

 **Student Information**

Student Name (Last, First)	Grade	Gender <b>M / F</b>	Birthdate
----------------------------	-------	------------------------	-----------

 **Pick-Up & Early Release**

Daily attendance is required of students participating in the After School Program. The After School Program requires that programs stay open until 6:00 p.m. and for 15 hours per week. However, it is understood that family commitments, health-related appointments, other outside activities, or safety issues will occur during the After School Program hours. For occasions such as these, you may request an early release time for your student to be picked up from program.

California Education Code Section 8483(a) states that:

1. Every after school program shall commence immediately upon the conclusion of the regular school day, and operate a minimum of 15 hours per week, and at least until 6:00 p.m. on every regular school day.
2. Enrollment priority is given to students who can attend daily. It is the intent of the legislature that elementary school pupils participate in the full day of the program every day school is in session, and that students in middle school or junior high school attend a minimum of nine hours a week and three days a week to accomplish program goals.

**Pick-Up Schedule.** My son/daughter will:

- Be picked up every day from program at \_\_\_\_\_ p.m.
- Be picked up weekly on the following days:  MONDAY at \_\_\_ pm  TUESDAY at \_\_\_ pm  WEDNESDAY at \_\_\_ pm  THURSDAY at \_\_\_ pm  FRIDAY at \_\_\_ pm
- Will walk home on the following days:  MONDAY at \_\_\_ pm  TUESDAY at \_\_\_ pm  WEDNESDAY at \_\_\_ pm  THURSDAY at \_\_\_ pm  FRIDAY at \_\_\_ pm
- During daylight savings walk home time:  MONDAY at \_\_\_ pm  TUESDAY at \_\_\_ pm  WEDNESDAY at \_\_\_ pm  THURSDAY at \_\_\_ pm  FRIDAY at \_\_\_ pm
- Will walk home on a daily basis at the dismissal time-6pm  Will ride the bus at \_\_\_\_\_ p.m. Route/Stop: \_\_\_\_\_.

**Early Release Justification:** My son/daughter cannot attend until the dismissal time because:

- My son/daughter receives district-sponsored transportation and must leave at a designated time.
- Our family schedule makes it difficult for my son/daughter to be picked up by the dismissal time.
- My son/daughter has other non-program obligations  Daylight savings time  Other: \_\_\_\_\_

**Mother or Guardian**

Last Name	First Name	Email	Employer
Home Address		City	Zip
Home Phone	Cell Phone	Work Phone	

**Father or Guardian**

Last Name	First Name	Email	Employer
Home Address (if different from Mother/Guardian)		City	Zip
Home Phone	Cell Phone	Work Phone	


Is there any COURT-MANDATED custody/visitation orders limiting access to this student?

- YES  NO **If Yes, please attach legal order.**

Student lives with:  Both Parents  Mother  Father  Legal Guardian

AB 1567 requires after-school programs to give first priority enrollment to pupils who are identified as homeless youth or foster youth. Please check this box if you are choosing to self-certify that your child is homeless youth or foster youth.

pg. 1 Parent Initial: \_\_\_\_\_ By initialing here, I, the parent/guardian certify that all information on this page is true and accurate.

 **Authorized Pick-Up & Emergency Contacts**

Below, indicate individuals that you permit to pick-up your student from the after school program. For safety reasons, your son/daughter will ONLY be released to the individuals listed below. Those picking up students may be asked to present ID before your student will be released from program. If you wish to add/change names, you must contact the after school program.

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

 **Medical & Emergency**

If your child requires medication at school, all medication sent to school must be in the original prescription container with a current date and the child's name.

MEDICATION	DOSAGE	HOUR(S) GIVEN

MEDICAL CONDITIONS				
Wears glasses/contacts <input type="checkbox"/> for board work <input type="checkbox"/> for reading <input type="checkbox"/> all times	Date of last eye exam	<input type="checkbox"/> Wears hearing aid(s)	<input type="checkbox"/> Diabetes	Insulin dependent <input type="checkbox"/> Yes <input type="checkbox"/> No
Severe allergies requiring <input type="checkbox"/> Epi-pen <input type="checkbox"/> Benadryl	Please explain type of allergy			
<input type="checkbox"/> Current Asthma	If checked: <input type="checkbox"/> uses inhaler <input type="checkbox"/> on daily medication	<input type="checkbox"/> Current seizures	If checked: <input type="checkbox"/> on medication	

Below, please explain any recent illnesses, hospitalization, surgery or any medical condition, which might require accommodation at school.

I/we, confirm that I/we are the parent or legal guardian of (student name)

\_\_\_\_\_, a minor, do hereby give authorization and consent to the Before School/After School Program to obtain emergency medical care and necessary transportation, including x-ray examination, anesthetic, medical or surgical diagnosis and emergency hospital which is deemed advisable by and is to be rendered under the general or specific supervision of medical and emergency room staff licensed under the provisions of the medicine practice act and the State of California Department of Public Health.

It is understood that effort shall be made to contact you or the emergency contacts prior to rendering treatment to the student, but that any of the above treatment will not be withheld if the undersigned or authorized adults cannot be reached. It is understood that your child will be taken to the nearest available hospital for emergency care, unless otherwise specified here.

\_\_\_\_\_ is my desired hospital.

I/we understand that the school district does not provide accident/medical insurance for students, and I/we further understand that all costs related to medical treatment may be my/our responsibility and not that of the school district or Fresno County Superintendent of Schools.



**Release and Permissions**

Student Name (Last, First)	Grade
----------------------------	-------

\_\_\_\_\_ By initialing here, I give my son/daughter permission to attend the After School Program beginning at the conclusion of the regular school day until the program’s dismissal or early release time. I am aware my son/daughter **must** be picked up by the dismissal time or have a documented early release time (see page 1). I understand anyone picking up my son/daughter may be required to provide identification to the after school program staff.

\_\_\_\_\_ By initialing here, I give permission for my son/daughter to be interviewed, photographed, and/or videotaped while participating in the After School Program. I am aware there are times the program may be featured in news stories and reporters, photographers, and/or film crews from television, radio stations, and newspapers may wish to interview my son/daughter. I understand that such photographs, video recordings, and/or reports will be property of the After School Program, and may be used **ONLY** for the purpose of documenting or publicizing the After School Program through print, web, and social media.

\_\_\_\_\_ By initialing here, I acknowledge I have read the attached After School Program attendance guidelines and program policies. I understand my son/daughter and parent/guardians must follow these guidelines and policies in order to participate in the After School Program.

\_\_\_\_\_ By initialing here, I give my permission for program staff to sign-out my son/daughter from program for reasons including but not limited to he/she is walking home, is picked-up early, or receiving district transportation.

\_\_\_\_\_ By initialing here, I permit my son/daughter to view movies during the after school program, in accordance with the school district’s policy. I understand that as part of the after school enrichment and classroom academic activities, instructors may occasionally show movies to the after school participants. The after school program will choose movies in accordance with the school district’s movie selection guidelines. This form will serve as a permission slip.

\_\_\_\_\_ By initialing here, I give my permission to my student(s) to sign themselves out of program to walk home or take district transportation.

\_\_\_\_\_ By initialing here, permit my student to participate in after school surveys. I understand that my student is being asked to be a part of an After School Program Student Survey, being administered through the Fresno County Superintendent of Schools. The survey will be given twice this school year, as a pre-survey in October and post-survey in May. This is a very important survey that will help us evaluate and improve the after school program, which offers your child activities designed to promote academic achievement and the development of positive social and emotional skills.

**Survey Content.** The survey gathers information on how well the after school program supports development of socio-emotional skills related to school success including growth mindset, self-perceptions of academic competence, self-regulation, school engagement, perceptions of social competence, self-efficacy, concern for others, and/or grit/perseverance.

**It is Voluntary.** Your child does not have to take the survey. Students who participate only have to answer the questions they want to answer and they may stop taking it at any time.

**It is Confidential.** The results from this survey will be compiled into county-level reports used for evaluation of the after school program. No individual student results will be reported. Results will be made available for analysis only under conditions of strict confidentiality. Your child’s last name and birthday will be asked on the survey form, only for the purpose of matching the pre-survey with the post-survey.

**Potential Risks.** There are no known risks of physical, psychological, or social harm to your child.

**For Further Information.** If you have any questions about this survey, about your rights, or do not want your child to participate in this survey, please call the Fresno County Superintendent of Schools, Department of Safe and Healthy Kids at 559-497-3887.

I declare that I am the parent/legal guardian of the named student and the information on this three page application is true and correct. I will notify the after school program if there are changes to any information stated in the application.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date	Phone Number