

Confidential

AFTER SCHOOL PROGRAM APPLICATION

Confidential

Student Name (Last, First)	Grade	Gender M / F	Birthdate
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Because this program is funded with State and federal monies, race and ethnicity data must be collected and reported. Please answer the following:

Ethnicity: Is your son/daughter Hispanic or Latino? *(Select only one)*

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more of the boxes to indicate what you consider your son/daughter's race to be: *(Select one or more)*

- | | | |
|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hmong | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> White |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Laotian | |

My son/daughter will attend the program on the following days: (select days that apply)

- MONDAY**
 TUESDAY
 WEDNESDAY
 THURSDAY
 FRIDAY

- Be picked up every day at _____ p.m. (After School Program dismissal time)
- Will ride the bus at _____ p.m. Route/Stop: _____
- Will walk home on a daily basis at the dismissal time

**Any student leaving before the dismissal time must have an Early Release Form on file.*

PARENT/GUARDIAN SECTION

NOTE TO PARENT/GUARDIAN: By signing below, I give my son/daughter permission to attend the After School Program beginning at the conclusion of the regular school day until the Program's dismissal time. I understand anyone picking up my son/daughter may be required to provide identification to the After School Program staff. If further clarification is needed, the After School Program staff may contact me, the parent/guardian, at the phone number below.

Parent/Guardian Name	Parent/Guardian Signature	Date
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Address

Home Phone	Work Phone	Cell Phone
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By signing below, I acknowledge I have read the After School Program attendance guidelines. I understand my son/daughter must follow these guidelines in order to participate in the After School Program.

Parent/Guardian Signature	Date	Phone Number
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FOR TEACHER USE ONLY

Teacher Name	Room #	Eng Lang Learn Yes / No	Start Date	CSIS#
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Student Academic Standing:		# of attempts	Math: Year Passed	Lang Arts: Year Passed
CAHSEE MATH P / F / N.T.	CAHSEE LANG ARTS P / F / N.T.			

STUDENT EMERGENCY CONTACT FORM/MEDICAL CONSENT

In case of an emergency, it is imperative that the After School Program be able to reach the student's parent or guardian. Please fill in the information on both sides of this form carefully and accurately. Please type or use ink and print clearly and legibly.

STUDENT

Last Name	First Name	Middle	Gender	Grade
			M / F	

Home Address (Primary Residence)	City	Zip
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Mailing Address, if different from above	City	Zip
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Home Phone	Birthdate
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Lives with: Both Parents Mother Father Legal Guardian
 Address change? YES NO If Yes, please contact the school office.

MOTHER/GUARDIAN

Last Name	First Name	Email	Employer
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Home Address, if different from above	City	Zip
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Home Phone	Cell Phone	Work Phone
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FATHER/GUARDIAN

Last Name	First Name	Email	Employer
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Home Address, if different from above	City	Zip
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Home Phone	Cell Phone	Work Phone
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Is there any COURT-MANDATED custody/visitation orders limiting access to this student?
 YES NO **If Yes, please attach legal order.**

AUTHORIZED CONTACTS

Please list the names of relatives/neighbors/friends in close proximity to the school to whom we may release your child or contact if you cannot be reached. **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS OR ADULTS LISTED ON THIS FORM.**

I/we hereby authorize the release of the student named above to the following persons in the event of illness, injury, evacuation or emergency that may occur while students are in the Before School/After School Program.

NAME	RELATIONSHIP	HOME PHONE	WORK OR CELL PHONE

I declare that the information on this form is true and correct. I will notify the Before School/After School Coordinator immediately of any changes to be made in the foregoing information.

Parent/Guardian Signature	Relationship	Date
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STUDENT EMERGENCY CONTACT FORM

Last Name _____

First Name _____

Middle _____

If your child requires medication at school, all medication sent to school must be in the original prescription container with a current date and the child's name. An "Authorization for Administration of Medication" form must be on file with the school district.

MEDICATION	DOSAGE	HOUR(S) GIVEN

HEALTH INSURANCE INFORMATION

- Family Health Insurance Healthy Families California Kids
 Medi-Cal # _____ No Health Insurance

Health Plan Group Name	Policy Number
Physician/Health Care Provider	Policy Number
Dentist	Phone Number

VISION AND/OR HEARING PROBLEMS

- Wears glasses/contacts Date of last eye exam Wears hearing aid(s)
 for board work for reading all the time

MEDICAL CONDITIONS

- Severe allergies requiring Food/Environmental
 Epi-pen Benadryl Stinging Insects/Bees Medicines/Drugs Other

Please Explain _____

<input type="checkbox"/> Current Asthma	If checked: <input type="checkbox"/> uses inhaler <input type="checkbox"/> on daily medication	Behavioral problems
<input type="checkbox"/> Current seizures	If checked: <input type="checkbox"/> on medication	Movement limitations
<input type="checkbox"/> Diabetes	If checked: <input type="checkbox"/> insulin dependent	Other

Recent illnesses, hospitalization, or surgery. If checked, please provide date(s) and description(s): _____

Medical condition which might require care of accommodation at school (please describe): _____

I/we, the undersigned parent(s) or legal guardian of _____, a minor, do hereby give authorization and consent to the Before School/After School Program to obtain emergency medical care and necessary transportation, including x-ray examination, anesthetic, medical or surgical diagnosis and emergency hospital which is deemed advisable by and is to be rendered under the general or specific supervision of medical and emergency room staff licensed under the provisions of the medicine practice act and the State of California Department of Public Health.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the student, but that any of the above treatment will not be withheld if the undersigned or authorized adults cannot be reached.

_____ is the hospital I/we prefer for emergency medical treatment of my/our child.

I/we understand that the school district does not provide accident/medical insurance for students, and I/we further understand that all costs related to medical treatment may be my/our responsibility and not that of the school district.

Parent/Guardian Signature _____ Date _____ Relationship _____

MEDIA ACCESS FORM

Student Name (Last, First)

Grade

Gender

M / F

By signing below, I give permission for my son/daughter to be interviewed, photographed, and/or videotaped while participating in the After School Program. I am aware there are times the Program may be featured in news stories and reporters, photographers, and/or film crews from television, radio stations, and newspapers may wish to interview my son/daughter. I understand that such photographs, video recordings, and/or reports will be property of the After School Program, Merced County Office of Education, and Merced Union High School District, and may be used **ONLY** for the purpose of documenting or publicizing the After School Program.

My son/daughter has permission to be interviewed, photographed, and/or videotaped while participating in the After School Program.

Parent/Guardian Signature

Date

Phone Number

MOVIE RELEASE FORM

Student Name (Last, First)

Grade

Gender

M / F

As part of the after school enrichment and classroom academic activities, instructors may occasionally show movies to the after school participants. The movies are rated either "G," "PG," or "PG-13." In order for your son/daughter to view a "PG" or "PG-13" rated movie, we must have your permission. This form will serve as a permission slip.

YES, my son/daughter is allowed to view "PG" rated movies.

YES, my son/daughter is allowed to view "PG-13" rated movies.

NO, my son/daughter is not allowed to view "PG" or "PG-13" rated movies.

(Parents may request a list of movies prior to their showing)

Parent/Guardian Signature

Date

Phone Number

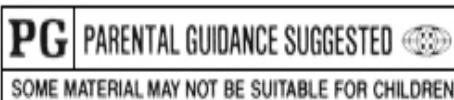
MOTION PICTURE RATING SYSTEM

The following is provided to parents as an explanation of the voluntary rating system endorsed by the major theater owners associations and video retailer associations.



A G-rated motion picture contains nothing in theme, language, nudity, sex, violence or other matters that, in the view of the Rating Board, would offend parents whose younger children view the motion picture. The G rating is not a "certificate of approval," nor does it signify a

"children's" motion picture. Some snippets of language may go beyond polite conversation but they are common everyday expressions. No stronger words are present in G-rated motion pictures. Depictions of violence are minimal. No nudity, sex scenes or drug use are present in the motion picture.



A PG-rated motion picture should be investigated by parents before they let their younger children attend. The PG rating indicates, in the view of the Rating Board, that parents may consider some material unsuitable for their children, and parents should make that decision. The more mature themes in some PG-rated motion pictures may call for parental guidance. There may be some profanity and some depictions of violence or brief nudity. But these elements are not deemed so intense as to require that parents be strongly cautioned beyond the suggestion of parental guidance. There is no drug use content in a PG-rated motion picture.



A PG-13 rating is a sterner warning by the Rating Board to parents to determine whether their children under age 13 should view the motion picture, as some material might not be suited for them. A PG-13 motion picture may go beyond the PG rating in theme, violence, nudity, sensuality, language, adult activities or other elements, but does not reach the restricted R

category. The theme of the motion picture by itself will not result in a rating greater than PG-13, although depictions of activities related to a mature theme may result in a restricted rating for the motion picture. Any drug use will initially require at least a PG-13 rating. More than brief nudity will require at least a PG-13 rating, but such nudity in a PG-13 rated motion picture generally will not be sexually oriented. There may be depictions of violence in a PG-13 movie, but generally not both realistic and extreme or persistent violence. A motion picture's single use of one of the harsher sexually-derived words, though only as an expletive, initially requires at least a PG-13 rating. More than one such expletive requires an R rating, as must even one of those words used in a sexual context. The Rating Board nevertheless may rate such a motion picture PG-13 if, based on a special vote by a two-thirds majority, the Raters feel that most American parents would believe that a PG-13 rating is appropriate because of the context or manner in which the words are used or because the use of those words in the motion picture is inconspicuous.