BTB Beyond the Bell | LAUSD UNIFIED

For Staff Use Only
DISTRICT ID NUMBER
SCHOOL YEAR

BEFORE AND AFTER SCHOOL PROGRAM APPLICATION/AGREEMENT

SCHOOL OF ATTENDANCE: Canyon Charter School

Program Applying for: (check one)			
BEFORE-SCHOOL	AFTER-SCHOOL		OTHER PROGRAM
Morning Program	Youth Services	Grant Funded Program Name of Program Beyond the Bell - ELOP	Name of Program
☐	☐	☒	☐

APPLICANT (PRINT CLEARLY)

FIRST NAME MIDDLE INITIAL LAST NAME DATE OF BIRTH: *MONTH* *DAY* *YEAR* GRADE

STREET ADDRESS APT # CITY ZIP CODE

PARENT(s)/GUARDIAN(s)

PARENT/GUARDIAN NAME		PARENT/GUARDIAN NAME	
FIRST NAME	LAST NAME	FIRST NAME	LAST NAME
PHONE NUMBER *(MAIN)*	PHONE NUMBER (*OTHER*)	PHONE NUMBER *(MAIN)*	PHONE NUMBER (*OTHER*)
EMAIL ADDRESS		EMAIL ADDRESS	

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 understand the Beyond the Bell Before/After School Program is available to students attending an LAUSD school.

• I/We authorize the Beyond the Bell Before/After School Program 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.

• The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers, (2) increase public awareness and promote continuation and improvement of education programs, and/or (3) highlight accomplishments of students and educational programs including but not limited to honor roll, school/District awards, and graduation/culmination, through the use of mass media, displays, brochures, websites, social media, approved blogs, and related District publications. ☐ Yes ☐ No

• The After School Education and Safety (ASES) Program Act of 2002, enacted by initiative statute, establishes the After School Education and Safety Program to serve pupils in kindergarten and grades 1 to 9, inclusive, at participating public elementary, middle, junior high, and charter schools. The act gives priority enrollment in after school programs and before school programs to pupils in middle school or junior high school who attend daily. Pupils who are identified by the program as homeless youth or as being in foster care will be given first priority. Parents/guardians may indicate this information below:

Pupil designation *(please check if applicable)*: ☐ Homeless Youth ☐ Foster Care

• 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

PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE	DATE
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE	DATE
SITE COORDINATOR NAME (PRINT)	SITE COORDINATOR SIGNATURE	DATE

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BEFORE AND AFTER SCHOOL STUDENT SUPPORT QUESTIONNAIRE

For Staff Use Only

District ID Number

____
School Year

School of Attendance: Canyon Charter School

Student Applicant Information (print clearly)

Legal Name: ____________ First Name ____________ Middle Name ____________ Last Name

Date of Birth: ______ Month ______ Day ______ Year ______ Grade

____________ Street Address ______ Apt # ____________ City ______ Zip Code

Parent/Guardian Information

Parent/Guardian Name: ____________ First Name ____________ Last Name ____________ Phone Number (Main) ____________ Phone Number (Other)

Student Education Information

Does the student have a current Section 504 or Individualized Education Program (IEP)? ☐ Yes ☐ No

Student Health Information

Does your child have any physical, emotional, and/or learning difficulties?
If yes, please specify below. ☐ Yes ☐ No ☐ Decline to Answer

Does your child have any allergies or asthma?
If yes, please specify below. ☐ Yes ☐ No

Acknowledgement

____________ Parent/Guardian Name (Print) ____________ Parent/Guardian Signature ____________ Date

Received/Reviewed By:

____________ Site Coordinator Name (Print) ____________ Site Coordinator Signature ____________ Date