



GVSD SCHOOL AGE PROGRAM ENROLLMENT FORM *

* Subject to availability

Today's Date: _____

Students School locations: Bell Hill (K-4) Scotten (K-4) Lyman Gilmore (5-8)

1. Student Information

Name: _____ Special Ed/IEP: Yes No
Last First Middle

Gender: Male Female Birth Date: _____ Age: _____ Primary Language: _____

Ethnicity: Black Hispanic American Indian Asian/Pac. Islander Caucasian Other: _____

School Teacher: _____ Current Grade Level: _____

Allergies: _____ Chronic Illness/Medication: _____

Names of siblings who will also attend After School Program: _____

Special Notes: _____

2. Parent/Guardian Information

Name: _____

Name: _____

Address: _____

Address: _____

Home#: _____ Cell#: _____

Home#: _____ Cell#: _____

Place of Work: _____

Place of Work: _____

Work#: _____

Work#: _____

Email: _____

Email: _____

3. Student Pick-up Information: Pick-up Only

Please list persons with phone numbers who you give permission to pick-up your child from the program.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____



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4. Emergency Contact Information

In the event of an emergency, please list three people we may contact who know your child and can take full responsibility should you not be available.

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

5. Parent/Guardian Consent for Movies, Photographs, and Internet Use

I give my consent to the Grass Valley School District Before and After School Program (GVASP) to photograph my child and to use such pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release GVSD from any claims whatsoever which may arise in said regards. Yes No

I give my consent to the GVASP to allow my child to use the Internet under the supervision of the Before and After School Program staff. Yes No

I give my consent to the GVASP to allow my child to watch G and PG rated movies under the supervision of the Before and After School Program Staff. Yes No

6. Parent/Guardian Agreements

I agree to the following terms as a condition of my child's enrollment in the GVASP. (Please initial each line)

GVASP begins each day at 7:00 a.m. and closes at 6:20 p.m. (6:30 Lyman Gilmore and Scotten) Parents whose children remain past 6:20 p.m. (6:30 Lyman Gilmore and Scotten) will be charged a fee of **\$1.00 per minute per child**. Fees will be collected on the day the child is picked up late. _____

My student has permission to ride the bus that is provided by Durham Transportation and GVASP _____

My student has permission to participate in walking field trips with GVASP _____

My student has permission to sign himself/herself out and walk home (Lyman Gilmore Only) _____

I understand that my child must adhere to the behavioral guidelines of the program. If my child chooses not to follow these guidelines it could result in the dismissal from the program. (Please see our policy on behavior guidelines) _____

I understand the GVASP is not responsible for lost, stolen, or broken personal items. _____

I understand that the GVASP does not provide medical or accident insurance for individual students. (School insurance is available at parent expense). _____

Physician to be called in an Emergency

Name _____ Telephone _____

Address _____

Medi-Cal Number _____ Medical Insurance _____

Insurance Number _____

In case of an emergency, injury, or illness, I authorize the GVASP to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the school representative designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

I have read and understand the above.

Parent/Legal Guardian Signature _____

Date _____

Updated 7/12/18