



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.



MEMBERSHIP APPLICATION

SCHOOL YEAR 2018-2019

PLEASE FILL THE APPROPRIATE INFORMATION FOR SUMMER 2018

MEMBER INFORMATION

FIRST NAME: _____ LAST NAME: _____ MI: _____

BIRTH DATE: _____ GENDER: MALE FEMALE SCHOOL: _____

SCHOOL DISTRICT: _____ LAUSD OTHER: _____

GRADE 2018 - 2019 SCHOOL YEAR: _____

QUALIFIES FOR FREE/REDUCED LUNCH: YES NO

ETHNICITY: AFRICAN AMERICAN ASIAN CAUCASIAN HISPANIC MULTI-RACIAL PACIFIC ISLANDER
 NATIVE AMERICAN OTHER

ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____

LIVES WITH: MOTHER FATHER BOTH OTHER: _____

IS MEMBER CHILD OF MILITARY PARENT: YES NO IF YES, DOES MEMBER LIVE ON MILITARY BASE: YES NO

DOES THE MEMBER HAVE ANY PHYSICAL, EMOTIONAL, OR OTHER LIMITATIONS THAT MIGHT IMPACT THE MEMBERS'S USE OF THE CLUB OR RECEIPT OF EMERGENCY MEDICAL TREATMENT OR ABOUT WHICH THE CLUB OTHERWISE SHOULD BE AWARE? YES NO

IF YES, PLEASE EXPLAIN: _____

LIST MEDICATION TAKEN REGULARLY: _____

LIST ANY ALLERGIES: _____

PRIMARY PARENT/GUARDIAN INFORMATION

FIRST NAME: _____ LAST NAME: _____ MI: _____

ADDRESS: SAME AS ABOVE NEW

STREET: _____ CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

HOUSEHOLD INCOME: LESS THAN 30K 30K - 50K 51K - 75K 76K - 100K OVER 100K DECLINE TO STATE

EMAIL ADDRESS: _____

OTHER PARENT/GUARDIAN INFORMATION

FIRST NAME: _____ LAST NAME: _____ MI: _____

ADDRESS: SAME AS ABOVE NEW

STREET: _____ CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

ADDITIONAL CONTACTS

FIRST NAME: _____ LAST NAME: _____

PRIMARY PHONE NUMBER: _____ SECONDARY PHONE NUMBER: _____

STATUS: EMERGENCY CONTACT ACCEPTABLE PICKUP BOTH RELATION: RELATIVE ACQUAINTANCE

FIRST NAME: _____ LAST NAME: _____

PRIMARY PHONE NUMBER: _____ SECONDARY PHONE NUMBER: _____

STATUS: EMERGENCY CONTACT ACCEPTABLE PICKUP BOTH RELATION: RELATIVE ACQUAINTANCE