

**Lakeshore ExCEL After School Program 2017-2018**

**Enrollment Information**

Parents/Guardians: Please fill in the following information and return this form to the ExCEL mail slot in the main office.

**After School 3:35pm-6:05pm**  
*(Sign out begins at 6:05pm and runs until 6:35pm)*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Room # \_\_\_\_\_

Gender: Female / Male / Other      Birth date: \_\_\_\_\_ Student ID   N/A   \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Email address \_\_\_\_\_

Parents and Guardians, what languages do you speak? \_\_\_\_\_

Do the parents/guardians speak English?      Yes      No      Some English

**Emergency Contact**

In case of emergency and the parent or caregiver cannot be reached, please notify:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Medical Information**

Does your child have health insurance?      Yes      No

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group \_\_\_\_\_

Family Doctor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please list any current medications, medical conditions, recent injuries, and food or drug allergies:**

**Sign In and Sign Out**

All students must be signed in and out for the ExCEL program.

My child may be signed in and/or picked up by the following adults (list all **names** and **phone numbers**):

\_\_\_\_\_

## Parent or Guardian Release

Parents and legal guardians, please read carefully, sign, and return this form to the ExCEL Program. A parent or legal guardian signature on this form is required to participate in the program.

### For Emergency Treatment

I authorize the ExCEL Program and Bay Area Community Resources to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to the ExCEL Program and BACR in conjunction with any authorized event.

### General Release of Liability

In consideration for being allowed participant privileges in any program of the ExCEL Program and BACR, I hereby assume full responsibility for any risk of bodily injury, death, or property damage while using the premises or any facilities or equipment hereon. I further agree to hold harmless the ExCEL Program and BACR, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the ExCEL Program and BACR and its partners is binding on me and not my heirs, personal representatives, successors, and assigns.

### Community Field Trips

The ExCEL program will take short field trips on occasion that are within the school community. We will always return by normal dismissal time, unless we notify you in advance. I give permission for my child to leave the school property with supervision from ExCEL Program partners, directors, officers, employees, agents, and volunteers. While taking part in these community field trips I release the ExCEL Program and BACR from responsibility for any risk of bodily injury, death, or property damage as covered in the "General Release of Liability."

\_\_\_\_\_ Parent/ Legal Guardian Signature

\_\_\_\_\_ Date

### Media Release

I hereby consent to the use of my child's name, likeness and speech in any audio tape, video tape, film or photograph made in any ExCEL Program and BACR activity for the business or publicity purposes of the ExCEL Program and BACR and its partners. I understand that any participation offers no remuneration and that my child's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad.

I expressly release the ExCEL Program and BACR, its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims arising out of broadcast, exhibition, publication, or promotion of this program.

Please sign here \_\_\_\_\_

Dear Parent(s)/Caregiver(s)/Guardian(s):

We are happy to have your child/ren in ExCEL this year. Your child/ren will participate in many exciting and rewarding experiences. Our number one priority is your child's safety, therefore, we have developed a behavior management plan that will guide every student in making responsible choices about his or her behavior.

Students should always follow our Lakeshore School Community Rules and Expectations.

REWARDS

When students abide by the rules and expectations, they can earn rewards for themselves.

- 1 Verbal Praise
- 2 Positive notes and phone calls home
- 3 Special privileges
- 4 Public recognition

CONSEQUENCES

If students have difficulty following the ExCEL agreements/expectations, the following consequences are followed:

- 1<sup>st</sup> incident: Verbal warning
- 2<sup>nd</sup> incident: Time away from group and activity
- 3<sup>rd</sup> incident: Student completes a behavior reflection to be shared with parent/guardian/caregiver
- 4<sup>th</sup> incident: Conference with Site Coordinator. Parent/guardian/caregiver will be notified
- 5<sup>th</sup> incident: Conference with Site Coordinator. Possible suspension from the program from 1-5 days

NOTE: Frequent suspensions may result in expulsion from the ExCEL program.

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I have read and agree to the expectations and consequences.

Parent's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Will you need care for the first 2 Days (11/20 &11/21) of the Thanksgiving Holiday: NO SCHOOL 11/20/17-11/24/17**

The Board of Education has approved the instructional calendar for the 17-18 school year. As part of the calendar, schools will be CLOSED the week of Nov 20th (Thanksgiving week). The District is gathering information about the potential need for child care services that week. The SFUSD EED OST program will be operating on site for those two days. If needed, families who are NOT enrolled in the SFUSD EED OST program will be able to enroll in the program based on capacity. To help SFUSD determine need, please complete the information below:

The cost per student per day may range from \$65-75/ day. Families would be required to submit an application packet in the beginning of the school year.

My family is in need of child care services for my child(ren)

\_\_\_\_ Monday Nov 20th,

\_\_\_\_ Tuesday Nov 21<sup>st</sup>

\_\_\_\_ Financial aid for the fee (based on eligibility and availability of subsidies).

Number of children: \_\_\_\_\_