



SAN FRANCISCO UNIFIED SCHOOL DISTRICT  
BACR BEFORE SCHOOL PROGRAMS  
LAKESHORE ELEMENTARY 8:30 AM-9:30AM

**PARENT PERMISSION AND STUDENT INFORMATION – ELEMENTARY AND MIDDLE SCHOOLS**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents/Guardians Names (Please print) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I give my child permission to participate in the BACR After School Program.

Parent/Guardian Signature 1 \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature 2 \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACT 1**  
(Please List Someone Other Than Parent/Guardian)

In Case of Emergency Please Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: Work/Home/Cell \_\_\_\_\_

**EMERGENCY CONTACT 2**  
(Please List Someone Other Than Parent/Guardian)

In Case of Emergency Please Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: Work/Home/Cell \_\_\_\_\_

**HEALTH INFORMATION**

Does your child have health coverage?

- Yes
- No

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Name of Medical Insurance Policy/Insurance # Primary Insured's Name

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Name of Child's Doctor Telephone

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List Any Allergies

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List Any Medical Conditions

Is your child taking Medication?

- Yes
- No

If Yes, Please List Any Medications, Dosage and Times Taken

Medications	Dosage	Times Taken

I authorize After School Program Staff to furnish and/or obtain emergency medical treatment which may be necessary for my child during the After School Program.

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Parent/Guardian Signature

Date

## BEFORE SCHOOL FEES INFORMATION

### FEE STRUCTURE

- A monthly payment of \$20 **per child** is due on the 30th of every month through May 30th for a total of 10 months
- A 10% discount to any families that pay their full annual payment by the end of their first full month

### Additional Questions or Assistance Contact

- The Site Coordinator (or Assistant Site Coordinator) at your child's after school program office
- The BACR Billing Specialist, Ripa Saha, via email at [rsaha@bacr.org](mailto:rsaha@bacr.org) or via phone at 650.449.6154

**RELEASE OF LIABILITY**

I understand the nature of the After School Program and that participation is voluntary. I understand that BACR and the San Francisco Unified School District are not responsible for loss, damage, illness, or injury to person or property as a result of participation in the After School Program. I hereby release and discharge BACR and the San Francisco Unified School District and its officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss or damage as a result of After School Program activities.

\_\_\_\_\_  
Parent/Guardian Signature Date

**STUDENT RELEASE/ Additional PICK UP POLICY**

As parent/guardian, I understand that the After School Program will begin immediately after school is out and will end by \_\_\_\_\_ p.m. Students will not be released to go home from the After School Program until they are signed out by the parent/guardian or one of the individuals listed below:

First and Last Name	Relationship

**PHOTO/VIDEO RELEASE**

During your child’s attendance in the After School Program, s/he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes. (Please Check One Box)

- My child may be photographed/videotaped by the After School Program for promotional purposes.
- My child may not be photographed/videotaped by the After School Program for promotional purposes.

I authorize BACR and the SFUSD or any third party it has approved to photograph or videotape my child during After School Program activities and to edit or use any photographs or recordings at the sole discretion of BACR and SFUSD. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless BACR and the SFUSD and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

\_\_\_\_\_  
Parent/Guardian Signature Date

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:

1st Incident: Verbal warning

2nd Incident: Time away from group and activity

3rd Incident: Student completes a behavior reflection to be shared with parent/guardian/caregiver

4th Incident: Conference with Site Coordinator. Parent/guardian/caregiver will be notified

5th 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.

I have read and agree to the expectations and consequences.

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Parent's Signature

Date

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Student's Signature

Date

THANKSGIVING HOLIDAY - NO SCHOOL 11/20/17-11/24/17

Will you need care for the first 2 Days (11/20 & 11/21) of the Thanksgiving Holiday?

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 20<sup>th</sup>

Tuesday, Nov 21<sup>st</sup>

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

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