



ESCONDIDO UNION SCHOOL DISTRICT
After School Education & Safety (ASES) Program
2014-2015 Application for Enrollment



The Escondido Union School District offers before and after school programming through state-funded ASES programs for students enrolled at the following elementary schools: Central, Conway, Farr, Felicita, Glen View, Juniper, Lincoln, Oak Hill, Orange Glen, Pioneer, Rock Springs, and Rose. These before/after school ASES programs are operated in partnership with these community agencies: *City of Escondido, Palomar Family YMCA, and THINK Together.*

The Before School program begins daily at 6:30 a.m. until the start of school, and the After School program begins upon school dismissal and ends at 6:00 p.m. It is the intent of the Education Code that participating students will attend this program regularly for the full program time (some exclusions apply; appropriate release form(s) must be completed and on file).

Please complete this form for **every student you wish to enroll** and return it to the ASES program staff at your school.

Check One: **Before** school only **After** school only **BOTH before and after school**

Student's Name: _____ Student ID# _____

Gender: M F School: _____ Grade: _____ Birth Date: _____

Address: _____ City: _____ Zip Code: _____

List any medications/allergies/medical conditions associated with student: _____

Parent/guardian's Name: _____

Parent/guardian's Phone: (cell) _____ Parent/guardian's Phone: (home) _____

Please list the name(s) of the adults responsible for picking up your child, picking up your child in case of an emergency, or providing an alternate ride home. **MUST SHOW CURRENT PHOTO ID to pick up student.**

Adult Name: _____ Relationship: _____ Phone: _____

Adult Name: _____ Relationship: _____ Phone: _____

Adult Name: _____ Relationship: _____ Phone: _____

CHECK ONE:

- My child may leave the after school program and school campus on his/her own after 4:45 p.m. *with a completed Early Release Form on file.*
- My child must stay in the program until picked up by a parent/guardian or emergency contact listed above.

I, _____, understand that my child (named above) will attend this program(s) every day until the program's noted dismissal time(s). I will complete appropriate documents for occasional early release or late arrival. I also understand that my student may be removed by the operating agency from this program(s) should he/she not attend regularly as stated above. I agree that the operating agency may take my child's photo/video for use in their publications, Web sites, and news releases without my further written consent. I have read and signed the attached operating agency's waiver/release of liability and understand it.

I understand it is my responsibility to update with the operating agency any and all of this information as soon as possible.

Parent/guardian Signature

Date

FOR OFFICE USE ONLY Form received by: _____ Date: _____



EUSD ASES PROGRAM Extended School Day Information 2014/2015



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

POLICIES AND PROCEDURES:

The ASES Before and After school program is a State-funded and free program designed for parents who need FULL TIME CARE. Full time care is defined by the state as Monday-Friday in the morning by 6:45am and in the afternoon from school release until 6pm. These policies must be followed by staff and parents. Please sign the statements below which pertain to your enrollment needs. Please sign and return this form with your application(s), as they will not be processed unless this form is attached. One is required to be signed and returned for each child enrolled.

AM Policies:

If my child attends the Before School Program, they must attend Monday through Friday, each week, and **arrive no later than 6:45 am**. If my child arrives after 6:45am more than 5 days throughout the school year, without an approved late arrival, they will be dropped from the program.

Parent/Guardian name, printed _____

Parent/Guardian signature _____

PM Policies:

If my child attends the After School Program, they must attend Monday through Friday, each week, from school dismissal **until 6:00 pm**. If my child is picked up earlier than 6pm more 5 days throughout the school year, without an approved early release, they will be dropped from the program.

Parent/Guardian name, printed _____

Parent/Guardian signature _____

If your child attends Anytime School, Good News Club, Sign Language, etc., and they arrive later than a half an hour after the start of the program (for) they may not have an Early Release on file for that same day.

Parent/Guardian name, printed _____

Parent/Guardian signature _____

If your child has an Early Release on file for medical appointments, sports practices/games, etc., they must attend for at least half of the total program time for that day, i.e. they cannot leave before 4:30 pm.

Parent/Guardian name, printed _____

Parent/Guardian signature _____

I have read and understand the policies and procedures pertaining to the ASES Before and After School Program and will make any person or persons dropping off or picking up my child aware of these policies.

Signature

Date

Palomar Family YMCA Program Registration

1050 N. Broadway, Escondido, CA 92026 • Phone 760-745-7490 • Fax 760-745-7942 • www.palomar.ymca.org

PLEASE PRINT LEGIBLY — USE ONE FORM PER CHILD

Child's name _____ M F Age _____ Grade _____
Date of Birth _____ Home Phone (____) _____
Address _____ City _____ Zip _____
School _____ Email _____
Palomar Family YMCA Member? No; Yes — Family M'ship Youth M'ship Expiration Date _____
Parent/Legal Guardian name _____ Parent/Legal Guardian Name _____
Employed by _____ Employed by _____
Occupation _____ Occupation _____
Parent/Legal Guardian work phone _____ Parent/Legal Guardian work phone _____
Parent/Legal Guardian email _____ Parent/Legal Guardian email _____

INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE CO.: _____
Policy number: _____
FAMILY DOCTOR: _____
Address: _____
Phone: _____

HEALTH RECORD (check if applicable or allergic)

- Ear Infections Poison Oak Diabetes
 Insect Stings Penicillin Hay Feve

Other: _____

Description of any camp activities from which the camper should be exempted for health reasons: _____

Past Medical Treatment: _____

Allergies / Dietary Restrictions: _____

Immunization:

- All immunizations required by the school district.
 Signed Waiver.
 Tetanus immunization date: _____

Current Medication: _____

Description of any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or consideration while at camp: _____

EMERGENCY INFORMATION

Authorized persons, other than parents, to be called in case of an emergency:

| Name | Phone | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

CHILD RELEASE AUTHORIZATION

Persons **AUTHORIZED** to pick up child from the facility:

| Name | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Persons **UNAUTHORIZED** to pick up child from the facility:

| Name | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)

NAME OF MINOR _____

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program. I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) herby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.
2. Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.
6. The PALOMAR FAMILY YMCA may use my child's photos for promotional purposes.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.

SIGNATURE OF PARENT/GUARDIAN

DATE

PRINT NAME