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|---------------|
| Student ID #: |
|---------------|



2009-2010 Student Participation Forms

I. STUDENT INFORMATION

Please print and complete this entire section about your child.

| | | | |
|---|---|----------------------|--------------------------|
| 1. School name: | | 2. Grade level | |
| 3. Last name (LEGAL NAME ONLY) | | First | Middle |
| | | Suffix (Jr, II, III) | |
| 4. Nickname: | 5. Other name(s) used previously (AKA): | | 6. Birth date: / / |
| 7. Gender : <input type="checkbox"/> M <input type="checkbox"/> F | 8. Age: | 9. Ethnicity: | 10. Home phone #: () |
| 11. Household address: | | City, State: | Zip code: |
| 12. What grade level did your child, listed above, first participate in PrimeTime? Grade: | | | |

II. SIBLING INFORMATION

Complete this section, if applicable. Include only siblings who are currently in Grades K-9 participating in PrimeTime at this school.

| | | | |
|-----------------------|--------|-----------------------|--------|
| Sibling 1 legal name: | Grade: | Sibling 4 legal name: | Grade: |
| Sibling 2 legal name: | Grade: | Sibling 5 legal name: | Grade: |
| Sibling 3 legal name: | Grade: | Sibling 6 legal name: | Grade: |

III. CONTACT INFORMATION

Please complete this entire section. You must provide information for three contacts. For additional contact information, use Section IV. on Page 2.

| | 1. ENROLLING PARENT, GUARDIAN OR FOSTER PARENT | 2. OTHER PARENT, GUARDIAN OR FOSTER PARENT | 3. EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN) |
|---------------------------------|--|--|--|
| Contact full name | | | |
| Relationship to student | | Authorized to pick up child: Yes / No | Authorized to pick up child: Yes / No |
| Lives with student (circle one) | Yes / No If no, provide address here. _____ _____ | Yes / No If no, provide address here. _____ _____ | Yes / No If no, provide address here. _____ _____ |
| Home phone | () | () | () |
| Work phone | () | () | () |
| Cell phone | () | () | () |
| Email address | | | This information is not needed. |
| Employer | | | This information is not needed. |
| Contact primary language | | | |

PRIMETIME

2009-2010 Student Participation Forms

| | |
|--------------|-------------|
| School name: | Grade level |
|--------------|-------------|

| | | | |
|-----------------------------|-------|--------|----------------------|
| Last name (LEGAL NAME ONLY) | First | Middle | Suffix (Jr, II, III) |
|-----------------------------|-------|--------|----------------------|

IV. ADDITIONAL EMERGENCY CONTACT INFORMATION

Please list additional adults authorized to pick up child from PrimeTime and to be contacted in case of emergency.

| Name | Address | Telephone | Relationship |
|------|---------|-----------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

V. STUDENT'S HEALTH HISTORY INFORMATION

PrimeTime operates on the school campus; however, your child's health information cannot be shared between the school and PrimeTime. To ensure that PrimeTime provides a physically and emotionally safe environment for your child, please fill in all necessary information and attach documents if needed.

| | |
|---|--------------------|
| 1. Is your child under regular supervision by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of last exam: |
|---|--------------------|

| | |
|--|--------------------------|
| 2. Does your child currently have asthma, diabetes or a medical condition that requires him/her to receive medication or health procedures at school? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe: |
|--|--------------------------|

To request that PrimeTime staff administer medication to your child while attending PrimeTime, you must complete the "Authorization to Administer Medication Form" available from the program leader.

| |
|--|
| 3. Please list any allergies, dietary restrictions or physical activity limitations: |
|--|

| |
|--|
| 4. Specify any other illness, injury, social/emotional needs or medical condition which PrimeTime Program staff should be made aware of: |
|--|

Please complete questions 5-9. Check Yes or No for each question. If yes, participation in PrimeTime may be delayed if appropriate accommodations can not be made. Withholding this information may result in your child's disenrollment from PrimeTime.

| | |
|---|--------------------------|
| 5. Does your child currently receive Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe: |
|---|--------------------------|

| | |
|--|--|
| 6. Does your child receive additional one-on-one support during the regular school day? <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Parent/Guardian's evaluation of child's health: |
|--|--|

| | |
|--|--------------------------|
| 8. Does your child have a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe: |
|--|--------------------------|

| | |
|---|--------------------------|
| 9. Does your child receive nursing services during the school day? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe: |
|---|--------------------------|

| |
|---|
| 10. Please list any special accommodations or needs your child may require in order to participate in the current level of supervision (student to staff ratio is 15:1 at elementary & 20:1 at middle level): |
|---|

| | |
|--|---|
| 11. Parent/Guardian's evaluation of child's personality: | 12. Does your child have any special fears or challenges? |
|--|---|

VI. INSURANCE INFORMATION

| |
|---|
| 1. <input type="checkbox"/> My child has medical insurance coverage with (insurance co., Medi-Cal): |
| Policy # _____ Phone# _____ Policyholder's name (please print) _____ |

| |
|--|
| 2. <input type="checkbox"/> My child has dental insurance coverage with (insurance co., Medi-Cal): |
| Policy # _____ Phone# _____ Policyholder's name (please print) _____ |

| |
|---|
| 3. <input type="checkbox"/> My child does not have medical/dental insurance coverage at this time (this will not jeopardize participation in PrimeTime). |
|---|

VII. PHYSICIAN AND/OR DENTIST CONTACT INFORMATION

Please list physician and/or dentist to be contacted in case of emergency

| Name | Address | Telephone | Doctor/Dentist |
|------|---------|-----------|----------------|
| 1. | | | |
| 2. | | | |

San Diego Unified School District
Extended Learning Opportunities Department

PRIMETIME
2009-2010 Student Participation Forms

| | |
|--------------|-------------|
| School Name: | Grade level |
|--------------|-------------|

| | | | |
|-----------------------------|-------|--------|----------------------|
| Last name (LEGAL NAME ONLY) | First | Middle | Suffix (Jr, II, III) |
|-----------------------------|-------|--------|----------------------|

VIII. STUDENT ATTENDANCE POLICY

1. In accordance with the California Education Code Section 8483(a)(1) that provides funding for PrimeTime, students are expected to attend the before and/or after school program every day for the full range of hours offered. Students who do not attend regularly may be subject to disenrollment. Elementary students are expected to attend the entire program every day it operates, with the exception of absences allowed under the Early Release Policy. Middle school students are expected to attend at least nine hours and three days per week, with the exception of absences allowed under the Early Release Policy.

BEFORE SCHOOL LATE ARRIVAL

A. Before School Programs, if applicable: PrimeTime Before School Programs are available at most, but not all schools and program start times vary among schools. Before school programs operate for a minimum of 90 minutes. Students are expected to attend the program every day for the full range of hours offered. Occasional late arrival is permissible for reasons such as medical appointments (2009-10 Before school Late Arrival Form attached and available from Program Leader).

Please check the appropriate box below:

- No, my child will not be participating in the before school program.
- Yes, my child will participate for the full range of program hours.

Initials _____ Yes, I understand and agree to abide by the PrimeTime before school program policies and procedures.

AFTER SCHOOL EARLY RELEASE

B. After School Programs: PrimeTime After School Programs operate every regular school day after school for a minimum of 15 hours per week and at least until 6:00 p.m. Students are expected to attend the program every day for the full range of hours offered. Parents/Guardians may request an early release for reasons such as sports practice, medical appointments, and family emergencies (2009-2010 Early Release Form attached and available from Program Leader).

Please check the appropriate box below:

- No, my child will not be participating in the after school program.
- Yes, my child will participate for the full range of program hours.

Initials _____ Yes, I understand and agree to abide by the PrimeTime after school program student policies and procedures.

Please check the appropriate box below:

- My child is allowed to walk home *if the PrimeTime school site policy permits.*
- My child is allowed to take the city bus *if the PrimeTime school site policy permits.*
- My child must be picked up by an authorized adult listed on the Emergency Contact Information (photo ID and signature is required).

I understand that PrimeTime, PrimeTime Partners and the San Diego Unified School District are not liable for incidents involving my child which occur before and/or after his/her authorized arrival and/or departure time.

| | |
|--|-------|
| Parent/Legal Guardian/Foster Parent Signature: | Date: |
|--|-------|

| | |
|---------------------------|-------|
| Program Leader Signature: | Date: |
|---------------------------|-------|

PRIMETIME

2009-2010 Student Participation Forms

| | |
|--------------|-------------|
| School name: | Grade level |
|--------------|-------------|

| | | | |
|-----------------------------|-------|--------|----------------------|
| Last name (LEGAL NAME ONLY) | First | Middle | Suffix (Jr, II, III) |
|-----------------------------|-------|--------|----------------------|

IX. PARENT/GUARDIAN/FOSTER PARENT ACKNOWLEDGEMENT

Please read the following carefully and acknowledge your agreement by signing below.

Liability Release

- San Diego Unified School District and the PrimeTime Partners do not maintain health insurance for injuries to the participant that may arise from involvement in PrimeTime.
- I agree to inform my child that he/she must follow all school and program rules.

Authorization for Emergency Medical Treatment

- In case of an accident or emergency, I authorize PrimeTime staff to facilitate the transport of my child to the nearest emergency hospital for emergency treatment and measures as deemed necessary for the safety and protection of my child, at my expense.

Program/Student Evaluation

- I hereby give my consent for PrimeTime staff to discuss my child's academic and behavior progress with school personnel to determine areas of need. I understand that information about my child's progress in school, as well as surveys given to parents, teachers, and administrators, may be used to evaluate the program and that those data shall remain confidential and my child's name shall not be released or identified under any conditions.

Photo/Video/Media Release

- During the school year, schools will hold events that the news media, the District and/or PrimeTime Partners may like to feature. A representative may be on campus to gather photographs and/or video footage highlighting the event and featuring PrimeTime students. We value your child's participation, and ask for your permission to include him or her. Please indicate by checking the box(es) below whether your child has your permission to participate:
 - I give my permission to have my child interviewed and photographed/videotaped by the news media.
 - I give my permission to have my child photographed by the District and/or PrimeTime Partners. Photos may be used on District and/or PrimeTime Partners website.
 - I give my permission to have the District and/or PrimeTime Partners feature my child's school work using first name only (e.g. art, essays, etc.).
 - I give my permission to have my child be videotaped by the District and/or PrimeTime Partners. Videos may be viewed by District staff or the public.
 - Please **do not** include my child in these activities. I **do not** want my child photographed or videotaped.

2009-10 PrimeTime Parent/Guardian Handbook

- I have received, read, and agree to abide by the policies and procedures included in the 2009-10 PrimeTime Extended Day Program Parent/Guardian Handbook.
- I understand that it is my responsibility to keep all information current.

In signing below, I acknowledge and I am in agreement with the Liability Release, Authorization For Emergency Medical Treatment, Program/Student Evaluation, Photo/Video/Media Release (checked box (es) only) and the 2009-10 PrimeTime Parent/Guardian Handbook.

| | |
|--|-------|
| Parent/Legal Guardian/Foster Parent signature: | Date: |
|--|-------|

San Diego Unified School District
 Extended Learning Opportunities Department



2009-2010 BEFORE SCHOOL LATE ARRIVAL FORM

| | |
|--------------|-------------|
| School name: | Grade level |
|--------------|-------------|

| | | | |
|-----------------------------|-------|--------|----------------------|
| Last name (LEGAL NAME ONLY) | First | Middle | Suffix (Jr, II, III) |
|-----------------------------|-------|--------|----------------------|

In accordance with the California Education Code Section 8483(a)(1) that provides funding for PrimeTime, students should attend the program every day for the full range of hours offered. Students who do not attend regularly may be subject to disenrollment.

PrimeTime before school programs are available at most, but not all schools and program start times vary among schools. Before school programs operate for a minimum of 90 minutes. Students are expected to attend the program every day for the full range of hours offered.

There are many students who would like to participate in PrimeTime; however, limited space is available. It is a policy that late arrivals need to be kept to a minimum. If necessary, PrimeTime staff will contact the parent/guardian in an effort to avoid disenrollment.

Occasional before school program late arrival is permissible for reason such as:

- Medical appointments.
- Family emergencies (such as bereavement, catastrophic incidents, etc.).
- Weather conditions.
- Other (please specify Reason for Request below).

BEFORE SCHOOL LATE ARRIVAL

| | |
|--|-----------------------------------|
| Program Hours of Operation (confirm with Program Leader) | Start time: _____ End time: _____ |
|--|-----------------------------------|

| | |
|--------------------------|-------------------------------|
| Late Arrival Time | Late Arrival time: _____ A.M. |
|--------------------------|-------------------------------|

| | |
|------------------------------|---|
| Check Days That Apply | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday |
|------------------------------|---|

| | |
|------------------------------|--|
| Date Range of Request | Start date: / / End date: / / |
|------------------------------|--|

| | |
|---------------------------|--|
| Reason for Request | |
|---------------------------|--|

| | |
|--|-------|
| Parent/Legal Guardian/Foster Parent signature: | Date: |
|--|-------|

| | |
|---------------------------|-------|
| Program Leader signature: | Date: |
|---------------------------|-------|

San Diego Unified School District
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2009-2010 AFTER SCHOOL EARLY RELEASE FORM

| | |
|--------------|-------------|
| School name: | Grade level |
|--------------|-------------|

| | | | |
|-----------------------------|-------|--------|----------------------|
| Last name (LEGAL NAME ONLY) | First | Middle | Suffix (Jr, II, III) |
|-----------------------------|-------|--------|----------------------|

In accordance with the California Education Code Section 8483(a)(1) that provides funding for PrimeTime, students should attend the program every day for the full range of hours offered. Students who do not attend regularly may be subject to disenrollment (if, for any reason, a child is unable to attend the program every day for the full range of hours offered, the parent/guardian must complete and submit the After School Early Release section below specifying the days and hours the child will attend and the reason for requesting the modified attendance schedule).

There are many students who would like to participate in PrimeTime; however, limited space is available. It is a policy that early releases need to be kept to a minimum. If necessary, PrimeTime staff will contact the parent/guardian in an effort to avoid disenrollment.

A child may be released early from the PrimeTime after school program prior to the end of the program time based on the following:

- Attending a parallel program (programs in the school or community centers such as soccer, basketball, etc.).
- Family emergencies (such as bereavement, catastrophic incidents, etc.).
- Medical appointments.
- Weather conditions.
- Illness and/or accidents that occur during program time (program staff will call parent/guardian).
- "Dark 30" (November through March – student walking home may be dismissed from program 30 minutes before dark).
- Other (please specify Reason for Request below).

AFTER SCHOOL EARLY RELEASE

| | |
|--|-----------------------------------|
| Program Hours of Operation (confirm with Program Leader) | Start time: _____ End time: _____ |
|--|-----------------------------------|

| | |
|---------------------------|--|
| Early Release Time | Early Release time: _____ : _____ P.M. |
|---------------------------|--|

| | | | | | | |
|------------------------------|---|-----------|----------|-----------|----------|--------|
| Check Days That Apply | <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px;">Monday</td> <td style="border: 1px solid black; padding: 2px;">Tuesday</td> <td style="border: 1px solid black; padding: 2px;">Wednesday</td> <td style="border: 1px solid black; padding: 2px;">Thursday</td> <td style="border: 1px solid black; padding: 2px;">Friday</td> </tr> </table> | Monday | Tuesday | Wednesday | Thursday | Friday |
| Monday | Tuesday | Wednesday | Thursday | Friday | | |

| | |
|------------------------------|--|
| Date Range of Request | Start date: / / End date: / / |
|------------------------------|--|

| | |
|---------------------------|--|
| Reason for Request | |
|---------------------------|--|

| | |
|--|-------|
| Parent/Legal Guardian/Foster Parent signature: | Date: |
|--|-------|

| | |
|---------------------------|-------|
| Program Leader signature: | Date: |
|---------------------------|-------|