

<b>For Staff Use Only</b>									
DISTRICT ID NUMBER									
_____									
SCHOOL YEAR									

**BEFORE AND AFTER SCHOOL PROGRAM APPLICATION/AGREEMENT**

**SCHOOL OF ATTENDANCE:** \_\_\_\_\_

<b>Program Applying for:</b> (check one)				
<b>BEFORE-SCHOOL</b>		<b>AFTER-SCHOOL</b>		<b>OTHER PROGRAM</b>
<b>Morning Program</b>	<b>Youth Services</b>	<b>Grant Funded Program</b>		<b>Name of Program</b>
Name of Program _____	Name of Program _____	Name of Program _____		Name of Program _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**APPLICANT** (PRINT CLEARLY)

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH:	MONTH	DAY	YEAR	GRADE
STREET ADDRESS		APT #	CITY			ZIP CODE	

**PARENT(S)/GUARDIAN(S)**

PARENT/GUARDIAN NAME		PARENT/GUARDIAN NAME	
FIRST NAME	LAST NAME	FIRST NAME	LAST NAME
PHONE NUMBER (MAIN)	PHONE NUMBER (OTHER)	PHONE NUMBER (MAIN)	PHONE NUMBER (OTHER)
EMAIL ADDRESS		EMAIL ADDRESS	

**EMERGENCY CONTACT/RELEASE INFORMATION** (provide a minimum of two contacts)

#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 understand the Beyond the Bell Before/After School Program is available to students attending an LAUSD school.
- I/We authorize the Beyond the Bell Before/After School Program to contact, and if necessary, release my child to any of the above individuals listed as an Emergency Contact/Release Information. The above listed individuals must be 18 years or older.
- I/We give my permission for my child to be filmed or photographed. I understand that all film or photos are the sole property of BTB, and may be used in displays to the public, to publicize the program, or for printed materials published by and/or for BTB.
- I/We hereby consent to the disclosure of personally identifiable information from my child's education records under the Family Educational Rights and Privacy Act and allow for the Los Angeles Unified School District to disclose such information only to the extent and for the duration necessary for my child to participate in BTB programs.
- The After School Education and Safety (ASES) Program Act of 2002, enacted by initiative statute, establishes the After School Education and Safety Program to serve pupils in kindergarten and grades 1 to 9, inclusive, at participating public elementary, middle, junior high, and charter schools. The act gives priority enrollment in after school programs and before school programs to pupils in middle school or junior high school who attend daily. Pupils who are identified by the program as homeless youth or as being in foster care will be given first priority. Parents/guardians may indicate this information below:
- Pupil designation (please check if applicable):  Homeless Youth  Foster Care
- Does your child have any physical, emotional, and/or learning difficulties? If so, please specify: \_\_\_\_\_
- Does your child have any food allergies? If so, please specify: \_\_\_\_\_

**ACKNOWLEDGEMENT**

PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE	DATE
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE	DATE
SITE COORDINATOR NAME (PRINT)	SITE COORDINATOR SIGNATURE	DATE