

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 afterschool program investment is to provide students with academic enrichment opportunities which are designed to complement students' regular academic programs 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 Afterschool 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 afterschool 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 afterschool 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** also contributes resources, both in-kind and in cash, to serve more families and/or provide more enrichment opportunities for students.

Each school site receiving afterschool funding is required to:

1. Operate an afterschool 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 a 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 afterschool program
- Students are also identified through a school site specific process based on but not limited to: academic needs, 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 6:00 PM. **BASE! Extracurricular activities take place from 5-5:45 every day, we encourage parents or guardians to pick up between 5:30 PM-6:00 PM to ensure that their child can finish the activity.** Early release from the program can be arranged. Whenever you pick up your child, before 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 the 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 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 disenrolled due to a 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 by the Director of the Program.

Persistent non-compliance with the attendance policy may be a cause for disenrollment due to a 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 afterschool 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 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 its progressive response to challenging behavior with staff, students, and families. Progressive responses 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), Tier II intervention (e.g. behavior contract), or suspension from the program.

Parent Permission and Student Information Form

Permission to Participate in ExCEL Afterschool Program

I give my child permission to participate in the Wah Mei BASE! ExCEL Before and/or 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 afterschool 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): <input type="text"/>			

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
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Student Name:	Grade:	Date of Birth:
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In case of emergency please contact:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relationship	Phone: work/cell/home
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relationship	Phone: work/cell/home

Does your child have health coverage? Yes No

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Insurance	Primary Insured's Name	Policy/ Insurance #
<input type="text"/>	<input type="text"/>	
Name of Child's Doctor	Phone Number	

Allergies or medical history that may be of importance	Medication the student is taking

I authorize ExCEL After School Program Staff to furnish and/or obtain emergency medical treatment that 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.**

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

Name

Relationship to Student

Phone: work/cell/home

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

Parent Consent Form

Student Name:

Grade:

Parent Name:

Date:

(parent initial), I 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.

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 afterschool program.

(parent initial), I give permission to 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 Afterschool Program staff to monitor my student’s progress and to require my child to complete evaluation surveys to determine program effectiveness.

PHOTO/VIDEO RELEASE OPT-OUT FORM

During your child’s attendance in the Wah Mei 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.

By not submitting an opt-out form, I authorize SFUSD, Wah Mei, or any third party it has approved to photograph or videotape my child during afterschool program activities and to edit or use any photographs or recordings at the sole discretion of SFUSD and/or Wah Mei. I understand that my child and I shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless the SFUSD, Wah Mei, 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 Afterschool 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 the 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's portion of the application.



BASE! 2024-2025 Registration Form

Please fill out the form and return it, along with payment, to Wah Mei, at 1555 Irving Street, SF, CA 94122, on Monday to Friday from 10 AM to 5 PM 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. The Program Operates Following the SFUSD Calendar.

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

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

Please check one or more options below:

- Before School (5 days per week)
- After School (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

A \$50 Enrollment Fee is due at the 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 Discounts (check if applicable):</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Wah Mei 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%
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BASE! 2024-2025 Registration Form

Student Information:

Student Name/兒童姓名:	<input type="text"/>	Grade Entering in the Fall/年級:	<input type="text"/>
Date of Birth/生日:	<input type="text"/>	Age (at start of school)/年齡:	<input type="text"/>
		Gender/性別:	<input type="text"/>
Address/地址:	<input type="text"/>		
City/市:	<input type="text"/>	State/州:	<input type="text"/>
		Zip/郵遞區號:	<input type="text"/>

Parent/Guardian Information:

Parent/Guardian 1 Name/家長/監護人姓名:	<input type="text"/>		
Relationship/ 關係:	<input type="text"/>	Email/電子郵件:	<input type="text"/>
Address/地址:	<input type="text"/>		
Home Phone/住所電話 :	<input type="text"/>	Work Phone/工作電話:	<input type="text"/>
		Cell Phone/手機電話:	<input type="text"/>
Parent/Guardian 2 Name/家長/監護人姓名:	<input type="text"/>		
Relationship/ 關係:	<input type="text"/>	Email/電子郵件:	<input type="text"/>
Address/地址:	<input type="text"/>		
Home Phone/住所電話 :	<input type="text"/>	Work Phone/工作電話:	<input type="text"/>
		Cell Phone/手機電話:	<input type="text"/>

**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 afterschool 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 afterschool 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 afterschool 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



BASE! 2024-2025 Registration Income Verification Form

- You must complete this form 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, 1555 Irving Street, San Francisco, CA 94122, Monday to Friday from 10 AM to 5 PM or email to 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 with your application.

Child Name: Date:

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

Total Number in Household:		<input style="width: 95%; height: 25px;" type="text"/>
Monthly wages or salary:	\$	<input style="width: 95%; height: 25px;" type="text"/>
Net income from self-employment:	\$	<input style="width: 95%; height: 25px;" type="text"/>
Other Income (i.e: Social Security benefits, dividends, interest on savings or bonds, income from estates or trusts, net rental income or royalties:	\$	<input style="width: 95%; height: 25px;" type="text"/>
Monthly Gross Income:	\$	<input style="width: 95%; height: 25px;" type="text"/>

Your income may be verified at the 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 <input style="width: 40px; height: 20px;" type="text"/>		\$ <input style="width: 100%; height: 25px;" type="text"/>
Financial Assistance Approved <input type="checkbox"/> Tier <input style="width: 40px; height: 20px;" type="text"/> % <input type="checkbox"/> Discounted Amount		\$ <input style="width: 100%; height: 25px;" type="text"/>



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.

Billing Information			
Street Address: <input type="text"/>			
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>	
Phone Number: <input type="text"/>	Email: <input type="text"/>		
Credit Card Information			
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Discover			
Cardholder's Name: <input type="text"/>		CC Number: <input type="text"/>	
Expiration (MM/YYYY): <input type="text"/> / <input type="text"/>		CVV: <input type="text"/>	
If you wish to leave your CC information blank, please choose one of the options below and sign at the bottom of the form.			
<input type="checkbox"/> I wish for Wah Mei Staff to contact me for my payment details.		<input type="checkbox"/> I am paying with a check or cash.	

I, , authorize Wah Mei to charge my credit card on a recurring monthly basis for \$
(Cardholder's Name) (Amount)
on of the month until for payment of for .
(Day) (Month/Year) (Participant's Name) (Purpose/Program Name)

SIGNATURE: **DATE:**

I understand that this authorization will remain in effect until I cancel it in writing or as 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 payment dates noted above fall on a weekend or holiday, I understand 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:	
Received by: _____	Date: _____
Payment Processed: _____	Date: _____
Notes: _____	