



BEFORE AND AFTER-SCHOOL PROGRAM APPLICATION/AGREEMENT

The Beyond the Bell – Youth Services After-School Program of organized games, enrichment activities, nutrition, physical fitness and homework time is provided for those students capable of independent supervision to, from, and at the playground site. The Beyond the Bell Youth Services After-School Program is not a child care program. It is a permissive program. Students sign-in and leave the program by their own volition. Children are expected to conduct themselves appropriately and may lose the opportunity to participate if their behavior is disruptive. The elementary program is for students in elementary grades (grades 2 through 5/6) and the middle school program is for students in middle school grades (grades 6 through 8).

Parents and guardians are reminded that they must arrange ahead of time for how their child will be reunited with them at the conclusion of the program. Any child not picked-up or allowed to walk home on their own prior to the conclusion of the program will be considered “unattended” and supervising personnel will begin “late child” procedures. If attempts to reunite the child with an authorized adult fail, supervising personnel will contact the Local Law Enforcement Agency for assistance and to take custody of the child. Failure to consistently arrange for appropriate supervision of your child by the conclusion of the program will result in the student losing the privilege of participating in the program. **For emergency purposes, parents/guardians are required to complete and maintain all phone numbers and contact information.**

The Beyond the Bell Youth Services After-School Program is CLOSED on all non-instructional days (weekends, holidays, pupil free days, etc.). Playground services are only available during scheduled hours.

In order for a student to be approved to participate, the Before and After-School Program Application/Agreement must be completed. Once completed and authorized by the Youth Services staff person on duty, the student may participate.

The persons responsible for the day-to-day operation of the Beyond the Bell Youth Services After-School Program can be reached by calling: *Youth Development Program (YDP) & Youth Services @ YDP sites - (818) 587-4300; Elementary Schools (other than YDP sites) – (310) 515-3010; Middle Schools – (213) 633-3500.*

Acknowledgement:

I agree to the following rules and guidelines for my child to be eligible to participate in the Beyond the Bell – Youth Services After-School Program:

- My child is in grades 2 through 8 at an LAUSD school who lives in the residential area or attends another LAUSD school, i.e. magnet students, etc. (Note: Independent charter and private school students are not eligible).
- My child has been instructed by me to go directly from his/her classroom at school dismissal time to the designated supervised area for the Beyond the Bell – Youth Services After-School Program and to sign-in at the designated location upon arrival.
- My child has been instructed by me that they must remain in the area supervised by the Beyond the Bell – Youth Services Program Supervisor (“coach”) while participating in the program.
- My child will be directed by me daily when s/he should leave the Beyond the Bell – Youth Services After-School Program for the day.
- My child will be directed by me daily on where they are to go immediately after leaving the Beyond the Bell – Youth Services After-School Program (i.e. home, designated location, etc.).
- My child has been informed and instructed by me that once they leave the Beyond the Bell – Youth Services After-School Program they may not return for the remainder of the day.
- I understand that if my child does not get picked-up by an authorized adult or leave by their own volition prior to the 6:00 p.m. closing time, staff will initiate late child procedures: At the conclusion of one hour of unsuccessful attempts to contact and reunite the child with the parent or designee, a child protective agency is contacted to assume responsibility for the supervision and safety of the child.
- I understand that participation in the Beyond the Bell – Youth Services After-School Program is a privilege and failure by my son/daughter to abide by all rules may result in the loss of this privilege.
- I have provided more than one contact number and the names of additional adults that are authorized to pick-up my child in case of an emergency, or to be reached if my child becomes “unattended” and “late child” procedures take effect. The designated adult must show a photo identification before a student is released to him/her.



Los Angeles Unified School District
BEYOND THE BELL BRANCH
BEFORE AND AFTER-SCHOOL PROGRAM
APPLICATION/AGREEMENT

For Staff Use Only

DISTRICT ID NUMBER							

SCHOOL YEAR							

SCHOOL OF ATTENDANCE: _____

Program Applying for: <i>(Only check one)</i>			
BEFORE-SCHOOL	AFTER-SCHOOL		OTHER PROGRAMS
Ready-Set-Go! (RSG)	Youth Services	Grant Funded Program (ASES/21 st CCLC/ASSETs) Name of Program _____	Name of Program _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT(S)

PRINT NAME CLEARLY *FIRST M.I. LAST* _____
APPLICANT'S EMAIL ADDRESS DATE OF BIRTH GRADE

STREET ADDRESS APT # CITY ZIP CODE

PARENT(S)/GUARDIAN(S)

MOTHER'S/GUARDIAN'S NAME		FATHER'S/GUARDIAN'S NAME	
PRINT NAME: <i>FIRST M.I. LAST</i>		PRINT NAME: <i>FIRST M.I. LAST</i>	
MOTHER'S/GUARDIAN'S EMAIL ADDRESS		FATHER'S/GUARDIAN'S EMAIL ADDRESS	
PHONE NUMBER (MAIN)	PHONE NUMBER (OTHER)	PHONE NUMBER (MAIN)	PHONE NUMBER (OTHER)

EMERGENCY CONTACT/RELEASE INFORMATION *(provide a minimum of two contacts)*

#1: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)
#2: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)
#3: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)

I/We authorize the Beyond the Bell Before/After-School Program (BASP) to contact, and if necessary, release my child to any of the above individuals listed as an Emergency Contact/Release Information. The above listed individuals must be 18 years or older.

I/We give my permission for my child to be filmed or photographed. I understand that all film or photos are the sole property of the BASP, and may be used in displays to the public, to publicize the program, or for printed materials published by and/or for the BASP.

I/We hereby consent to the disclosure of personally identifiable information from my child's education records under the Family Educational Rights and Privacy Act and allow for the Los Angeles Unified School District to disclose such information only to the extent and for the duration necessary for my child to participate in BASP programs.

Does your child have any physical, emotional, and/or learning difficulties? If so, please specify: _____

Does your child have any food allergies? If so, please specify: _____

ACKNOWLEDGEMENT

_____ MOTHER'S/GUARDIAN'S NAME (PRINT)	_____ MOTHER'S/GUARDIAN'S SIGNATURE	_____ DATE
_____ FATHER'S/GUARDIAN'S NAME (PRINT)	_____ FATHER'S/GUARDIAN'S SIGNATURE	_____ DATE
_____ SITE COORDINATOR'S NAME (PRINT)	_____ SITE COORDINATOR'S SIGNATURE	_____ DATE