



# After School Program (ASP) & Teen Zone 2021/2022

ASP AM Kinder Fees*	Upfront	Payment Plan
Early Bird Kinders who end school at 11:30am and require early care (payment plan requires \$235 at registration)	<b>\$775</b>	<b>\$795</b>
ASP K-6th Program Fees*		
K-6 <sup>th</sup> graders who end at traditional school release time (payment plan requires \$135 at registration)	<b>\$675</b>	<b>\$695</b>
Teen Zone 7 <sup>th</sup> -12 <sup>th</sup> Program Fees*		
7 <sup>th</sup> -12 <sup>th</sup> grade. Does not include van transportation	<b>\$250</b>	<b>N/A</b>

### AFTER SCHOOL PROGRAM AND TEEN ZONE

- The After School Program (ASP) and Teen Zone operate Monday – Friday, 2:30 – 6p.m. and adheres to the same annual operating calendar as the Brea-Olinda Unified School District. We are closed on all non-school days.
- ASP will be open from 1:30 – 6p.m. on Wednesday to accommodate for the BOUSD's early release schedule.
- It is the parent's responsibility to notify ASP of any release time changes pertaining to an individual school's schedule.
- Participants from Laurel Elementary will be walked from Laurel to the Brea Community Center (BCC). Limited transportation is available for an additional fee for other schools. Please contact the Brea Resource Center at 714-990-7150 for qualifying information.
- Persons picking up are required to show photo ID to confirm identity.
- After 6 p.m. children are not permitted to wait in the main corridor, café, or outside areas of the Brea Community Center. After 6 p.m. parents will be charged \$2/minute. Late fees are due immediately.
- *Please note we do not offer before school care*
- ASP and Teen Zone is subject to change based on current COVID-19 and School Guidelines.

**Kinder:**

- AM Kinder who attend Laurel will be picked up by ASP staff members at 11:30 a.m. Transportation is NOT available to AM Kinder attending other schools, parents must find transportation to BCC.
- PM Kinder who attend Laurel will be picked up by ASP staff at 2:10 p.m. There is no additional charge for PM Kinder. Limited van transportation is available to PM Kinder. Please contact the Resource Center for qualifying information.
- There is no before school care for AM or PM Kinder.

**Jr. High:**

- Limited van transportation is available for an additional fee. Please contact the Resource Center for more information.
- There is no before school care for the Jr. High.

**An ASP newsletter with upcoming events and important information will be emailed monthly.**

Victoria Ugarte  
Community Services Specialist  
714.990.7179 (desk)

Mary Kathryn Mendoza  
Community Services Supervisor  
714.671.4427 (desk)

afterschoolprogram@cityofbrea.net or text 714-702-5589 (reaches both)

## 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
  - Nasal discharge
  - Any other contagious or communicable disease
  - 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
  - Loss of taste or smell
- 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.
- All participants who have been diagnosed with or are likely to have COVID-19 shall immediately quarantine themselves and may return after they completed 10 days of quarantine (from first day of symptoms) and have fully recovered and are free of all symptoms for at least 3 days (72 hours).
- All participants who have been in close contact with a person diagnosed with or likely to have COVID-19 shall quarantine themselves and may not return to the program for 10 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. This includes any participant that has had a positive case in their household.
- Participants may not attend program while they or anyone in their home is awaiting results of a COVID-19 test.
- **Before participants may return to program, they must be cleared for return from Victoria or Mary Kathryn. Please discuss all cases immediately with them.**

### FACE COVERINGS / MASKS

- All participants must wear a face-covering in program. We strongly encourage that your child also has a backup mask in their bag.
- Masks are optional for vaccinated adults doing business in the Brea Community Center. All staff are required to wear a face-covering.

### 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 regularly in program.
- Staff and children will maintain social distancing while inside program whenever needed/possible-especially when eating and when masks are off.
- 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.

# Important Info, Rules & Expectations

## ASP Program Overview

**Each day will consist of the following program areas that your child has the option of participating in:**

*These activities will be taking place within participants' groups.*

**Gym:** Many physical activities take place in the gym such as basketball, baseball, dodgeball, soccer, kickball, touch football, capture the flag, and relays.

**Games:** Participants enjoy PS4, Nintendo Switch, and a large variety of board games.

**Art Projects:** Kids create numerous art and craft projects throughout the year and have the opportunity to participate in various art experiences.

**Playground:** The playground provides a place to get fresh air and informal play on the jungle gym.

**Other special activities and clubs will be offered throughout the year for optional participation.**

## TEEN Zone Overview

The Teen Zone offers Brea Teens a place to socialize, participate in gym activities, and finish their homework. Teens also are able to play Nintendo Switch and PS4. Special Activities such as cooking clubs and local field trips will take place throughout the school year (Covid guidelines permitting).

## WHAT TO BRING

- **Water and snacks**

Each day participants need to bring multiple snacks (at least 2) and enough water for the afternoon or a refillable bottle. Food can NOT be refrigerated or heated up.

Our café will be open, and participants may purchase Café bucks from the front counter to buy snacks/drinks to have during program.

- **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. Your child is fully responsible for any personal property they bring to the program. 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.
- 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 text, if you know you will be late, is 714.702.5589.

- **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 text 714.702.5589.

## 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.



**2021/2022 After School & Teen Zone Programs**  
**City of Brea Community Services**

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

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

**PLEASE READ CAREFULLY**

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

\_\_\_\_\_  
*Print Minor Participant's Name*

The City of Brea ("City") has implemented preventative measures to protect participants in its summer child-care, drop-in, camp, and recreational programs (each, a "Summer 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 Summer 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 Summer 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 Summer 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 Summer 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 Summer 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 Summer 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 Summer 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

### **By signing this form, I understand that:**

- Brea ASP/Teen Zone is only available on scheduled Brea-Olinda Unified School District school days. Child care options may become available for an additional charge for off days, such as, holidays, teacher preparation days, or parent conferences.
- No refunds will be given for Brea ASP or Teen Zone unless the spot vacated can be filled.
- I have read and understand all the information provided me within this Packet.

I understand that participation in recreational activities offered by the City of Brea ("City"), including required transportation ("the Activities"), is not without risk and that I may suffer serious or fatal illness or injuries as a result. With full knowledge of such risks, and in consideration of being permitted to participate in the Activities, I hereby fully assume all risks, known and unknown, of illness and injuries, even if caused by the action, inaction, or negligence of the City or any City official, employee or volunteer ("Released Parties"), to the fullest extent allowed by the law. I further agree to indemnify, defend and hold harmless the Released Parties, with respect to any and all claims and liabilities for bodily injury, illness or death, in any way arising out of my participation in the Activities, to the fullest extent allowed by law. I hereby authorize the City to render emergency medical care if deemed necessary, and I further agree to pay all costs thereof. I further authorize the City to use any photograph, video or other image taken of me during the Activities, for any City purpose, without compensation.

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

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

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