



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

For Staff Use Only

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DISTRICT ID NUMBER

SCHOOL YEAR

SCHOOL OF ATTENDANCE: _____

Program Applying for: <i>(Only check one)</i>			
BEFORE-SCHOOL	AFTER-SCHOOL		OTHER PROGRAMS
Ready-Set-Go! (RSG)	Youth Services	Grant Funded Program (ASES/21 st CCLC/ASSETs) Name of Program _____	Name of Program _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT(S)

 PRINT NAME CLEARLY *FIRST M.I. LAST* _____
 APPLICANT'S EMAIL ADDRESS DATE OF BIRTH GRADE

 STREET ADDRESS APT # CITY ZIP CODE

PARENT(S)/GUARDIAN(S)

MOTHER'S/GUARDIAN'S NAME		FATHER'S/GUARDIAN'S NAME	
PRINT NAME: <i>FIRST M.I. LAST</i>		PRINT NAME: <i>FIRST M.I. LAST</i>	
MOTHER'S/GUARDIAN'S EMAIL ADDRESS		FATHER'S/GUARDIAN'S EMAIL ADDRESS	
PHONE NUMBER (MAIN)	PHONE NUMBER (OTHER)	PHONE NUMBER (MAIN)	PHONE NUMBER (OTHER)

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 authorize the Beyond the Bell Before/After-School Program (BASP) 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 the BASP, and may be used in displays to the public, to publicize the program, or for printed materials published by and/or for the BASP.

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 BASP programs.

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

_____ MOTHER'S/GUARDIAN'S NAME (PRINT)	_____ MOTHER'S/GUARDIAN'S SIGNATURE	_____ DATE
_____ FATHER'S/GUARDIAN'S NAME (PRINT)	_____ FATHER'S/GUARDIAN'S SIGNATURE	_____ DATE
_____ SITE COORDINATOR'S NAME (PRINT)	_____ SITE COORDINATOR'S SIGNATURE	_____ DATE