



# After School Program (ASP) & Teen Zone

**2025-2026**



ASP Early Kinder Fees*	Upfront	Payment Plan
<b>Early Kinders</b> who require earlier care before ASP's 2:30 pm start time (payment plan requires \$155 at registration & 8 payments of \$127). <i>Read below for transportation information.</i>	<b>\$1,141</b>	<b>\$1,171</b>
ASP K-6th Program Fees*		
<b>Kinder*-6th graders</b> who end at traditional school release time (payment plan requires \$150 at registration & 8 payments of \$98). <i>Read below transportation information.</i>	<b>\$904</b>	<b>\$934</b>
Teen Zone 7th-12th Program Fees*		
<b>7th-12th graders-</b> does not include van transportation	<b>\$400</b>	<b>\$410</b>
<b>Jr. High Transportation</b> (limited spaces available) Payment plan requires \$32 at registration & 9 payments of \$32.	<b>\$320</b>	<b>\$32/month</b>

- The After School Program (ASP) and Teen Zone **will run Thursday, August 14, 2025- June 2, 2026.** Programs run at the Brea Community Center, Monday – Friday, 2:30 pm – 6 pm, and adhere to the same annual operating calendar as the Brea-Olinda Unified School District. Programs are closed on all non-school days. **ASP and Teen Zone are only available to people who live in Brea or attend a school in Brea.** Please note we do not offer before-school care.
- ASP will be open from 1:30 pm – 6 pm on Wednesday to accommodate BOUSD's early release schedule.
- **Laurel Elementary participants** will be walked from Laurel to the Brea Community Center (BCC). Please note a second pick-up for any clubs or after school activities is **NOT** guaranteed. We will only be providing a second pick-up no more than twice a week if at least 10 participants are on the walk. If a second pick-up is offered it may be cancelled at any time.
- **ALL other elementary schools** - Van transportation is **NOT** included in the program fees. Limited van transportation is available for an additional fee for most other schools. Please contact the Brea Resource Center at 714-990-7150 for qualifying information and applications.
- It is the parent's responsibility to notify ASP of any release time changes pertaining to an individual school's schedule.
- Persons picking up are required to show photo ID to confirm identity.
- After 6 pm, children are not permitted to wait in the main corridor, café, or outside areas of the Brea Community Center. After 6 pm, parents will be charged \$2/minute per child. After the third offense, the fee becomes \$3/minute per child. Late fees are due immediately and your card on file will be charged the following date for any fees.

**Kinder:**

- Kinders who attend Laurel (and are enrolled in the early Kinder program) will be picked up by ASP staff members at 1:15 pm and transported to the BCC.
- Kinders must enroll in the Early Kinder program to be dropped off prior to 2:30 pm. Kinders\* who plan to attend at 2:30 pm\* or after may enroll in the regular ASP K-6 Program.
- Transportation is NOT available to Kinders attending other schools as they release earlier than the rest of the school. Parents must find their own transportation to BCC.

**Jr. High:**

- Limited paid van transportation is available. Paid spots will be available with registration on a first-come basis. Contact the Brea Resource Center about free income-based spots.

**A newsletter with upcoming events and important information will be emailed monthly to the email of the parent who registers.** Please keep an eye on your inbox (or spam folder).

**Jazmine Serna**, Community Services Specialist  
714.990.7179 (desk)

**MaryKathryn Mendoza**, Community Services Supervisor  
714.671.4427 (desk)

afterschoolprogram@cityofbrea.gov or text 714-702-5589 (reaches both Jazmine and MaryKathryn)

# 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. **Notify ASP/Teen Zone staff of any illness.**
- 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
  - A fever of 100 F or above
  - Vomiting
  - Tears, redness of eyelids w/ discharge
  - Sore throat or trouble swallowing
  - Headache or stiffness of neck
  - Nasal discharge
  - **COVID- 19** and any other contagious or communicable disease
  - Difficult or rapid breathing
  - Unusual spots or rashes
  - Yellow eyes or skin
  - Infected skin patches
  - Severe itching of body or scalp
  - Mouth sores with or without drooling
  - Loss of taste or smell

## Important Info, Rules & Expectations

### ASP Overview

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

**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 PS5, 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.

**Café:** Not only is the café open for the purchase of snacks, but the area around is open for games, time with friends and open art activities, etc.

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

### **ASP BEHAVIORAL MODIFICATION APPROACH:**

Generally, most behavioral issues with participants are handled with a verbal warning and discussion with staff members and/or breaks from program areas and activities (other minor consequences may apply too). If the issue continues or becomes excessive, parent contact will be made by the School Aged Programs Specialist.

More severe consequences due to physical, violent, and/or verbal behavioral problems will include: loss of activities, suspension from day(s) of program or expulsion from the program. The level of consequences will depend on the situation. The School Aged Specialist will work with the parents immediately with these situations.

Refunds may not be given due to disciplinary problems.

## TEEN ZONE Overview

The Teen Zone offers Brea Teens a place to socialize, participate in gym activities, and finish their homework. Teens also have access to age-appropriate movies, games, Nintendo Switch, and PS5. Special Activities such as cooking clubs and local field trips will take place throughout the school year.

### **TEEN ZONE BEHAVIORAL MODIFICATION APPROACH:**

Generally, most behavioral issues with participants are handled with a verbal warning and discussion with staff members and/or breaks from program areas and activities (other minor consequences may apply too). If the issue continues or becomes excessive, parent contact will be made by the School Aged Programs Specialist.

In the Teen Zone we have a Zero Tolerance Policy for physical violence and racist or bullying language. Severe consequences due to physical, violent, and/or verbal behavioral problems will include: suspension from day(s) of program or expulsion from the program. The level of consequences will depend on the situation. The School Aged Specialist will work with the parents immediately with these situations.

Refunds may not be given due to disciplinary problems.

### WHAT TO BRING for ASP and Teen Zone

- **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.
- **Café Cards**  
Our café will be open, and participants may purchase Café Cards from the front counter to buy snacks/drinks to have during program.
- **Personal belongings**  
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.** Items such as toys, cell-phones, and smart watches are not permitted to be used in program without staff permission. 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.
- Adults **MUST COME INSIDE** the building to pick-up participants. We will not be sending participants outside to waiting cars. Please do not text staff and ask to send participants outside for pick-up.
- **Photo ID's of the parent/adult picking up the participant will still be required. Only authorized persons are allowed to pick up participants.**

## **IMPORTANT THINGS TO KNOW**

### **Late pick-up**

The late pick-up fee is \$2 per/minute/per child past 6:00 p.m. The fee becomes \$3/minute/per child after the third offence. 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 Jazmine Serna 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 (this is a TEXT ONLY line).

## **ASP and Teen Zone PARTICIPANT RULES AND EXPECTATIONS**

1. Golden Rule: Treat others as you would have them treat you.
2. Always keep your hands and body to yourself.
3. Respect each other's personal space.
4. Name calling is unacceptable. No inappropriate language or subjects.
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.

## **NON- BOUSD SCHOOL DAYS**

ASP and Teen Zone adhere to the same annual operating calendar as the Brea-Olinda Unified School District. We are closed on all non-school days. Kid Care Solutions (for non-major holidays, teacher Prep Days and Thanksgiving Break) and Spring Break Day Camp is offered for an additional fee. Flyers will be sent out as each approach. You register for these at the Community Center Front Counter. No programs are offered on major holidays, or over Winter Break. Information will be sent out in the monthly newsletters. Space is limited.

## 2025/2026 After School & Teen Zone Programs City of Brea Community Services

<b>CHILD 1</b> Last Name:	First:	Middle:	Age:
School Attending:	Grade in Fall of 2025:	Gender:	Birthdate:
<b>CHILD 2</b> Last Name:	First:	Middle:	Age:
School Attending:	Grade in Fall of 2025:	Gender:	Birthdate:
<b>CHILD 3</b> Last Name:	First:	Middle:	Age:
School Attending:	Grade in Fall of 2025:	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*? _____ <i>(If yes please explain)</i>	
<input type="checkbox"/> Is there anything we should be aware of? _____ <i>(For example, any medical or behavioral diagnoses)</i>	
*If medications need to be delivered or supervised by ASP Personnel, please fill out a Physician's Request for Administration of Medicine form	

**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

**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: \_\_\_\_\_