



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

*For Staff Use Only*

<b>DISTRICT ID NUMBER</b>							
<u>2016 - 2017</u>							
<b>SCHOOL YEAR</b>							

SCHOOL OF ATTENDANCE: Bancroft Middle School

<b>Program Applying for:</b> <i>(Only check one)</i>			
<b>BEFORE-SCHOOL</b>	<b>AFTER-SCHOOL</b>		<b>OTHER PROGRAMS</b>
Ready-Set-Go! (RSG)	Youth Services	Grant Funded Program (ASES/21 <sup>st</sup> CCLC/ASSETS) Name of Program <u>ASES</u>	Name of Program <u>L.A.C.E.R.</u>
<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)**

<b>MOTHER'S/GUARDIAN'S NAME</b>		<b>FATHER'S/GUARDIAN'S NAME</b>	
PRINT NAME: <u>FIRST M.I. LAST</u>		PRINT NAME: <u>FIRST M.I. LAST</u>	
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