

After-School Program Enrollment Form (2020-2021)

Student Name (Last, first): _____ Birth Date: ____/____/____
Home Address: _____ City: _____ State: ____ Zip Code: _____
Mailing Address if different from above: _____ Home Phone: _____
Student's Primary Language: _____ Grade: _____ Gender: ____F ____M

So we may better serve your child, please advise us of any allergies or medical needs, Please be specific.
____ My Child does not have allergies and/or medical needs ____ My child DOES have allergies and/or medical needs.

If yes please explain: _____

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

Home mailing Address (if different than Student): _____

Cell Phone: _____ Relationship to Student: _____

Name of Person to call in case of Emergency: _____ Home Phone _____

Work Phone: _____ Cell Phone: _____ Email: _____

Relationship to Student: _____ Permission to Pick up student? ____Yes ____ No

Secondary Person to call in case of Emergency: _____ Home Phone _____

Work Phone: _____ Cell Phone: _____ Email: _____

Relationship to Student: _____ Permission to Pick up student? ____Yes ____ No

Student Background:

____American Indian ____Alaska Native ____Asian ____White (non Hispanic) ____Pacific Islander ____Hispanic ____Black/African American (non Hispanic)

Does your child have any type of disability? ____No ____Yes- Description: _____

Early Release Policy

I understand that the intent of the BCOE After-School Program is to keep my child safe and engaged in meaningful activities after school each day until around 6:00 p.m. Our policy is to release students from one safe environment to another safe environment-specifically, from the Program into the custody of a parent or guardian. If another arrangement needs to be made in an exceptional situation (i.e. , dental or doctors appointment, last available bus, special activity or other organized function); please let us know in advance and specify reason for early departure on the sign in/out sheet. I understand and agree to comply with the Early Release Policy.

Parent-Student Handbook:

The Parent-Student Handbook is online at <https://www.bcoe.org/o/bcoe/page/expanded-learning-butte-co> Signing the enrollment form validates that you have read and reviewed the handbook with your student and that you understand the policies and procedures. A hard copy may be obtained from your student's After-School Program Site Coordinator.

Enrollment Policy

As you may already know, most of our sites have a waiting list of those students wanting to attend. In accordance with Assembly Bill 1567, first priority enrollment is given to pupils who are identified by the program as homeless, and to pupils who are identified by the program as being in foster care, and 2nd priority enrollment for programs serving middle and junior high school pupils, to pupils who attend the program daily. Students who attend our program on a regular basis will receive priority participation. Students who do not attend on a regular basis may be in jeopardy of losing their position in the program to a student on the waiting list that can and will attend regularly.

Please check all that apply below and sign your name.

Please check one of the following:

____ My child will walk or ride a bike home from the program. ____ I will pick up my child from the program. ____ Other

We may place articles in local newspapers and/or various media to inform the community about the program.

____ Yes, my child has my permission to be photographed or videotaped (pictures may be used in the newspaper or other media).

____ No., my child does not have my permission to be photographed or videotaped.

On an annual basis students are asked about their attitude toward our program. Their responses are confidential and never reported in association with their name. Before your child can complete the survey, we need your permission.

____ My child has my permission to participate in the survey and the Program.

____ My child does not have my permission to participate in the survey, but may participate in this Program.

My child currently participates in the following education programs at school:

____Migrant Education ____ESL/LEP ____Special Education ____Intensives

My Child Is homeless and /or a Foster youth ____No ____Yes

My child currently has health insurance coverage: ____ No ____Yes Type: _____ Number: _____

Signature of Parent or Guardian

Date: