

Poway Unified School District



Student Support Services BLACK MOUNTAIN MIDDLE SCHOOL After-School Program 2009-2010

STUDENT REGISTRATION FORM (To be completed by parent or guardian)

Please check here to enroll in the ASES/YMCA After-School Program. I understand that this is a commitment of three (3) days a week for nine (9) hours.

Student Last Name	Student First Name	Initial	Sex:	___ Male	___ Female
Address			Grade:	Date of Birth	
Parent/Guardian Name	Phone		E-mail		
Parent/Guardian Name	Phone		E-mail		
Emergency Contact Name	Phone		E-mail		

Acknowledgment Of Attendance Policy/Waiver And Release Of Liability

In accordance with the intent of the state legislation that provides funding for the Poway Unified School District's After School Education and Safety Program (ASES), students should attend the program every day for the full range of hours offered (**2:30pm-6:00pm**). If it is necessary for my child to leave before the end time of the program, my child or I will mark the reason (per the PUSD early-release policy) on the attendance sheet.

I realize this is a voluntary program, and that by virtue of participating I accept the following terms and conditions. The PUSD After School Education and Safety Program and its contractual Partners do NOT maintain accident/injury insurance for students or parents who may suffer injury or illness while participating. Parents are encouraged to obtain their own insurance coverage. My permission for my child to leave campus while unsupervised carries risks such as being struck by vehicles, getting lost, and exposure to crime situations. I realize there are certain risks involved in program participation, and I willingly assume these for myself and my child. These risks include, but may not be limited to, minor or major bodily injury from a variety of accidents, misbehavior of fellow students, noise, contamination, or infections from environmental or personal sources, exposure to sunlight, and possibly the loss of personal property. I release and hold harmless the Poway Unified School District, the Partners in this program, and their employees and agents, from all liability attaching to my voluntary participation in the program, except for injuries or losses arising from the active negligence or willful misconduct of the Partners, their employees or agents. I agree to inform my child that she/he must follow all safety rules as well as any others given during this program including practice, games, or tournaments. I hereby authorize and give my consent for medical care to be given in an emergency situation to the above-named child while she/he is participating in the program. This agreement is binding on my heirs, personal representatives, next of kin, spouse, and assigns. This is to certify that as a parent/guardian of this student, I do consent to his/her waiver and release as set forth above.

Parent's/Guardian's Signature _____	Date _____
Name of Parent/Guardian (printed) _____	Relationship _____

After School Program Release ~ Please check your preference below:

___ **My child may sign out to leave the program and campus on his/her own at any time to walk home, ride the activity bus, or meet their ride. My child will leave campus within five minutes from sign out time. *** I am aware of the risks associated with the unsupervised release of my child and understand that my child will be taken into the ASES office for supervision if they remain on campus more than five minutes from sign out time. *****

___ **My child must stay in the program until he or she is signed out and released to a parent/guardian or one of the adults listed below:**

1. _____ Name/phone number	3. _____ Name/phone number
2. _____ Name/phone number	4. _____ Name/phone number

Medical Problems/Allergies (Please print):

List all the medications your child is taking:

*IF YOUR CHILD REQUIRES MEDICATION THAT MUST BE ADMINISTERED DURING THE HOURS OF THE AFTER-SCHOOL PROGRAM, YOU MUST COMPLETE AND RETURN PUSD FORM H-026, "AUTHORIZATION FOR MEDICATION ADMINISTRATION". THIS FORM MAY BE OBTAINED IN YOUR SCHOOL'S OFFICE.

Please sign and complete both sides of this form.

Poway Unified School District
Student Support Services



BLACK MOUNTAIN MIDDLE SCHOOL
After School Education and Safety Program

AFTER-SCHOOL EARLY RELEASE FORM

School Name: Black Mountain Middle School				Grade Level:	
Last Name (LEGAL NAME ONLY)		First	Middle	Suffix (Jr, II, III)	
<p>In accordance with California Education Code Section 8483 (a)(1), 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 absence schedule.</p> <p>It is the intent of the legislature that elementary students participate in the full day of the program every day. Middle school students may attend a minimum of 3 days and 9 hours per week to accomplish program goals.</p> <p>There are many students who would like to participate in the after- school program; however, limited space is available. Early student releases need to be kept to a minimum. If necessary, staff will contact the parent/guardian in an effort to avoid disenrollment.</p> <p>Students may be released early from the after-school program prior to the end of the program time for the following reasons:</p> <ol style="list-style-type: none"> 1. Parallel Program (outside lessons, sports, church, etc.) 2. Family Emergencies 3. Family Needs (transportation, childcare, illness, etc.) 4. Medical/Dental Appointments 5. Weather Conditions 6. Medical Emergencies 7. Other Conditions as prescribed by the administration 8. No Approved Reason 					
AFTER-SCHOOL EARLY RELEASE					
Program Hours of Operation		Start time: <u>2:30 p.m.</u>		End time: <u>6:00 p.m.</u>	
Circle Days That Apply		Monday	Tuesday	Wednesday	Thursday
Early Release Time		_____PM	_____PM	_____PM	_____PM
Date Range of Request					
Reason for Request					
Parent/Guardian Signature:				Date:	
ASES Site Coordinator Signature:				Date:	
Principal Signature:				Date:	