _____ |
| Name | Relationship to Student | Phone: work/cell/home |
| _____ | _____ | _____ |
| Name | Relationship to Student | Phone: work/cell/home |
| _____ | _____ | _____ |
| Name | Relationship to Student | Phone: work/cell/home |
| _____ | _____ | _____ |
| Name | Relationship to Student | Phone: work/cell/home |
| _____ | _____ | _____ |
| Name | Relationship to Student | Phone: work/cell/home |
| _____ | _____ | _____ |
| Name | Relationship to Student | Phone: work/cell/home |
| _____ | _____ | _____ |
| Name | Relationship to Student | Phone: work/cell/home |
| _____ | _____ | _____ |
| Name | Relationship to Student | Phone: work/cell/home |

***Wah Mei policy indicates that the authorized pick up person must be at least 16 years old.**

Adults that are NOT authorized to Pick up Student (attach relevant documentation)

PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS

During your child’s attendance in the ExCEL After School Program, s/he may benefit from aligned support across the school day into the after school program.

Student Name: _____ Grade: _____

Parent Name: _____ Date: _____

_____ **(parent initial)**, I give permission for the ExCEL After School Program Staff to review my child’s school data (test scores, report cards and other performance indices), for the purpose of providing targeted academic instruction and assessing the academic effectiveness of the After School Program. I also give permission for After School Program staff to monitor my student’s progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness.

PHOTO/VIDEO RELEASE OPT OUT Form

During your child’s attendance in the ExCEL After School Program, s/he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.

Student Name: _____ Grade: _____

Parent Name: _____ Date: _____

By not submitting an opt out form, I authorize the SFUSD or any third party it has approved to photograph or videotape my child during After School program activities and to edit or use any photographs or recordings at the sole discretion of SFUSD. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless the SFUSD and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

_____ **(parent initial)** I **DO NOT** give my permission for my child to be photographed/videotaped by the After School program for promotional purposes.

If Applicable:

PERMISSION TO ACCESS 504 PLAN OR INDIVIDUALIZED EDUCATION PLAN (IEP)

I authorize the **exchange** of information for _____ **(student name)** described below between the San Francisco Unified School District and the following agency(s) and/or individual(s):

Agency(s) _____
(Name)

This authorization applies to the following information: (Check each line that applies)

- 504 Plan Individualized Education Plan (IEP)

Expiration: This authorization expires (date or event): _____

Restrictions: Providers who receive this information may not release it to someone else unless another authorization form is signed.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing the San Francisco Unified School District in writing. If you cancel your permission to allow the release of information about you/your child, it will go into effect immediately (unless someone already released information). You have a right to receive a copy of this Authorization.

Parent/Guardian Signature _____ **Date** _____

Indicate relationship to student: _____

Thank you for filling out the SFUSD ExCEL part of the application. Please proceed to Wah Mei School's portion of the application.



BASE! 2024-2025 Registration Form

Please fill out form and return it, along with payment, to Wah Mei School, 1400 Judah St, SF, CA 94122 or email to afterschool@wahmei.org

This program is subject to change in accordance with San Francisco Department of Public Health guidance.

BASE! Before and Afterschool Program operates at Alice Fong Yu Alternative School, 1541 12th Ave, San Francisco, CA 94122. Students must be enrolled at Alice Fong Yu to participate in BASE!.

Program Dates and Hours:

August 19, 2024 - June 4, 2025. Program Operates Following the SFUSD Calendar.

Before School: 7:30-9:30 AM Daily

After School: Monday, Tuesday, Thursday, Friday: 3:45-6:00 PM; Wednesday: 2:30-6:00 PM

Please select from the program options below:

Combined Before & After School (5 days per week)

Before School Only (5 days per week)

After School Only (5 days per week)

The BASE! Program is free for those families who qualify, and offers a sliding scale Family Fee for all families.

| Before School Only - 5 days per week | | After School Only - 5 days per week | |
|--------------------------------------|-------|-------------------------------------|-------|
| Before School Tier 5 | \$320 | Afterschool Tier 5 | \$375 |
| Before School Tier 4 | \$255 | Afterschool Tier 4 | \$300 |
| Before School Tier 3 | \$195 | Afterschool Tier 3 | \$225 |
| Before School Tier 2 | \$130 | Afterschool Tier 2 | \$150 |
| Before School Tier 1 | \$100 | Afterschool Tier 1 | Free |

\$50 Enrollment Fee is due at time of registration for all participants, regardless of family income. August payment will be prorated at 50% and is due upon confirmation of placement in the program.

| | |
|---|---|
| <p>Family Fee Tiers are determined by family income and number of household members. Wah Mei utilizes the Area Median Income (AMI) to determine the following Family Fee Tiers:</p> <ul style="list-style-type: none"> - Tier 1: Free and Reduced Lunch (SFUSD MFIF) - Tier 2: 60% AMI or Less - Tier 3: 61% AMI to 80% AMI - Tier 4: 81% AMI to 110% AMI - Tier 5: Greater than 110% AMI | <p>Wah Mei School Discounts (check if applicable):</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Wah Mei School Staff: 40% <input type="checkbox"/> 2. SF Educator (SFUSD Teacher or teacher with valid CA Child Development Permit working in ECE setting in San Francisco): 15% <input type="checkbox"/> 3. Sibling Family Discount (applies to the oldest sibling enrolled in the program): 10% |
|---|---|



BASE! 2024-2025 Registration Form

Student Information:

Student Name/兒童姓名: _____ Grade Entering in the Fall/年級: _____

Date of Birth/生日: _____ Age (at start of school)/年齡: _____ Gender/性別: _____

Address/地址: _____

City/市: _____ State/州: _____ Zip/郵遞區號: _____

Parent/Guardian Information:

Parent/Guardian 1 Name/家長/監護人姓名: _____

Relationship/關係: _____ Email/電子郵件: _____

Address/地址: _____

Home Phone/住所電話: _____ Work Phone/工作電話: _____ Cell Phone/手機電話: _____

Parent/Guardian 2 Name/家長/監護人姓名: _____

Relationship/關係: _____ Email/電子郵件: _____

Address/地址: _____

Home Phone/住所電話: _____ Work Phone/工作電話: _____ Cell Phone/手機電話: _____

Adults Authorized to Pick Up Child:

| | | |
|-------|-----------------------|-------|
| _____ | _____ | _____ |
| Name | Relationship to child | Phone |
| _____ | _____ | _____ |
| Name | Relationship to child | Phone |
| _____ | _____ | _____ |
| Name | Relationship to child | Phone |

*Wah Mei policy indicates that the authorized pick up person must be at least 16 years old.



BASE! 2024-2025 Registration Form

Parent Consent Form

I _____, hereby give permission for my child _____ to attend **Wah Mei Before and After School Program** at **Alice Fong Yu Alternative School**. While my child is attending the program, I also give permission for my child to attend off-site activities within walking distance, such as public playgrounds and understand that my child will be supervised by **Wah Mei** staff. I will not hold **Wah Mei** liable should any accidents, injuries, or misfortunes occur. In the event of an injury, I, as the undersigned parent or legal guardian do hereby authorize the **Wah Mei** as an agent for me, to consent to any medical treatment which may become necessary. 我同意華美暑期班給予我的孩子緊急醫療處理, 以保存其生命、四肢及健康

Parent/Guardian Signature: _____ Date: _____

Photo/Media Release:

Occasionally photos may be taken of participants in the programs, classes and activities. These photos may be used in future program guides, brochures, web sites, pamphlets, flyers or news releases.

By signing below, I give consent for my child's photographs and/or videos taken during **Wah Mei** to be used for agency-related publicity/marketing/or public relations or community education purposes.

我同意華美夏令營拍攝或錄影我的子女, 並使其肖像使用在與學校及其相關的宣傳用途上。

If you do not wish to give consent to your child being photographed or filmed please send us an email at afterschool@wahmei.org

Parent/Guardian Signature: _____ Date: _____

Please complete and send this Registration Form along with \$50 Registration Fee to afterschool@wahmei.org. Credit Card Authorization Form can be emailed. Cash or check payments can be dropped off at our Wah Mei School office at 1400 Judah Street.

Office Use Only

Received By: _____ Date: _____

Program Registered: 5 days AM & PM 5 days AM 5 days PM



BASE! 2024-2025 Registration Income Verification Form

- You must complete this form in order to qualify for the Sliding Scale Family Fees. For Family Fee Tiers 2, 3, and 4, please complete this form and submit it along with the Registration Form and income verification through the most recent year's tax statement or three months pay stubs for verification, and bring them to: Wah Mei School, 1400 Judah St, San Francisco, CA 94122 or afterschool@wahmei.org.
- If you qualify for Free and Reduced Lunch, you do not need to complete this form. Please complete the SFUSD Multipurpose Family Income Form and submit the Direct Certification Letter to Wah Mei School with your application.

Child Name: _____ Date: _____

Income Resources of Family: Please report your total gross monthly family income:

| | |
|--|----|
| Total Number in Household: | |
| Monthly wages or salary: | \$ |
| Net income from self-employment: | \$ |
| Other Income (i.e: Social Security benefits, dividends, interest on savings or bonds, income from estates or trusts, net rental income or royalties: | \$ |
| Monthly Gross Income: | \$ |

Your income may be verified at time of enrollment. I affirm that to the best of my knowledge and belief, the statements in this application are true.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Application Received Date: _____ Received by: _____

Program Assigned: _____

| | |
|--|----|
| Source of Income Verified <input type="checkbox"/> Yes <input type="checkbox"/> No Tier _____ | \$ |
| Financial Assistance Approved <input type="checkbox"/> Tier _____% <input type="checkbox"/> Discounted Amount | \$ |



Recurring Payment Authorization Form

Complete and sign this form to schedule your payment to be automatically with Visa, MasterCard, American Express or Discover Card.

Recurring Payments Will Make Your Life Easier: 1) It's convenient (saving you time and postage); and 2) Your payment is always on time (even if you're out of town), eliminating late charges.

Here's How Recurring Payments Work: You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I (name on credit card) _____ authorize Wah Mei School to charge my credit card on a recurring monthly basis for (amount) \$ _____ on (day/date) _____ of the month until (month/year) _____ for payment of (child's Name) _____ for (program/purpose) _____.

| | |
|--|--|
| Billing Address (City, State, Zip) | |
| Phone | |
| Email | |

Credit Card Information You may wish to leave CC information blank if you submit this form via email. If so, WMS staff will call you to collect payment information.

| | | | |
|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |
| Cardholder Name: _____ | CC Number: _____ | | |
| Exp. Date: _____ | CCV: _____ | | |

SIGNATURE _____

DATE: _____

I understand that this authorization will remain in effect until I cancel it in writing or noted above, and I agree to notify Wah Mei School in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

| | |
|---|-------------|
| For Office Use Only: | |
| <input type="checkbox"/> Received by: _____ | Date: _____ |
| <input type="checkbox"/> Payment Processed: _____ | Date: _____ |
| <input type="checkbox"/> Notes: _____ | |