

Plaza Elementary School – Afterschool Program
2024-25 Enrollment Form

FOR OFFICE USE ONLY
Payment Rec'd \$ _____
Cash <input type="checkbox"/> Check # _____
Date Received _____

Student Name: _____ Birth Date: ____/____/____ Male Female

Grade student will be in _____ Siblings enrolled in Afterschool Program: Yes No

Home Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Home Phone: _____ Work: _____ Cell Phone: _____

Email Address: _____ Are you interested in volunteering? Yes No

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:

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

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

Does your child have any specific medical needs? Yes No 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 afterschool 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 Plaza Elementary School front office. Thank you.

Plaza Elementary School – Afterschool Program
Insurance/Medical Release Information

My Child, _____, has permission to attend the Plaza Elementary Afterschool Program.

Insurance carrier name and phone number: _____

Insurance Policy Number: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Does your child take any medications? No Yes If yes, please list medications below:

Medication: _____ Dosage and Frequency: _____

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(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 Plaza Elementary School District, 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
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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 Plaza Afterschool Program have minimum attendance requirements. Students not meeting these guidelines may be dropped from the program.
 - a. Elementary students (K-5th grade) are required to attend the full day of the Afterschool Program on a daily basis
 - b. Middle School students (6th-8th grade) are required to attend the Afterschool 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.
3. _____ I give my permission for my child to be filmed and photographed during the Plaza Afterschool Program activities for newspaper articles, Plaza social media websites, 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 his/her being denied access at the discretion of the program staff.