

SCHOOL: _____

| | |
|---|--|
| Please check applicable boxes, I'm interested in: | My child has the following: (select all that apply, provide documentation) |
|---|--|

| Child | Child's First Name, Last Name | Date of Birth | Grade Level in 2019-2020 | Before School | After School | Court Ordered Custody | Medical Alert | Food Allergy | 504/ I.E.P. |
|-------|-------------------------------|---------------|--------------------------|---------------|--------------|-----------------------|---------------|--------------|-------------|
| #1 | | | | | | | | | |
| #2 | | | | | | | | | |
| #3 | | | | | | | | | |
| #4 | | | | | | | | | |

| Parent Questions | Yes | No | For office staff Verified (initial) |
|---|-----|----|-------------------------------------|
| Have you applied for an <i>interdistrict or intradistrict</i> transfer for upcoming school year? If yes, please indicate school site: | | | |
| Is your student currently homeless and/or in foster care? | | | |
| Parent/legal guardian/foster parent is active military? <i>(Please provide evidence of parent or guardian's active military status, if applicable.)</i> | | | |
| AM PROGRAM ONLY. Is your child participating in the entire duration of the morning program? If no, please note that requesting a late arrival will bump your student to end of the list and may jeopardize your child's participation in our program. | | | |
| PM PROGRAM ONLY. Is your child participating in the entire duration of the after school program? If no, please note that requesting an early release will bump your student to end of the list and may jeopardize your child's participation in our program. | | | |

The above information is true to the best of my knowledge. I understand that the program may verify any information provided in this form. I further understand that falsifying or omitting any of the above information will disqualify my child(ren) from receiving Program services. I understand that completing this form does not ensure my child(ren) enrollment in the Program. Upon my child(ren's) enrollment, I understand that my child is to attend 5 days a week and is to stay in the program until the specified time. Irregular attendance may disqualify my child from the Program.

Print Parent/Guardian's Name

Parent/Guardian's Signature

Date

Extended Learning Program – Student Application Memorandum of Understanding

Welcome to the Extended Learning Program. We hope that we are able to meet all of your family's needs! An important requirement of the ASES Grant Program is that students utilize the program on a daily basis throughout the year. If you are unable to meet these requirements, your child(ren) may be unenrolled from the program, which will open a spot for another family in need. We understand these requirements are very strict and may be inconvenient at times; however, these are the policies given to us by the ASES Grant Program from the California Department of Education. Submitting an application does not guarantee enrollment.

Demand for the program will exceed program capacity at all school sites.

Minimum Attendance Requirements:

In accordance with the California Education Code Section 8483(a)(1) that provides funding for South Bay Union School District's Before and After School Programs, students are expected to attend the before and/or after school program every day for the full range of hours offered. Students who do not attend regularly may be subject to disenrollment. Elementary students are expected to attend the entire program every day it operates, with the exception of absences allowed under the Early Release Policy.

Thank you in advance for your cooperation. It is the District's and the provider's responsibility to enforce the ASES requirements with fidelity so we can continue to provide our services to families in the future.

Enrollment in the program is on a year-to-year basis! Students who are currently enrolled in the program or on a waitlist do NOT automatically rollover into the subsequent year's program. Submitting an application does NOT guarantee enrollment. Annually more students apply for the program than the allocated spots available. Space in the program varies at each school and is based on the funding that is apportioned from the state. Once a site program reaches capacity, a waiting list is established.

- The program honors a "package-deal" system. We will ensure all siblings within an immediate family are admitted into the program on the same start date, as long as every participant registered for the program during the initial registration period.

Enrollment in the Extended Learning Program is a privilege, not a right. ALL participants are expected to demonstrate satisfactory behavior in the Extended Learning Program.

APPLICATION Information

- Evidence must be verified for the application to be considered completed.
- Incomplete applications will not be processed.
- Priority for enrollment will be given to students according to Assembly Bill 1567: This bill, beginning July 1, 2017 would instead give first priority enrollment to pupils who are identified by the program as homeless youth, as defined, pupils who are identified by the program as being in foster care.

HEALTH HISTORY

This form is designed to meet the needs of individual children in our program. This is best accomplished by mutual planning by the parents and staff at the time of admission, as well as ongoing communication throughout each child's participation in the program. South Bay Union School District and community partners do not maintain health insurance for injuries to the participant that may arise from involvement in our before and after school programs.

Name of Child: _____

Does father live in home with child? Yes No Does mother live in home with child? Yes No

Emergency Information:

Family Physician _____ Address _____ Phone (____) _____

Medical Provider Name _____ Child's Medical Record Number _____

Does your child have any medical conditions or allergies? If so, please list: _____

Date of last physical/medical examination: _____

If your answer is "Yes" to any of the following questions in Section I through V, please complete a Service Plan Form.

Section I. BEFORE & AFTER SCHOOL CARE

Yes No Is there a problem with your child participating in physical activities?

Yes No Is there a problem with your child being transported on field trips without special equipment?

Section II. SNACKS AND MEALS (The District's Wellness Policy is strictly enforced at the Program.)

Yes No Does your child have allergies to certain foods?

If yes, please complete a medical statement and return to school site Health Clerk.

List foods: _____

Yes No Does your child have allergies to medications or drug reactions?

List medications: _____

Section III. MEDICATION (Adhering to District policy, the staff does NOT administer medication.)

Yes No Does child take prescribed medication? If yes, what kind and any side effects?

Yes No Does special apparatus need to be used to administer this medication? If so, what?

Section IV. IS YOUR CHILD SUBJECT TO:

Yes No Colds

Yes No Sore throat

Yes No Fainting spells

Yes No Bronchitis

Yes No Convulsions

Yes No Cramps

Yes No Allergies

Section V. DOES YOUR CHILD HAVE OR HAS EVER HAD:

Yes No Heart trouble

Yes No Asthma

Yes No Lung trouble

Yes No Sinus trouble

Yes No Hernia (rupture)

Yes No Appendicitis

Yes No Appendix been removed

Is there a medical diagnosis for the conditions that require accommodation? _____

Does the child have any special problems/fears/needs? (Explain)

Has this child ever received any special education services during the regular school day? (Example: IEP or 504 Plan)

Yes No

If yes, please describe the services provided for the child? _____

What is the primary language spoken in the child's home? _____

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Parent/Guardian Name _____ Residing at the same house? Yes No

Address _____ City _____ Zip _____

Employer _____ Cell (____) _____ Work (____) _____ Home (____) _____

Email _____

Parent/Guardian Name _____ Residing at the same house? Yes No

Address _____ City _____ Zip _____

Employer _____ Cell (____) _____ Work (____) _____ Home (____) _____

Email _____

Student lives with: (select all that apply)

Aunt Brother Father Foster Parents Grandparents Guardian Mother Sister Uncle

Other (relationship to students) _____

In the event of an emergency and the parent/guardian cannot be reached, please list emergency contact or persons authorized to pick up your child. Authorized adults (18 and over) MUST present a valid form of identification to the program staff upon signing the student out. In an emergency the staff will make every effort to contact the parent/guardian or designee. If unable to do so, the parent/guardian signature on this document gives permission for the administration of first aid and/or emergency medical treatment that is in the student's best interest. The parent/guardian is responsible for payment of emergency medical treatment.

It is the parent/guardian responsibility to update any information if anything changes.

1. **Name** (First & Last as it appears on ID) _____ Relationship to Student _____

Address _____

City _____ Zip _____ Phone (____) _____ Work Phone (____) _____

I authorize this person to receive/sign documents in matters relating to the student's medical, behavior, and academic status
(Please check all that apply).

2. **Name** (First & Last as it appears on ID) _____ Relationship to Student _____

Address _____

City _____ Zip _____ Phone (____) _____ Work Phone (____) _____

I authorize this person to receive/sign documents in matters relating to the student's medical, behavior, and academic status
(Please check all that apply).

3. **Name** (First & Last as it appears on ID) _____ Relationship to Student _____

Address _____

City _____ Zip _____ Phone (____) _____ Work Phone (____) _____

I authorize this person to receive/sign documents in matters relating to the student's medical, behavior, and academic status
(Please check all that apply).

PARENT CONSENT FOR PARTICIPATION

Please **INITIAL** each sentence indicating that you have read and understand:

_____ I grant permission for my child(ren) to **participate in all activities** of the Extended Learning Program, including the use of any and all program equipment.

_____ I give consent for **photography or videography** in which my child(ren) appear to be used for program purposes.

_____ I understand **regular attendance is required** to avoid disenrollment and to prevent the program from losing funding.

_____ I understand that **receiving four unexcused early releases, late arrivals, late pick-ups or absences may result in disenrollment from the program.**

_____ I hereby give my consent for Extended Learning Program staff to **discuss my child's academic and behavior progress with school personnel** to determine areas of need. I understand that information about my child's progress in school, as well as surveys given to parents, teachers, and administrators, may be used to evaluate the program and that those data shall remain confidential and my child's name shall not be released or identified under any conditions.

_____ I understand the Extended Learning Program provides a safe environment to help children succeed in school, learn new skills, participate in community service projects, and have fun. These programs must be evaluated to receive funding. Therefore, **I authorize school district staff to provide information to the Extended Learning Program staff regarding my child's progress and academic performance or to share ways to assist him/her with class work, homework assignments or areas of concern.**

_____ In order for the Extended Learning Program staff to provide adequate care **I understand that my son/daughter must check in immediately before and/or after school. Staff will not be responsible for any students who do not sign in or who leave the program without permission before the scheduled time.**

_____ I understand that it is the responsibility of the child to **keep up with all of their personal items.** The South Bay Union's Extended Learning Program and its official community partners **will not be held liable for any personal items that are lost or stolen.** Please have your child leave toys, video games, cell phones etc. at home. This will keep the object(s) from becoming lost, stolen or broken. In addition the South Bay Union's Extended Learning Program and its official community partners cannot be held **liable for any musical instruments that are misplaced, damaged or lost.** All students should keep their musical instruments with them at all times or make arrangements for them to be picked up prior to program.

_____ I understand that the Extended Learning Program staff and all agencies involved assume **no responsibility for my child(ren) upon the conclusion of the program each day.**

_____ **I will adhere to the California Department of Education's Minimum Attendance Regulations. I also understand that my child's spot in the program will be given to another family in need, if I do not adhere to the Minimum Attendance Regulations.**

_____ I understand there are **NO late pick-up's beyond the 6:00 pm closing time.**

_____ I acknowledge that **it is a privilege to be a part of the Extended Learning Program, not a right.** We expect all children, staff, and adults to **show respect for one another.** Failure to adhere to this rule will cause the student to be removed from the After School Education and Safety Program.

_____ I understand that my child **is required to participate in enrichment activities** (example: music, dance, arts education, karate).

_____ I understand that the before and after school staff will facilitate a designated homework period and that **homework completion is not guaranteed.**

_____ I am committed to partnering with the Extended Learning Program staff by **checking my child's homework daily.** If homework is not complete, I will assist my child in its completion at home.

Discipline Policy

The aim of the Extended Learning Programs is to guide, teach, and counsel students in self-responsibility. Students are expected to exhibit behavior in accordance with their maturity. Discipline is progressive, and there are consequences for students who are unable to respond to continued efforts toward self-direction. Our ultimate goal is to help students make positive choices, and to guide them as they do this. As a participant in the program your child will be at school for up to a total of ten hours. **This long period of time can be difficult and may be challenging for some children.**

In accordance with our Positive Behavior Support System, students are expected to be responsible, respectful and safe during our program.

Students who do not follow program expectations receive interventions and consequences to improve their behavior so that all students can enjoy a safe and positive learning environment. Staff first corrects their behaviors through a variety of general methods. For students who do not respond to these techniques, Tier I interventions are provided and a Tier I intervention form is issued. Tier I interventions generally include positive practice, modeling, additional learning activities, and/or behavior packets coupled with parent communication of the behavior. If a student receives 5 Tier I intervention forms for the same behavior or exhibits a more serious or dangerous behavior, a Tier II Referral is issued.

A Tier II is a referral to an area supervisor and typically includes further consequences such as removal of privileges, more involved learning opportunities, and possible suspension coupled with parent communication from program staff of the Boys & Girls Club of South County.

_____ I understand and agree to the above **disciplinary policies and procedures.**

_____ I UNDERSTAND THAT South Bay Union School District and its official community partners are not liable for incidents involving my child which occur before and/or after his/her authorized arrival and/or departure time. As a part of this free program, I agree to participate in student and parent surveys that are required by the State of California.

Professional Standards & Expectations for Staff and Guardians

To ensure that we establish and maintain a positive environment and working relationships with you and your child, we have established norms that foster positive communication between staff and families.

As staff and parents we will:

- Assume positive intent in others actions and words.
- Be respectful and cooperative in our interactions.
- Communicate early, often, and when we are not upset.
- Be Safe, Responsible and Respectful.
- Use appropriate language and tone of voice with students, staff, and adults.
- Respect school property and the personal property of others.
- Use positive language, reinforcement, encouragement, redirection, and reminders to guide students and/your child.
- Follow directions, school rules, program schedules, and expectations.
- Support others in providing a positive and safe environment for all students.
- Ask for help or clarification when there is a conflict or difficulty.

I have read the norms above. I agree to work together with the staff for the benefit of the program and my child's well-being. Infractions can be reported to the program's Supervisor or site administrator. I understand that failure to abide by the norms may result in losing the privilege of attending the Extended Learning Program for my child. I have read and acknowledged the requirements of the Extended Learning Program and will abide to them to the best of my ability.

Print Parent/Guardian's Name

Parent/Guardian's Signature

Child's Name

Date