



Expanded Learning Opportunities Program (ELOP)

After School Education and Safety (ASES)

Registration Form Year: 2026-2027

CHOOSE A PROGRAM (CHECK ALL THAT APPLY) <input type="checkbox"/> ELOP <input type="checkbox"/> ASES <input type="checkbox"/> READING/MATH ACADEMY <input type="checkbox"/> ENRICHMENT (Clubs, Sports, Band, etc.) <input type="checkbox"/> STEAM <input type="checkbox"/> TUTORING	CHOOSE A SITE <input type="checkbox"/> ROSAMOND ELEMENTARY <input type="checkbox"/> WESTPARK ELEMENTARY <input type="checkbox"/> TROPICO MIDDLE Transportation Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	INTERSESSION (IF APP.) <input type="checkbox"/> FALL (Nov 23-25) <input type="checkbox"/> WINTER (Jan 4-8) <input type="checkbox"/> SPRING (Mar 29-Mar 31) Does your child receive SPED services: <input type="checkbox"/> Yes <input type="checkbox"/> No
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IMPORTANT: An application must be filled out for each child in the family.

STUDENT LAST NAME:	STUDENT FIRST NAME:	STUDENT MIDDLE NAME:
DATE OF BIRTH:	WHAT GRADE IS YOUR CHILD IN THIS YEAR?	
	TK K 1 2 3 4 5 6 7 8	
HOME ADDRESS:	HOME/CELL PHONE NUMBER:	
MOTHER/GUARDIAN NAME:	ADDRESS IF DIFFERENT:	
PLACE OF EMPLOYMENT:	WORK PHONE NUMBER:	
FATHER/GUARDIAN NAME:	ADDRESS IF DIFFERENT:	
PLACE OF EMPLOYMENT:	WORK PHONE NUMBER:	
SIBLINGS:	GRADE:	SCHOOL SITE:
1. _____		
2. _____		
EMERGENCY CONTACT INFORMATION		
PLEASE LIST ONLY INDIVIDUALS WHO ARE ABLE TO PICK UP YOUR STUDENT		
CONTACT NAME:	PHONE NUMBER:	RELATION TO STUDENT:
1. _____		
2. _____		
CUSTODY ISSUES: Are there any custody issues that the After School Program should be aware of? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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.		

OFFICE USE ONLY

DAYTIME TEACHER:

ROOM#:

STUDENT/PARENT CONTRACT:

FIELD TRIP PERMISSION:

ALLERGIES:

WALKER:

MEDICAL INFORMATION

Do you have medical insurance? YES ___ NO ___ MEDICAL: YES ___ NO ___

Name of medical insurance: _____

Name of family doctor: _____

Medical ID Number: _____

Does your child have any of the following?

ASTHMA YES NO

DIABETES YES NO

HEART DISEASE YES NO

HEARING PROBLEM YES NO

GLASSES/CONTACTS YES NO

GLUTEN INTOLERANCE/SPECIAL DIET YES NO

DOES YOUR CHILD HAVE ANY ALLERGIES? YES NO

IF YES, PLEASE LIST: _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR SERIOUS HEALTH CONCERNS: YES NO

IF YES, PLEASE LIST/EXPLAIN: _____

NOTE: ELOP STAFF IS NOT AUTHORIZED TO DISPERSE MEDICATION. IF A CHILD REQUIRES MEDICATION DURING ELOP HOURS, IT WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN. ELOP STAFF WILL ONLY PROVIDE MEDICAL ATTENTION IN THE FORM OF SOAP, WATER, ICE AND BANDAGES.

IN CASE OF AN EMERGENCY: IN CASE OF AN EMERGENCY AND THE ELOP STAFF ARE 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.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

MY CHILD HAS PERMISSION TO WALK HOME FROM ELOP YES ___ NO ___

MY CHILD REQUIRES TRANSPORTATION FROM ELOP YES ___ NO ___

I READ ALL INFORMATION ON THIS FORM AND FULLY UNDERSTAND THE CONTENTS THEREOF.

PARENT SIGNATURE: _____

DATE: _____

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STUDENT AGREEMENT

PLEASE REVIEW THIS WITH YOUR CHILD. WE ASK THAT BOTH YOU AND YOUR CHILD SIGN YOUR INITIALS IN THE SPACE NEXT TO EACH STATEMENT. THE INITIALS WILL VERIFY THAT YOU AND YOUR CHILD HAVE GONE OVER, UNDERSTAND, AND AGREE WITH EACH OF THE STATEMENTS GIVEN.

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

PARENT/GUARDIAN SIGNATURE:	STUDENT SIGNATURE:	DATE:
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PARENT AGREEMENT

Please fill out all areas and return to ELOP Coordinator.

1. I agree that I have read, understand and agree to abide by the policies of SKUSD ELOP as stated in the Student Handbook. _____ (Initials)
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, and/or principal at the school site to discuss possible solutions to continual situations. _____ (Initials)
3. I also understand that all participants, including those authorized to pick-up students, are expected to be respectful to all staff and/or other parents. _____ (Initials)
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 (18) years old. _____ (Initials)
5. I understand that any items that are lost or stolen are the responsibility of my child and not the staff of ELOP. _____ (Initials)
6. I understand that it is the responsibility of my child to get himself/herself from their school dismissal to ELOP. 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. _____ (Initials)
7. I understand that ELOP ends at 6:00pm each day. I understand that a late pick up will result in a fine per child beginning at 6:05pm as stated in the ELOP Student Handbook. I further understand that children who are not signed out by 6:30pm will be released to the Kern County Sherriff's Department. _____ (Initials)
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 arising out of or in any way connected with participation in the above program. _____ (Initials)

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

Student Name		
_____	_____	_____
Parent Name	Parent Signature	Date

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HOUSEHOLD INCOME DATA COLLECTION
SOUTHERN KERN UNIFIED SCHOOL DISTRICT 26/27

PART I: FILL IN THE FOLLOWING INFORMATION FOR A STUDENT LIVING IN YOUR HOUSEHOLD

LAST NAME	FIRST NAME	BIRTHDATE	GRADE	ELOP		BUS TRANSPORTATION		SCHOOL ROOM CODE
				YES	NO	YES	NO	
				YES	NO	YES	NO	
				YES	NO	YES	NO	
				YES	NO	YES	NO	

PART II: FILL IN THE FOLLING 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.

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 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

Email 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.

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1. 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.

2. 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.

3. 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:
 - I. If paid monthly, multiply total pay by 12
 - II. If paid twice per month, multiply total pay by 24
 - III. If paid bi-weekly (every two weeks), multiply total pay by 26
 - IV. 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 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 lost your job or had your hours or wages reduced, enter zero or your current reduced income.

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

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