## Plaza Elementary School – Afterschool Program 2017/2018 Enrollment Form

FOR OFFICE USE ONLY		
Payment recvd \$		
Cash† check #	MO↑	
Date received		

Student Name:		Birth Date:/Male† Female†	
Grade Student will be in 2017/2	2018	Siblings enrolled in Afterschool Program: Yes No No	
Home Address:		City: Zip Code	
Parent/Guardian:		Relationship to Student:	
Home Phone:	Work Phone:	Cell Phone:	
Email Address:		Are you interested in volunteering? Yes \( \square\) No \( \square\)	
Name of Person to call in case	of Emergency (other than par	rent/guardian):	
Home Phone:	Work Phone:	Cell Phone:	
Relationship to Student:		Permission to pick-up student: yes † no†	
Secondary Person to call in ca	ise of Emergency (other than I	parent/guardian):	
Home Phone:	Work Phone:	Cell Phone:	
Relationship to Student:		Permission to pick-up student: yes † no†	
Student Background:		<del></del>	
Does your child have any type of	of disability? No† Yes† If	yes, then describe:	
Does your child have any allerg	gies (food or other): No i Yes i	f If yes, then describe:	
Does your child have any specif	fic medical needs? No† Yes†	If yes, then describe:	
Does your child participate in:	bilingual education † ESL/L	LEP ↑ Special Education ↑ None of these	
How will your child get h	ome from the after school	ol program?	
My child will walk/ride bike l	nome each day	I will pick my child up from the program	
The following people are a and MUST sign the stude	1 1 2	hild. I understand this person must be 18 years or olde	
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 Plaza Elementary School front office. Thank you.

## Plaza Elementary School – Afterschool Program 2017/2018 Insurance/Medical Release Information

My Child	d	has permission to attend the Afterschool Program located
at	School.	
Insurance	e carrier name and phone number:	
Insurance	e Policy Number:	
Doctor's	Name:	Doctor's Phone Number:
(All drug	ur child take any medication?	Dosage Frequency: gs, except those which must be kept on the student's person for emergency use,
or treatm medical of School D with my conduct of	nent, and hospital care are considered necestor dental services. As stated in the Califor District, its officers, agents, and employees child's participation in this activity. I full	t to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis sary in the best judgment of the medical staff of the hospital or facility furnishing raia Education Code Section 35330, I understand that I hold the Plaza Elementary harmless from any and all liability or claims, which may arise of or in connection y understand that students are to abide by all rules and regulations governing e rules and regulations may result in that student being sent home at the expense of
Signat	ture of Parent/Guardian	Printed name of Parent/Guardian
Initial	each statement below showir	ng you agree and approve (or write "NO" and initial)
		students who are registered in the Plaza Afterschool Program have . Students not meeting these guidelines may be dropped from the
	a. Elementary students (K-5 <sup>th</sup>	grade) are required to attend the full day of the Afterschool Program
		1-8 <sup>th</sup> grade) are required to attend the Afterschool Program a minimum
		compliance with the established Early Release Policy stated in the
2.	I have the Parent Ha give my child permission to partici	ndbook and agree to comply with the program policies and fees and pate fully in the program.
		n for my child to be filmed and photographed during the Plaza newspaper articles, Plaza social media websites, and program
		n for my child to have access to the Internet with the understanding