

Los Angeles Unified School District BEYOND THE BELL BRANCH BEFORE AND AFTER-SCHOOL PROGRAM **APPLICATION/AGREEMENT**

	F	or Staff	f Use O	nly			
DISTRICT ID NUMBER							
SCHOOL YEAR							

SCHOOL OF A	ATTENDANCE:
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SCHOOL OF AT	TENDANCE:				
Program Applying	for: (Only check of	one)			
BEFORE-SCHOOL		AFTER-SCHOOL		OTHER PROGRAMS	
Ready-Set-Go! (RSG)	Youth Services	Grant Funded Program (A Name of Program	SES/21st CCLC/ASSETs)	Name of Program	
APPLICANT					
PRINT NAME CLEARLY	FIRST	M.I. LAST	DATE	OF BIRTH MONTH DAY YEAR GRADE	
	Street Addri	ESS	APT#	CITY ZIP CODE	
PARENT(s)/GUA	ARDIAN(s)				
	PARENT'S/GUAR	DIAN'S NAME		PARENT'S/GUARDIAN'S NAME	
Print Name:		FIRST M.I. LAST	Print 1	NAME: FIRST M.I. LAST	
PHONE NUMBER ((MAIN)	PHONE NUMBER (OTHER)	PHONE NUMBE	R (MAIN) PHONE NUMBER (OTHER)	
EMERGENCY C	ONTACT/REI	LEASE INFORMATION (pro	ovide a minimum of two contac	(*)	
#1: RELATIONSHIP		NAME (FIRST LAST)	PHONE NUMBER(S)	Address (STREET CITY ZIP)	
#2: RELATIONSHIP		NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)	
#3: RELATIONSHIP		NAME (FIRST LAST)	PHONE NUMBER(S)	Address (STREET CITY ZIP)	
 I/We authorize the Bas an Emergency Cont 	Beyond the Bell Be tact/Release Infort	fore/After-School Program (BASF nation. The above listed individua	P) to contact, and if necessary als must be 18 years or older.	, release my child to any of the above individuals liste	
• I/We give my permis	ssion for my child	to be filmed or photographed. I un	nderstand that all film or pho	tos are the sole property of the BASP, and may be use	
		program, or for printed materials		BASP. tion records under the Family Educational Rights an	
Privacy Act and allow participate in BASP pr	for the Los Angel	es Unified School District to disclo	se such information only to the	ne extent and for the duration necessary for my child	
Program to serve pupi gives priority enrollme	ils in kindergarten ent in after school	and grades 1 to 9, inclusive, at par programs and before school progr	rticipating public elementary ams to pupils in middle schoo	ablishes the After School Education and Safety , middle, junior high, and charter schools. The act ol or junior high school who attend daily. Pupils who	
• •	-	ss youth or as being in foster care ble): \Box Homeless Youth \Box Fo		arents/guardians may indicate this information below	
		<i>'</i>			
• Does your child have	e any food allergies	s? If so, please specify:			
ACKNOWLEDGI	EMENT				
PARENT'S/GUARDIAN'S NAME (PRINT)		(PRINT)	PARENT'S/GUARDIAN'S SIGNAT	URE DATE	
PARENT'S/GUARDIAN'S NAME (PRINT)		(PRINT)	PARENT'S/GUARDIAN'S SIGNAT	URE DATE	
SITE COORDINATOR'S NAME (PRINT)		(PRINT)	SITE COORDINATOR'S SIGNATURE	URE DATE	