



Buena Park School District ASES Program

The Buena Park School District is offering a great opportunity for 2nd through 8th grade students to participate in the ASES program, which is an exciting educational after school support program. ASES is aligned to the regular classroom and provides academic support, enrichment, and recreation five days a week.

Students will receive educational support that assists them in reading comprehension. They will also receive daily homework help and enrichment activities. An afternoon snack is provided daily for all ASES students before they are dismissed to their scheduled classes. Once approved to attend, your student will meet in the cafeteria right after school to sign in and be assigned to their appointed classes.

ASES is open every day that school is in session. Daily attendance is required in order to keep your child in the program. To get the most out of the program, students are also required to stay the entire time. **ALL students must be picked up by a parent or designee with a driver's license or photo I. D. that matches the information on the Emergency Card by 6:00pm.**

Reminders: We CLOSE at 6:00pm (6:15pm at BPJH) every day that school is in session. Please read the Parent Handbook for policies and procedures and sign it. Keep your contact information up-to-date with ASES.

Once you complete your application form, please turn it back to the district office and you will receive notification if your student is approved to attend. **If you do not hear from us, that means your child was not approved.**

ASES is available to all students, however, priority will be given to students who are struggling academically in reading or homeless.

Space is LIMITED!!!! Turn your application in as soon as possible!! Remember this program is designed to support your child in reading!

If you have any questions, please feel free to call our office.

Sincerely,

Kaivan Yuen, Ed.D.
Director of Student Programs & Staff Development
Buena Park School District
6885 Orangethorpe Ave
Buena Park, CA 90620
(714) 736-4288



After School Program
"Leading today's youth in a positive direction"

EMERGENCY INFORMATION

A.S.E.S Program 2017/2018

Please Circle Your Student's Current School:

Beatty Corey Gilbert Pendleton Whitaker BPJH

Please Print

Child's Name: _____
(Last Name, First Name) Sex _____ Date of Birth ____/____/____ Grade next year _____
_____ _____ _____ _____
Home Address City Zip Code Home Phone

Father's Name (Please Print) _____ Employer _____ City _____ Work Phone # _____

Mother's Name (Please Print) _____ Employer _____ City _____ Work Phone # _____

Student lives with: (Circle one) Both Parents Mother Only Father Only Legal Guardian

Court Order: Please submit up to date custody documents if applicable to ASES Lead. Staff only: Yes No

List in calling order **FOUR PERSONS IN THE AREA** who will assume care of your child if you cannot be reached, or in the event of an emergency. Child will be released only to those named.

NAME	ADDRESS	RELATIONSHIP	PHONE

IMPORTANT MEDICAL INFORMATION REQUIRED

Please list child's information regarding health problems (allergies, routine medications, dosage, etc.)

Asthma _____ Diabetes _____ Epilepsy _____ Other _____

Medication. Please list any medication that your child is currently taking and dosage:

Should there be a serious problem and I cannot be reached, I authorize ASES to call the physician listed below and to follow his instructions.

Local Physician _____ Address _____ Phone Number _____

If it is impossible to contact this physician, ASES may make whatever arrangements seem appropriate. ___ Yes ___ No

Please Note: ASES cannot assume responsibility for the payment of physicians' fees or health expenses.

Is there a restraining order regarding this child/children? ___ No ___ Yes: _____

Please Note: ASES staff will not be responsible for joint custody issues. Parents are responsible for determining who will pick up children. If there is a restraining order regarding your child, please notify the staff.

Please initial _____

I certify that the information provided on card are true and correct statements of contact information.

Parent Name: _____ Signature: _____ Date: _____

• Please always keep ASES updated with any changes to the above information.

**Buena Park School District
A.S.E.S. Program**

Dear Parent/Guardian,

In order to provide a safe checkout procedure for students, please check one of the choices below. For students who will be picked up at their school site, only the parent/guardian or designees that are listed on the emergency card will be able to sign the student out. **A valid driver's license or I.D. will be needed at the time of check out before a student can be released from ASES.** Students who ride the school bus will be dropped off at their regular bus stop at the conclusion of the ASES Program.

Please complete the bottom of this letter and return it with the enclosed packet. It is very important that we know how your children will be getting home. **If something changes, please notify the A.S.E.S. staff as soon as possible.**

Thank you,



Kaivan Yuen, Ed.D.
Director of Student Programs & Staff Development

A.S.E.S. Checkout

Please complete and return this portion of the letter. Remember students are not allowed to walk home by themselves after ASES.

_____ My Child will **RIDE THE BUS** each day and get off at his/her regular bus stop.

OR

_____ My Child will be **PICKED UP** each day by a parent/guardian or designee on the emergency card.
MUST SHOW I.D.

Student Name: _____ Grade: _____ School: _____

Parent Signature: _____ Date: _____