

BUSD Expanded Learning Services

2020-21 Program Enrollment Application

Office Use Only			
SSID #: _____	Date Rcv'd: _____	Start Date: _____	
Wait List: <input type="checkbox"/> _____	Group: _____	<input type="checkbox"/> Info Complete	<input type="checkbox"/> Essential Worker

Student's LEGAL Name: Last Name		First Name	Middle Name	Grade (2020-21 School Year)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
School		District					
Parent is an Essential Worker <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Essential Worker Parent	Occupation	Name of Employer			
Student's Primary Residence Address				City	State	Zip	
Parent/Legal Guardian's Mailing Address <input type="checkbox"/> Check here if same as above				City	State	Zip	
Mother's/Legal Guardian's Last Name		First Name	Relationship (Legal Guardian Only)	Place of Employment		You can also contact me via text. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address		Home Phone <input type="checkbox"/> Check if Primary #	Work Phone <input type="checkbox"/> Check if Primary #	Cell Phone <input type="checkbox"/> Check if Primary #			
Father's/Legal Guardian's Last Name		First Name	Relationship (Legal Guardian Only)	Place of Employment		You can also contact me via text. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address		Home Phone <input type="checkbox"/> Check if Primary #	Work Phone <input type="checkbox"/> Check if Primary #	Cell Phone <input type="checkbox"/> Check if Primary #			
STUDENT RELEASE AUTHORIZATION (OTHER THAN PARENT/LEGAL GUARDIAN(S) LISTED ABOVE, MINIMUM 1 CONTACT REQUIRED) I understand that my child must be signed out of the program every day by an authorized adult (18 years or older with picture ID). In addition to the parent/legal guardian(s) listed above, I authorize the following additional person/s to pick up my child from the site including in the case of an emergency (attach additional page if more space required):							
First and Last Name		Relationship	Primary Phone	Secondary Phone	Date Added	Date Removed	
			()	()			
			()	()			
			()	()			
			()	()			
			()	()			
I understand that in case of emergency, a child may be released to law enforcement personnel if the parent/legal guardian or authorized emergency contact person(s) listed above cannot be reached.							
Any person to whom your child may NOT BE LEGALLY RELEASED? Court-issued (custody/restraining) order must be on file, if applicable. Name _____ Relationship _____							
OTHER CHILDREN IN THE FAMILY (For informational purposes only. A separate Enrollment Application is required for each child.)							
First and Last Name		Relationship	Lives at Home	School	Grade 2020-21		
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				



MEDICAL INFORMATION

Does your child have any medical condition, allergies, or other special needs or problems of which we should be aware? Yes No Decline to State

If yes, please provide detailed information: _____

PARTICIPATION AGREEMENT

I have received and read the Expanded Learning Services Behavior Guidelines, and I understand that participation in The Expanded Learning Services Programs is a privilege, not a right, and that my child's failure to comply with the program's rules, regulations, and policies may result in disciplinary action, including but not limited to suspension or dismissal from the program. I understand that, by virtue of participation, I, or my child, may risk bodily injury and or other loss, including damage to property. I knowingly and freely assume all such risk for myself and my child.

I understand my child may not attend any Expanded Learning Services Program until this form has been completed and submitted. I understand that the submission of this form does not guarantee my child placement in the Expanded Learning Services Program.

MEDICAL TREATMENT AUTHORIZATION

In the event my child suffers an illness or accident, I authorize the program to seek medical help and assistance by contacting 911 emergency services or otherwise securing treatment at a medical facility.

I am the legal guardian or a parent with legal custody of the above named child, and the information on this enrollment application is accurate and complete to the best of my knowledge. My signature below also indicates that I have read and consent to the agreements and authorizations set forth on this Program Enrollment Application form (unless otherwise marked). I understand that only the undersigned below will be allowed to authorize changes to this form. I also understand that for safety reasons, I am required to submit in writing any changes of permission for my child to be released to unauthorized individuals.

In urgent situations and at the programs discretion, the program may allow oral authorization of such changes subject to verification of the identity of the person making the request.

Parent/Legal Guardian Signature	Print Name	Date	Parent/Legal Guardian Signature (Optional)	Print Name (Optional)	Date