



ESCONDIDO UNION SCHOOL DISTRICT
After School Education & Safety (ASES) and
Expanded Learning Opportunities Programs
2024-25 Registration Form



The Escondido Union School District offers before and after school programs through state-funded ASES grants and Expanded Learning Opportunities Program funding at all schools with classroom-based instruction. These before/after school programs are operated in partnership with the following community agencies, depending upon school site: Boys & Girls Clubs of Greater San Diego, City of Escondido, and YMCA Expanded Learning Programs.

The Before School program begins daily at 6:30 a.m. until the start of school, and the After School program begins upon school dismissal and ends at 6:00 p.m. First priority for enrollment shall go to pupils who are identified by the program as homeless youth, as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11434a), at the time they apply for enrollment or at any time during the school year, and to pupils who are identified by the program as being in foster care, and to pupils who are eligible for free or reduced price meals. It is the intent of the Legislature that pupils participate in the full day of the program every day.

Please complete this form for **each student you wish to enroll** and return it to the program staff at this child's school.

Check One: **Before** school only **After** school only **BOTH before and after school**

Student's Name: _____ Student ID # _____

School of Attendance: _____ Grade (Fall 2024): _____ Birth Date: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone: _____ Parent/Guardian's Email: _____

Please list the name(s) of those responsible for picking up your child, picking up your child in case of an emergency, or providing an alternate ride home. Listed adults must be 18 years of age or older and **MUST SHOW VALID PHOTO ID to pick up student.**

Adult Name: _____ Relationship: _____ Phone: _____

Adult Name: _____ Relationship: _____ Phone: _____

I, _____, understand that the child named above will attend this program(s) every day until the program's noted dismissal time. I give permission to the Escondido Union School District to share and exchange information regarding this student with the assigned partner agency operating the single comprehensive program at their school. I understand this information may be gathered through accessing the student's educational records and that the information will be used in a confidential and professional manner for the purpose of ensuring the student's health and safety. This permission and release of information remains effective for the 2024-25 school year, but can be rescinded by the parent/guardian at any time. To rescind permission and release of information, please send a written request to the following address: Educational Services/Extended Learning, Escondido Union School District, 2310 Aldergrove Ave., Escondido, CA 92029.

I will complete appropriate documents for occasional early release or late arrival as needed. I also understand that my student may be removed by the operating agency from this program(s) should they not attend regularly as stated above or for excessive behavior notices/referrals. I agree that the operating agency may take my child's photo/video for use in their publications, Web sites, and news releases without my further written consent. I have read and signed the attached operating agency's waiver/release of liability and understand it. I understand it is my responsibility to update with the operating agency any and all of this information as soon as possible.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY Form received by: _____ Date: _____ Time: _____



Authorization to Leave Premises Unescorted:

- My child is 12 years or older and has my permission to check him/herself out of the Club.
- My child is 12 years or older but does not have my permission to check him/herself out of the Club.
- My child is **not** 12 years.

Medical Information:

Special Information: Allergies, etc. _____

Does your child take any medications? _____

I give consent for photographs in which my child may appear, to be used in any way the Club may care to use them.

I have read and agree to abide by the policies stated in the Parent Handbook. I understand that failure to abide by the policies in the handbook may result in the removal of my child from Club programs.

I give permission for my child to participate in all Boys & Girls Clubs Programs. In consideration of said minor being permitted to enter any site of the Boys & Girls Clubs of Greater San Diego (the "Club") for observation, use of facilities and/or equipment or participation in any program, I hereby:

Acknowledge that (i) I have read this document, (ii) I have inspected the facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.

Release the Clubs, its directors, officers, employees, volunteers, governing board, agents, representatives (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or by any person associated directly or indirectly with the Club, its officers, directors, employees or volunteers or otherwise while my child is in or near any Club site or participating in any Club activity.

Agree not to sue Releasees for any loss, damage, injury or death described above and indemnify and hold harmless Releasees and each of them from any injury to persons or property sustained by any person caused by any act, neglect, default, or omission of the undersigned or of any person associated directly or indirectly by him upon or in connection with this activity or whether caused by the negligence of the Releasees or otherwise, whether the said injury or damage occurs upon or adjacent to the property. The undersigned at his own cost, expense and risk shall defend any and all actions, suits or other legal proceedings that may be brought or instituted against the Club on any such claim or demand, and pay or satisfy any judgment that may be rendered against the Club in any such action, suit or legal proceedings or result thereof.

I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.

I do hereby authorize the Clubs as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the Club is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the state of California; if any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

Signature of Parent/Guardian: _____ **Date:** _____