



Student Name: _____
Rocky Point Discovery Club
ELO-P Adventures 2025-2026

Revised Registration Packets with New Dates 10/20/2025

Program Dates :

<input type="checkbox"/> August: 1st-8th (5 days) (6th No Program)	<input type="checkbox"/> October: 31st (1 day)
<input type="checkbox"/> November: 10 & 11, 24 & 25 (4 days)	<input type="checkbox"/> December: 29th-31st (3 days)
<input type="checkbox"/> January: 2nd & 19th (2 days)	<input type="checkbox"/> February: 16th-20th (5 days)
<input type="checkbox"/> April: 6th-10th (5 days)	<input type="checkbox"/> June: 8th-12th (5 days)

Times: 7:30am to 4:30pm

Pick Up/ Sign Out Policy

Dear Parents or Guardians,

Drop off:

The ELO-P Adventures program begins between 7:30am-8:30am. Students cannot be dropped off before 7:30am. **Students must arrive by 8:30am, unless they have an appointment or tutoring.**

Student Pickup :

For your child's safety, participants must be signed out daily by the parent or other adults on the registration form that are approved for pick up. A picture identification is required to pick your child up from ELO-P Adventure Program. The program ends promptly at 4:30pm. If your child has not been picked up by 4:30pm. The staff will try to contact the people authorized to pick up your child that are listed on your registration form.

At 4:45pm authorities will be contacted if you have not picked up your child. Repeated tardiness will result in the following procedure:

- 1st Tardy- Warning
- 2nd Tardy- You will be charged \$5 for the first five minutes and \$1 dollar for each additional minute thereafter.
- 3rd Tardy- Late fees and possible removal from ELO-P Adventure Program

Student Sign out:

The sign out tablet will be located at the Discovery Club office unless otherwise stated. You will need to use your 4 digit pin code in order to sign out your child. Signatures will be checked daily and repeat missing signatures will result in the following:

- 1-3 missing signatures- warnings
- 4 missing signatures- one-day suspension from the program
- 5 missing signatures- removal from the program

When signatures are missing the director has the option to check the student as "signed out", by the parent who picked up the student. If this is a recurring issue it still counts as missing signatures which follow the same results stated above.

I agree that my child will attend the ELO-P Adventure program during regular hours. I understand that it is my responsibility to communicate with the ELO-P Adventure Program when my child will not attend the program due to illness and family vacation. I understand that it is my responsibility to sign my child out on a daily basis.

Parent/Guardian signature

Date

Program Information and Rules

Registration Fee:

There are no registration fees for the summer session.

Student Supervision:

The program is staffed for TK/K students at a ratio of one group leader for every ten students, and for 1st-8th grade students at a ratio of one group leader for every twenty students. A site facilitator oversees and supervises the site's program. All staff are fingerprinted and screened by Rocky Point Charter School.

Student Safety:

The safety of your child is important to the Rocky Point Discovery Club staff. Therefore, please notify the staff of changes in your contact information throughout the year. (Rocky Point Discovery Club program staff do not have access to your child's school file after the school office closes).

Attendance:

Rocky Point Discovery Club ELO-P Adventure is funded by the Extended Learning Opportunities Program to provide after-school academic assistance and enrichment for students. As part of the legislature, we hope that students participate in the full nine hour program which begins at 7:30 A.M. and ends at 4:30 P.M. daily.

Discipline:

Participation in the Discovery Club ELO-P Adventure program is a privilege. All children are expected to follow the rules of the program. Continuous disruptive/ disrespectful behavior will result in the following procedure:

- 1st Pink Slip- Warning: Parent/Guardian contacted in person or by phone
- 2nd pink slip- 1 Day Suspension: Parent/Guardian conference
- 3rd Pink Slip- 1 week Suspension: Parent/Guardian conference- behavior contract
- 4th Pink Slip- removal from Rocky Point Discovery Club Program

Parent Support:

You are an important partner in the Rocky Point Discovery Club. We welcome your comments , questions, and feedback to continue to provide a program that ensures growth academically and socially. We highly encourage parents to visit, volunteer, donate supplies, and resources. Please contact the site coordinator at 530-722-7047.

Rocky Point Discovery Club ELO-P AdventureStudent Contract

Dear Parents or Guardians,

This form is to ensure that our students are aware of the rules and expectations of Rocky Point Discovery Club. This page is to be read and filled out by the student. If the student is unable to fill out and read this form, please ensure you read it to them and sign it.

Dear Student,

We are excited to welcome you to our program! To ensure a healthy, happy, and safe environment for everyone, we will ask you to follow some rules. It's important that our students are safe, responsible, and respectful to everyone. Please read the following rules. (Group Leaders may add to the list of rules. This is a general list).

1. All students must follow day school rules.
2. Students are not allowed to use cell phones in the Discovery Club. If a student has a phone regularly, they will need to see the Program Director for a phone contract.
3. Students must ask their Group Leader before they leave an area.
4. Students need to properly use school grounds and equipment.
5. There is no hanging or climbing on anything other than the playground.
6. Students need to be **Safe, Responsible, and Respectful.**

Our program strives to ensure our students are happy and respected as well. We hope that all students can follow the rules. However, if rules are repeatedly broken this may result in write ups and other consequences.

Student signature: _____ **Date:** _____

Parent/Guardian signature: _____ **Date:** _____



Rocky Point

Discovery Club
ELO-P Adventures

This Section For Office Use Only

PACKET NUMBER	
ORDER RETURNED	
DATE RETURNED	

Reg: Fee Paid: _____ Date Fee Paid: _____

Allergy/Medical Alert: _____

2025-2026 Rocky Point Charter,Discovery Club ELO-P Adventures Registration Form

Student Name: _____
 School Site: Rocky Point Charter School
 2025-2026 Grade: _____
 Teacher: _____
 Parent/Guardian: _____
 Day Time Phone: _____
 Cell Phone: _____
 Email: _____

Physical Address: _____
 Mailing Address: _____
 City,Zip Code: _____
 Parent/Guardian: _____
 Day Time Phone: _____
 Cell Phone: _____
 Email: _____

Please list any food allergies (i.e., Milk, Peanuts, etc.) Health conditions or allergies (i.e., Bee allergy) that staff should be aware of: _____

Please list any medications that your child is currently taking: _____

Doctor: _____ Dentist: _____
 Phone: _____ Phone: _____
 Hospital Preference: _____ Do you have Health Insurance? Yes: _____ No: _____
 Insurance Carrier: _____ Group Number: _____

Release Information

In case of an emergency, please contact the following persons if a Parent or Guardian is not available:

Name: _____ Name: _____
 Relationship: _____ Relationship: _____
 Home Phone: _____ Home: _____
 Work/Cell Phone: _____ Work/Cell Phone: _____

Please indicate how your child will be leaving Rocky Point Charter Discovery Club. (Please Circle One)

Walk or Bike

(Students will not be released to walk after 5pm)

Parent Pick Up

Please list persons authorized to pick up your child (must be over 16 years) with Photo ID:

Name(s)	Phone Number	Name(s)	Phone Number

I do not authorize Rocky Point after school programs to use photos of my child for projects and promotional purposes. (leaving the box blank gives Rocky Point Discovery Club permission to use your student's photos for project and promotional purposes.)

I have read, understand, and comply with the program rules and information. I hereby authorize Rocky Point Discovery Club staff to secure and sign for medical care for my child at my expense, in the event of an emergency,

Parent/Guardian Signature: _____ Date: _____