



AUGUST 18, 2014 - JUNE 4, 2015

Registration begins

*The week of Monday, July 28, 2014 at 8:00am
at the Milpitas Sports Center
(1325 E. Calaveras Blvd.)*

Registration Schedule is as follows:

Monday, July 28 at 8:00am: Burnett

Tuesday, July 29 at 8:00am: Curtner

Wednesday, July 30 at 8:00am: Weller

Thursday, July 31 at 8:00am: Zanker

Registration is on a first come, first serve basis. Please be aware that due to the popularity of the program, spaces fill up quickly!

For more information contact
Milpitas Recreation Services at
(408) 586-3210 or visit us on the web at
www.ci.milpitas.ca.gov.

After the Bell (ATB) is an after school program offered to students in grades 1-6 at **Burnett, Curtner, Weller and Zanker Elementary Schools** from school dismissal until 6:00 pm, including minimum days!!

The ATB program is an extension of the classroom where specially trained and energetic staff stimulate the children's mind through fun and exciting learning activities. Children will receive homework help, participate in teambuilding games, enjoy creative activities and experience new recreational opportunities.

SAMPLE DAILY SCHEDULE

Here's a typical day at the After the Bell program. Please note some sites run slightly different but all sites follow this structure:

School Dismissal - 3:00pm - Free Play
3:00-4:00pm - Homework (M-Th) / Group Games (F)
4:00-5:00pm - Special Activity / Group Games
5:00-6:00pm - Free Play



2014 ATB Olympics



THINGS YOU NEED TO KNOW!

- Program hours are Monday-Friday from school dismissal until 6:00pm everyday school is in session (non-program days are listed below). During minimum days, the program will begin when school is dismissed until 6:00pm.
- A \$10 late fee will be charged starting at 6:01 pm, with an additional \$10 for every 10 minutes thereafter. Should the participant not be picked up within a half hour of the end of the program, the Milpitas Police Department will be contacted. **Late fees must be paid within three (3) business days of receiving the late fee notice, otherwise your child will not be allowed to return to the program.**
- Those listed as “Authorized Pick Up” are the only people students will be released to with a valid ID.
- The After the Bell program has implemented the Harvest of the Month and students will have a chance to taste different fruits and vegetables. Please notify the staff of any food allergies your child may have.

PROGRAM FEES

The After the Bell program fees have increased. Fees will now be calculated at \$8 per day. Those interested in enrolling in the program have the option of doing a payment plan or paying for the program in full.

All payments must be received on or before the deadlines listed below. Should a payment not be received by the deadlines listed below, your spot will be forfeited to the next person on the waiting list for the entire school year. There will be no grace period for payments!

To make your payments easier, you can pre-authorize us to charge your credit card according to the payment schedule. See the After the Bell registration form to make pre-authorized payments. Please make sure all credit cards on file are valid and current.

Fee	Due Date
\$1,440	Full payment when registering
or	
\$248	July 28-31, 2014 (Aug-Sept)
\$432	September 11, 2014 (Oct-Dec)
\$424	December 4, 2014 (Jan-Mar)
\$336	March 5, 2015 (Apr-June)

REGISTRATION

- Registration begins the week of Monday, July 28, 2014 at 8:00am at the Milpitas Sports Center.
- Registration is on a first come, first serve basis.
- Registration/Payments will not be accepted at the schools/program sites. Please register and make payment at the Milpitas Sports Center (1325 E. Calaveras Blvd.)
- An additional non-resident fee of \$20 for non-Milpitas residents (per registered child) is due with the first payment. For Milpitas residents please be prepared to show TWO proofs of residency.

NO PROGRAM/NON-SCHOOL DAYS

September 1: Labor Day
November 6: MUSD Staff Development Day
November 11: Veterans Day
November 27-28: Thanksgiving Break
December 22-January 2: Winter Break
January 19: Martin Luther King Jr's Birthday
January 29: MUSD Staff Development Day
February 16-20: February Break
March 30-April 3: Spring Break
May 4: Cinco de Mayo
May 25: Memorial Day

2014-2015 After the Bell Program Registration Form (One Child Per Form)

Participant's Name: First: _____ Last: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Child's Age/Grade: ____ / ____ Date of Birth: ____ / ____ / ____

Mother's Name: _____ Work #: (____) _____ ext. _____ Cell Phone (____) _____
(mother/guardian)

Father's Name: _____ Work #: (____) _____ ext. _____ Cell Phone (____) _____
(father/guardian)

Email Address: _____ Monthly Activity calendars will be emailed.

Class Registration Information

School Site: Burnett Curtner Weller Zanker

Total Fees Enclosed: \$ _____ Payment: Cash Check Credit Card

Credit Card Information: Type of Card: MasterCard VISA Name on Card: _____

Card Number: _____ Exp (M/Y): ____ / ____ Signature Authorizing Use: _____

I authorize this card to be charged for the balance due (per payment schedule) on 7/(28-31)/14, 9/11/14, 12/4/14, and 3/5/15.

Does the participant require any special accommodations to participate in this activity? If yes, a Recreation Services staff person will contact you. Yes No

Authorization of Leaving Site/Pick-Up Information:

- My child(ren) is allowed to walk home from the program each day. The earliest my child may leave the program is: _____ pm
- My child(ren) is not allowed to walk home from the program each day.

Names of Persons Authorized (other than parents) to take child from the program: (This child will not be allowed to leave with any other person without written authorization from parent or guardian. Please include those with whom your child may carpool. Should there be an emergency, and the child's parent is unreachable, this person will also serve as an emergency contact to whom your child can be released.) For the children's safety, all Parents/Authorized Persons must sign out participants daily.

Name	Phone	Cell Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND

I, _____ declare that I am the parent/legal guardian of _____. I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Milpitas harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. The undersigned further authorizes the administration of any first aid steps that may be deemed necessary by qualified personnel. I also agree, as a participant of any paid or free event, class, activity, or program, to grant full permission to the City of Milpitas to use my name and any photographs, videographs, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information is true and accurate. I have read, understand and agree to all of the policies of Milpitas Parks and Recreation Services' in regards to Refund/Cancellations, Transfers, Late Pick-Ups, Camp and Workshop Refunds/Transfers, Code of Conduct and Discipline Plan, and Class Cancellations and Wait Lists listed in the current Activity Guide, and/or on the back of this form. **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST THE CITY OF MILPITAS FOR NEGLIGENCE.**

Signature: _____ Date: _____

Print Name: _____ Parent Legal Guardian

OFFICE USE ONLY				
Date Rec'd	Staff	Resident	Non-Resident	Rct.#



Milpitas Recreation Services After the Bell Harvest of the Month Allergy Form

The After the Bell program has implemented the Harvest of the Month curriculum. This curriculum teaches students the importance of eating fruits and vegetables to live a healthy lifestyle. Each month, we will focus on one specific fruit or vegetable and teach students the origin, nutritional value as well as a tasting of the fruit or vegetable. Listed below are the various fruits and vegetables that will be showcased this school year. Please make sure to let us know of any food allergy your student may have.

**Please note that the information provided is confidential and will only be released to medical personnel should an emergency occur.*

GENERAL INFORMATION

Child's Name: _____ Age: _____ Grade: _____

School Site : _____

MEDICAL INFORMATION

Food Allergies: Yes _____ No _____

If yes, please list all allergies: _____

Medications: Yes _____ No _____

If yes, please list all medications: _____

Harvest of the Month: Apples, Kiwifruit, Pears, Persimmons, Tomatoes, Corn, Winter Squash, Summer Squash, Zucchini, Pumpkin, Cooked Greens, Radishes, Daikon, Turnips, Mandarins, Oranges, Grapefruit, Broccoli, Cabbages, Sweet Potatoes, Beets, Dry Beans, Avocados, Prunes, Dates, Figs, Raisins, Strawberries, Berries, Asparagus, Carrots, Peas, Spinach, Cucumber, Grapes, Melons, Peaches, Nectarines, Plums, Apricots, Pluots, Green Beans, Potatoes, Salad Greens, Cooked Greens, Peppers, Mushrooms, Lemons, Kumquats and Cherries. ***Please note the foods listed are the current offerings, new produce may be included in the food tasting activities so it is important that all food allergies are included on the form.**

