

Please Return to your child's school by: June 15, 2018 or District Office by July 19, 2018

McKinleyville Union School District
21st CCLC– After School Program Application Form 2018-2019
School Attending Next Year: _____

This application DOES NOT guarantee acceptance.

Priority for enrollment in the program is based on the following factors: student need, family financial need, parent work and school schedule, foster and homeless youth status. An effort is made to keep siblings in the same household enrolled together. Currently enrolled students must reapply. Those not accepted will be put on a waiting list.

Use a separate form for each child

Student Last Name _____ First Name _____

Birth Date _____ Male/Female/Other _____ Grade in 2018-19 _____

Address _____ City _____ Zip _____

Parent/Guardian Name (child lives with) _____ email _____

Siblings _____

School(s) Attended by Siblings _____

Are Siblings Also Applying for this Program? : Y / N (circle one)

Is this child: A homeless youth? Y / N (circle one) A foster child? Y / N (circle one)

Phone #1 _____ Phone #2 _____

Parent 1 employer _____ Phone _____ Days and hours _____

Parent 2 employer _____ Phone _____ Days and hours _____

Does your child live with another parent part of the time? Y / N (circle one)

Which days with you? _____ With other parent? _____

Other parent name _____

Address _____

Employer _____

Phone #1 _____ Phone #2 _____

Why is enrollment in the after school program important for your child?

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Transportation

How will your child get home? will walk _____ will be picked up at _____ p.m.

Only these people are authorized to pick up my student (include any family members, friends, or older siblings):

Name _____ Phone #1 _____ Phone #2 _____

Name _____ Phone #1 _____ Phone #2 _____

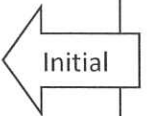
Name _____ Phone #1 _____ Phone #2 _____

We will not release your child to anyone else without your permission. Photo ID is required to pick up your child.

The school has my permission to use (please initial your answer):

Film/Photos- photographs of film of my child in after school projects. Yes _____ No _____

Data- attendance and test data about my child for evaluation purposes. Yes _____ No _____



Medical History

List your child's allergies (to food or medication), medical conditions, and current medications.

Emergency Contacts:

These people should be available during the after school program, between 2-6 p.m.

Name _____ Phone #1 _____ Phone #2 _____

Name _____ Phone #1 _____ Phone #2 _____

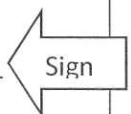
Name _____ Phone #1 _____ Phone #2 _____

Doctor's Name _____ Clinic _____ Phone _____

Medical Treatment

I give permission for emergency medical treatment of my child if necessary.

Signature Parent/Guardian _____



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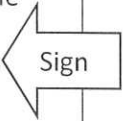
Program Hours: Open immediately after school until 6:00 p.m.

Pick up your child before 6:00 p.m.

Early Release Policy

The program requires that first priority is for students who can attend the program every day. A student may be released early due to: *a family emergency, catastrophic incidents, medical appointments, weather conditions (especially if the child walks home), accidents or Injury/illness that occur during program (staff will call parent or guardian), transportation concerns, sports events, parallel activities, and other condition (especially regarding safety) as prescribed by the school. Discuss any issues with the site coordinator. (You are also agreeing to pick up your child if he/she becomes sick or is injured during program.)* Frequent early pickup may result in your child being exited from the program. Education Code 8483. I agree to the early release policy and understand that continuing enrollment in the program is dependent on regular attendance

Signature Parent/Guardian _____

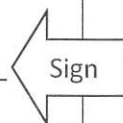


RELEASE And WAIVER OF LIABILITY

McKinleyville Union School District contracts with a number of community organizations and agencies including the McKinleyville Community Service District Parks and Recreation Division. The following Release and Waiver of Liability applies to McKinleyville Union School District and all contracting organizations/agencies.

In consideration for permitting my child to participate in after school-extended day activities, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may accrue as a result of my child's participation in said activities. I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that participants in the above activity occasionally sustain mortal or personal injuries and/or property damage as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to let my child participate in said activity and I hereby agree to assume any and all risks of injury or death and to release and hold harmless McKinleyville Union School District and all other contracting organizations and agencies (its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that my child may sustain while participating in said activity. I have carefully read the Regulations and Guidelines, this site Registration form, and the Release and Waiver of Liability, and fully understand their contents. I am aware that this is a release of liability and a contract between me and McKinleyville Union School District and I sign of my own free will. I give my child permission to participate in the After School Program during this school year.

Signature Parent/Guardian _____ **Date** _____



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