

**Glenn County Office of Education - After School Program  
2011-2012 Enrollment Form**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Male ? Female ?

Student's School in 2011/2012 \_\_\_\_\_ Student's Grade in School 2011/2012 \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name of Person to call in case of Emergency (other than parent/guardian):** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Permission to pick-up student: yes ? no ?

**Secondary Person to call in case of Emergency (other than parent/guardian):** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Permission to pick-up student: yes ? no ?

**Student Background:**

?White (non-Hispanic) ?Hispanic ?Asian ?Native American ?Pacific Islander ?Black

Does your child have any type of disability? No ? Yes ? If yes, then describe: \_\_\_\_\_

Does your child have any allergies (food or other): No ? Yes ? If yes, then describe: \_\_\_\_\_

Does your child have any specific medical needs? No ? Yes ? If yes, then describe: \_\_\_\_\_

Does your child participate in: ?bilingual education ? ESL/LEP ? Special Education ?None of these

---

**How will your child get home from the after school program?**

?My child will walk/ride bike home each day ?I will pick my child up from the program

The following people are authorized to pick up my child. **I understand this person must be 18 years or older and *MUST* sign the student out every day:**

Name: \_\_\_\_\_ phone # \_\_\_\_\_ relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ phone # \_\_\_\_\_ relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ phone # \_\_\_\_\_ relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ phone # \_\_\_\_\_ relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ phone # \_\_\_\_\_ relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ phone # \_\_\_\_\_ relationship to child \_\_\_\_\_

**Please return to SPARK/ASAP staff at school site NOT front office. Thank you.**

## ***Insurance/Medical Release Information***

My Child \_\_\_\_\_ has permission to attend the After School Program located at \_\_\_\_\_ School.

Insurance carrier name and phone number: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Does your child take any medication? \_\_\_\_\_ Dosage Frequency: \_\_\_\_\_  
(All drugs must be registered on this form. All drugs, except those which must be kept on the student's person for emergency use, must be kept and dispersed by staff.)

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care are considered necessary in the best judgment of the medical staff of the hospital or facility furnishing medical or dental services. As stated in the California Education Code Section 35330, I understand that I hold the Glenn County Office of Education, its officers, agents, and employees harmless from any and all liability or claims, which may arise of or in connection with my child's participation in this activity. I fully understand that students are to abide by all rules and regulations governing conduct during the program. Any violation of these rules and regulations may result in that student being sent home at the expense of his or her parents or guardian.

---

**Signature of Parent/Guardian**

Printed name of Parent/Guardian

---

***Initial each statement below showing you agree and approve (or write "NO" and initial)***

1. \_\_\_\_\_ Due to State funding students who are registered in the SPARK/ASAP After School Program have minimum attendance requirements. Students not meeting these guidelines may be dropped from the program.
  - a. Elementary students (K-5<sup>th</sup> grade) are required to attend the full day of the After School Program on a daily basis
  - b. Middle School students (6<sup>th</sup>-8<sup>th</sup> grade) are required to attend the After School Program a minimum of 9 hours a week and a minimum of 3 days a week
  - c. Any exceptions must be in compliance with the established Early Release Policy stated in the Parent Handbook.
2. \_\_\_\_\_ I have the Parent Handbook and agree to comply with the program policies and fees and give my child permission to participate fully in the program (Parent Handbook can be found on the Glenn County Office of Education website: [www.glenncoe.org](http://www.glenncoe.org)).
3. \_\_\_\_\_ I give my permission for my child to be filmed and photographed during the SPARK/ASAP After School Program activities for newspaper articles and program activities.
4. \_\_\_\_\_ I give my permission for my child to have access to the Internet with the understanding that inappropriate use will result in her/his being denied access at the discretion of the program staff.