



Southern Kern Unified School District/Distrito Escolar Unificado de Southern Kern

After School Program/Programa Despues de la Escuela

Registration Form Year: _____(please fill in year)

Please circle the school that your child will be attending. / Por favor circule la escuela que su hijo asistirá.

Rosamond Elementary

Westpark Elementary School

Tropico Middle School

IMPORTANT / I MPORTANTE: An application must be filled out for each child in the family. / La solicitud debe ser llenada por cada niño en la familia.

| | | | | | | | | | | |
|---|--|---|---------------------------------|-----------------------------|---|--|---|---|---|---|
| Student's Last Name/Apellido del Estudiante | | First Name/Primer Nombre: | | Middle Name/Segundo Nombre: | | | | | | |
| Date of Birth/Fecha de Nacimiento | | What grade is your child this year?/¿En qué grado el año? | | | | | | | | |
| | | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Address/Dirección: | | | | | | | | | | |
| Home Phone/Teléfono de Casa: | | | | | | Cell/Other Phone/Teléfono celular u otro: | | | | |
| Mother/Guardian Name/Madre/Custodio: | | | | | | Address, if not the same/Dirección, si es diferente: | | | | |
| Place of Employment/Phone Number / Lugar de empleo/Teléfono: | | | | | | | | | | |
| Father/Guardian Name/Padre/Custodio | | | | | | Address, if not the same/Dirección, si es diferente: | | | | |
| Place of Employment/Phone Number / Lugar de empleo/Teléfono: | | | | | | | | | | |
| Siblings/Hermanos | | | Grade/Grado | | | School/Escuela | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| EMERGENCY CONTACT NUMBERS/NUMEROS DE CONTACTO EMERGENCIA | | | | | | | | | | |
| Only the people listed will be permitted to pick up your child./Solo la gente enumerado puede coger a su hijo/a. | | | | | | | | | | |
| Contact Name/Nombre de Contacto | | | Phone Number/Número de teléfono | | | Relationship to the Child/Relación con el niño | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| CUSTODY ISSUES/CUESTIONES DE CUSTODIA : Are there any custody issues that the After School Program should be aware of? Hay cuestiones de custodio que el Programa despues de la Escuela debe saber?_____Yes/Si_____No/No <small>PLEASE NOTE: BY LAW, A SCHOOL SHALL NOT REFUSE TO RELEASE A STUDENT TO A PARENT UNLESS THE COURT ORDERS ARE ON FILE IN THE SCHOOL OFFICE.</small> <small>NOTEN: POR LA LEY, UNA ESCUELA NO PUEDE NEGAR QUE UN ESTUDIANTE SALGA CON UN PADRE O UNA MADRE A MENOS QUE LAS ORDENES DE LA CORTE ESTEN EN LOS ARCHIVOS DE LA OFICINA ESCOLAR.</small> | | | | | | | | | | |

OFFICE USE ONLY

Daytime Teacher:

Room #:

Student/Parent Contract:

Field Trip Permission Slip:

Allergies:

Walker:

Medical Information/Informacion Medica

Do you have medical insurance?/¿Tiene seguro médico? Yes/Si No/No MediCal Yes/Si No/No

Name of medical insurance/Nombre del seguro medical:

Name of family doctor/Nombre de doctor familiar:

Medical ID Number/Número de identificación médico:

Does your child have any of the following?/¿Su hijo tiene alguna de las siguientes?

| | | |
|--|-----|----|
| Asthma | Yes | No |
| Diabetes | Yes | No |
| Heart Disease/Enfermedad del Corazon | Yes | No |
| Hearing Problem/Problemas de oir | Yes | No |
| Glasses or Contact Lenses/Gafas o lentes de contacto | Yes | No |
| Gluten Intolerance or Special Diet/Intolerancia al gluten o dieta especial | Yes | No |

Does your child have allergies? If yes, please explain./ ¿Su hijo tiene alergias? En caso afirmativo, por favor explique.

Does your child have any special needs or serious health problems that we should be aware of? If yes, please explain. / ¿Tiene su hijo algún problema especial o grave de salud que debemos tener en cuenta? En caso afirmativo, por favor explique.

Note: The After School Program staff is not authorized to disperse medication. If a child requires medication during After School Program hours, it will be the responsibility of the parent/guardian. The After School Program staff will ONLY provide medical attention in the form of soap, water, ice and bandages.

Nota: El personal del Programa Después de la Escuela no está autorizado para dispersar medicación. Si un niño requiere medicación durante las horas después del programa escolar regular, será la responsabilidad del padre / tutor. El personal del Programa Después de la Escuela sólo proporcionará la atención médica como dar jabón, agua, hielo y vendas.

In case of an emergency and the After School Program is unable to reach me (parent/guardian), authorization is given in advance for my child to be taken to the nearest emergency facility for treatment or care. / En caso de una emergencia en cual el programa después de la esquela no pueda comunicarse, yo (padre / tutor) doy autorización al prpgrama por adelantado para que mi hijo sea trasladado al centro de emergencias más cercano para recibir tratamiento o atención.

Signature of Parent/Guardian/Firma de padre/custodio

Date/Fecha

My child has my permission to walk home from the After School Program on the following days and times./Mi hijo tiene mi permiso para caminar a casa del Programa Después de la escuela son las siguientes fechas y horas.

I have read both sides of this form and fully understand the contents thereof./He leído ambos lados de este formulario y entiendo completamente su contenido.

Parent/Guardian Signature/Firma de padre/custodio: _____ Date/Fecha: _____

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Walker:

Student Agreement

Please review this with your child/children. We ask that both you and your child/children sign your initials in the space next to each statement. The initials will verify that your child/children have gone over, understand, and agree with each of the statements givens.

1. I have read and agree with the Discipline Section. _____(Initial)
2. I will treat all members of ASES, Staff and Students, with respect. _____(Initial)
3. I will respect myself. _____(Initial)
4. I will respect the environment and the property of both the Southern Kern Unified School District.
_____ (Initial)
5. I WILL NOT hit, punch, slap, kick, pinch, or otherwise physically disrespect any other person during ASES.
_____ (Initial)
6. If I am having a problem with another member of ASES, I will try my best to talk through the problem and come up with a solution. _____(Initial)
7. I will follow the directions that ASES Staff has given me. _____(Initial)
8. I will use appropriate language. _____(Initial)
9. I will be honest. _____(Initial)
10. If a staff member is talking to me, I will listen to what they have to say. _____(Initial)
11. I will do my best to be a positive member of ASES. _____(Initial)

I understand the following items listed above and agree to these conditions.

Student Printed Name

Date

Parent Guardian Printed Name

Parent/Guardian Signature

Date

***Please initial, sign, and then return this agreement to the ASES Site Coordinator at your child/children's school.**

OFFICE USE ONLY

Daytime Teacher:

Room #:

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Walker:

PARENTAL AGREEMENT

(Please fill out both Parent and Student Pages and return to ASP Coordinator)

1. I agree that I have read, understand and agree to abide by the policies of SKUSD ASES Program as stated in the Student handbook. _____(Initial)
2. I understand that my child can be suspended and/or expelled from the program for severe or chronic misbehavior. I will be notified and given copies of written documentation by staff in regards to incidents that occur. I also understand that my child and I can be called into a conference with the school site Coordinator, Principal at the school site to discuss possible solutions to continual situations. _____(Initial)
3. I also understand that all participants, including those authorized to pick-up students, are expected to be respectful to all staff and other participants. _____(Initial)
4. I understand that all children MUST be signed out each day by an authorized adult who is carrying a valid photo ID. I further understand that the person(s) whom I authorize to pick up my child MUST be at least eighteen years old. _____(Initial)
5. I understand that any items that are lost or stolen are the responsibility of my child and not the staff of the ASES program. _____(Initial)
6. I understand that it is the responsibility of my child to get himself/herself from their school dismissal to the ASES program start time. If my child does not show up at the appropriate time, and is found that my child is roaming without permission from teachers, staff or myself, then he/she will be subject to disciplinary action. _____(Initial)
7. I understand that the ASES program ends at 6:00 PM each day. I understand that a late pick up will result in a fine per child beginning at 6:05 PM as stated in the ASES Student Handbook. I further understand that children who are not signed out by 6:30 PM will be released to the Kern County Sherriff's Department. _____(Initial)
8. I, the undersigned, in consideration of participation in the program listed above, agree to indemnify and hold the Southern Kern Unified School District harmless, and release the District and its employees and agents from any and all liability for any injury or loss which may be suffered by the below named individual(s) arising out of or in any way connected with participation in the above program. _____(Initial)

I understand the following items listed above and agree to these conditions.

Student Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

***Please initial, sign, and then return this agreement to the ASES Site Coordinator at your child/children's school.**

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Household Income Data Collection – Southern Kern Unified School District 19/20

PART I: Fill in the following information for a student living in your household

| LAST NAME | FIRST NAME | BIRTHDATE | SCHOOL | GRADE | AFTER SCHOOL PROGRAM? | | BUS TRANSPORTATION? | | SCHOOL ROOM CODE | |
|-----------|------------|-----------|--------|-------|-----------------------|----|---------------------|----|------------------|--|
| | | | | | YES | No | YES | No | | |
| | | / / | | | YES | No | YES | No | | |
| | | / / | | | YES | No | YES | No | | |
| | | / / | | | YES | No | YES | No | | |
| | | / / | | | YES | No | YES | No | | |
| | | / / | | | YES | No | YES | No | | |

PART II: Fill in the following information for Household size and Household Income

See additional information on the back of this form for assistance in determining your household size and annual household income.

1. Circle the total number of **adults and children** living in your household:

Circle one: 1 2 3 4 5 6 7 8 9 10 Other _____

2. Total **Annual** Household Income: \$ _____

PART III: Parent or Guardian Information and Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of adult household member
completing this form

Printed name of adult household member
completing this form

Date

HOME PHONE NUMBER

CELL PHONE NUMBER

E-MAIL ADDRESS

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Who should I include in "Household Size"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in "Total Household Income"? Total Household Income includes all of the following:

- Gross earnings from work: Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- Welfare, Child Support, Alimony: Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits: Include the amount each person living in your household receives from these sources.
- All Other Income: Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- Military Housing Allowances and Combat Pay: Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- Overtime Pay: Include overtime pay ONLY if you receive it on a regular basis.

How do I report household income for pay received on a monthly, twice per month, bi-weekly, and weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- Add all annualized pay together to determine the total annual household income entered in Part II, 2.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/ciefault.htm>.