



Office of Language Acquisition
 State and Federal Programs
 466 Moss Street, Chula Vista, California 91911 (619) 934-8300

Before/After School Activities Program
Before School: 6:45 AM – 8:15 AM
Immediately After School – 6:15 PM
 (619)628-5910 • (619) 628-5903 Fax

School Year 2014-2015 Mar Vista Academy Enrollment Form and General Release for the Before/After School Program

Student First Name		Middle Name		Last Name	
Grade	Male or Female	Date of Birth		Student ID Number	

The Before/After School Education and Safety (B/ASES) Program at [MAR VISTA ACADEMY](#) provides VOLUNTARY youth oriented activities during non-school hours. The program is open every school day from **6:45 AM to 8:15 AM and directly after school until **6:15 PM**. Due to limited funding, priority enrollment will be given to students who can attend the full day every day. All other students will be placed on a waiting list. Non-compliance with attendance may result in disenrollment from the program.**

Release and Waiver for ASES Students

I, the undersigned parent/person represent that I have legal custody/guardianship of the above said student (“Student”), a minor, and am able to give, and hereby give permission for the Student to participate in the B/ASES described above. I acknowledge that these activities may be an extreme test of student’s physical and mental limits and that it could result in death, injury, property loss or other damage of person or property. Risks may derive from terrain, facilities, water conditions, weather, condition of equipment, vehicular traffic, actions of others, lack of hydration, as well as other sources. The Student is physically able and mentally prepared to participate in all activities as described in the announcement of the program. Subject to the physical restrictions listed below, if any, I certify that the Student is physically fit, has sufficiently trained for participation in the described activities or other similar activities and has not been advised otherwise by a qualified medical person.

I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the Student’s involvement in the activities of B/ASES. On behalf of myself and Student, and our respective executors, administrators, heirs, successors, and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE the Sweetwater Union High School District, [Mar Vista Academy Before/After School Activities Program](#), the [YMCA](#), [South Bay Community Services](#) and their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, directors, and volunteers, from all LIABILITY arising out of or in connection with the Student’s participation in any or all of the above described activities, and any and all liabilities associated with any and all claims for the death, injury, or property loss or damage of Student or actions of any kind which may accrue to Student or me as a result of Student’s participation in any [Mar Vista Academy Before/After School Activities Program](#) activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of the Student’s actions during any [Mar Vista Academy Before/After School Activities Program](#) activity except for those claims arising from the sole negligent or willful conduct of Sweetwater Union High School District School or its agents.

↙ _____ **Parent/Guardian Initials**

Program Requirements

In accordance with the intent of the state legislation that provides major funding for the Program, participants’ priority for enrollment will be given to students who can attend the full day every day. Non-compliance with the attendance may result in disenrollment from the B/ASES Program.

↙ _____ **Parent/Guardian Initials**

Early Release/Late Arrival

Please complete the Early Release/Late Arrival form(s) if your Student does not plan to participate for the entire daily program hours.

↙ _____ **Parent/Guardian Initials**

Please note: Once your child leaves campus, he/she WILL NOT be allowed back on campus to participate in the after school program.

Medical Treatment

I hereby authorize [Mar Vista Academy Before/After School Activities Program](#) as agent for the undersigned, to consent, with respect to the Student, 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 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 a physician or hospital. **I understand that the Sweetwater Union High School District and [Mar Vista Academy Before/After School Activities Program](#) are not responsible for costs incurred for medical care.**



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Physical Restrictions

The student has the following physical restrictions: _____

Emergency Contact

In the event of an emergency, I authorize the following person to act on my behalf if I cannot be reached.

Emergency Contact _____ **Relationship** _____

Phone: _____ **Mobile Phone** _____

Confidentiality

Student and I understand that under state and federal law, **Mar Vista Academy Before/After School Activities Program** is required to maintain all student educational records and student related information obtained during the course of the program in a confidential manner. Student and I hereby give permission for any coaches/mentors to check grades of Student in order to track his/her grades for participation in sports and field trips. All records are the property of **Mar Vista Academy Before/After School Activities Program** and are available only to the staff working with them. Information may be released only with the permission of the family or under specific exceptions provided by law. Exceptions to the confidentiality requirement include, but are not limited to, reporting evidence of child abuse, neglect, or threats made in which murder or suicide are involved, investigation and handling of health and safety emergencies, and release to school officials and employees with legitimate educational interests.

↙ _____ **Parent/Guardian Initials**

Program Evaluation

Student and I understand that all information obtained during the evaluation of **Mar Vista Academy Before/After School Activities Program** is completely confidential and that my child’s name will not be used in any reports or publications. Student and I also understand that the information provided through questionnaires completed by my child is to be used for the purpose of evaluation.

↙ _____ **Parent/Guardian Initials**

Photographic Release

Throughout the school year, departments of the Sweetwater Union High School District as well as media companies, such as Cox Communication and television networks, will produce video presentations about programs in the district. The video presentations are usually connected to positive activities taking place in our schools.

Student and I hereby consent to the photography, recording and videotaping of me/my child for distribution, publication or public broadcasting by the media (electronic and print), the Sweetwater Union High School District and **Mar Vista Academy Before/After School Activities Program** in any manner the **Mar Vista Academy Before/After School Activities Program** deems appropriate and Student and I waive any rights of privacy or profit that Student and I otherwise might have in its contents.

↙ _____ **Parent/Guardian Initials**

Videos

Student and I understand that videos are shown during **Mar Vista Academy Before/After School Activities Program** and that they may be rated “G”, “PG” or “PG-13” and I give permission for my child to watch.

↙ _____ **Parent/Guardian Initials**

This document shall be constructed broadly to provide a release and waiver to the maximum extent permission under applicable law. I certify that I am the parent or guardian of the above-named participant and agree to hold each of the above-named individuals and entities harmless and indemnify each in the event of loss whatsoever due to a defect in my legal capacity.

Student and I understand the B/ASP Enrollment Form and General Release, including the waiver of liability and authorization of consent to transport and treat a minor, the photographic release and the confidentiality policy and agree to participate under it.

Reminder: All school rules apply for the before and after school program.

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

Contact Number: _____ **Student Signature:** _____ **Date:** _____



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Parent/Guardian #1: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Work: _____ Mobile Phone: _____ Date: _____

Parent/Guardian #2: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Work: _____ Mobile Phone: _____ Date: _____

Enrollment for: Before School After School Both

Students **MUST** be picked up or on their way home by 6:15 PM.
 Please call (619) 628-5910
 and notify staff if an emergency arises so that we may forward your instructions
 to your student.

Parent Signature: _____ Date: _____

Student Signature: _____

ADDITIONAL EMERGENCY CONTACTS

If other than parents, please indicate who has custody of child and/or if any person other than yourself should pick up your child from school (must be 18 years of age or older). In case of an emergency, illness or accident, indicate a relative or friend who would be authorized to transport child.

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Allergies/Special Health Considerations: _____



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 1267 Thermal Avenue, San Diego, CA 92154
 (619) 628-5910 • (619) 628-5903 Fax

Mar Vista Academy Program Hours: Start Time: 6:45 AM End Time: 8:15 AM

ASES Before School Late Arrival Form

Attendance and Late Arrival Policy

In accordance with the California Education Code Section 8483.1(a)(1)(2)(3), the following regulations regarding attendance and reasonable late daily arrival of pupils to the Before School Program are required. To comply with the intent of the ASES Education Code, any pupil must participate in the program for one-half of daily program hours for attendance accounting purposes. The LEA considers 15 minutes to be a reasonable late daily arrival time for pupils to arrive to the program before it is considered necessary to complete and submit for approval a request for late arrival as noted below. Also, any pupil that arrives between 30 minutes of the start of the program and the half time mark of the program time will be counted as tardy to the program for that day. All tardy pupils must provide a tardy note to be counted as an excused/approved tardy. Furthermore, a periodic review of attendance will be conducted to ensure priority enrollment is given to students who attend daily.

Middle School Students

It is the intent of the California Legislature that pupils enrolled in the after school program in middle or junior high school attend a minimum of six hours a week or three days a week. If a middle or junior high school student is unable to attend the minimum number of hours or days, the parent/guardian must complete and submit for approval a request for late arrival specifying the days and hours the pupil will attend and the reason(s) for requesting late arrival. Priority for enrollment will be given to students who can attend the full day every day. Non-compliance with the attendance and late arrival policy may result in disenrollment from the before school program.

Student's Last Name: _____ First Name _____ M.I. _____

Student's Grade Level: _____ Student's School ID # _____

Reason(s) for Requesting Late Arrival

- | | | | |
|-----------------------|------------------------|---------------------|-------------------------|
| 1. Parallel Program | 2. Family Emergencies | 3. Family Needs | 4. Medical Appointments |
| 5. Weather Conditions | 6. Medical Emergencies | 7. Other Conditions | 8. Transportation |

Reason: _____

Authorization for Late Arrival

(Must arrive no later than half program hours **7:30 AM**)

Date Range	LA Reason	Monday	Tuesday	Weds.	Thursday	Friday	Parent/Guardian Signature	Date of P/G Signature	Program Leader Initials
Example: 10/1/13-6/6/14	8. Transportation- must drop off on way to work	7:30	7:30	7:30	7:30	7:30	Jane Doe	9/20/13	JS
PLEASE FILL OUT THE LINE BELOW USING THE LINE ABOVE AS AN EXAMPLE									

By signing below I am acknowledging the intent of the California Legislature and the California Education Code; I attest that the Late Arrival authorization information is true to the best of my knowledge and I am aware of potential consequences associated with non-compliance of the ASES attendance and Late Arrival requirements.

Parent/Guardian's signature: _____ Date: _____

Staff Signature: _____ Date: _____

Entered in City Span on: _____ Staff Initials: _____



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ASES After School Early Release Form

Attendance and Early Release Policy

In accordance with the California Education Code Section 8483(a)(1)(2)(3), the following attendance and reasonable early daily release regulations for the After School Education and Safety Program (ASES) are required. To comply with the intent of the ASES Education Code, any pupil must participate in the program for one-half of daily program hours for attendance accounting purposes. The LEA considers 15 minutes to be a reasonable early daily release time for pupils to depart before the end of program before it is considered necessary to complete and submit for approval a request for early release as noted below. In addition, pupils that attend a non-ASES parallel program (i.e. academic recovery, intervention, other tutoring programs, etc.) for long-term patterns must have a completed late arrival form, and participate to the end of the program time. Also, any pupil that arrives between 30-60 minutes after the start of the program will be counted as tardy to the program for that day. All tardy pupils must provide a tardy slip to be counted as an excused/approved tardy. Any pupil that arrives to the program more than 1 hour after the start of the program will not be counted for attendance purpose. Furthermore, a periodic review of attendance will be conducted to ensure priority enrollment is given to students who attend daily.

Middle School Students

It is the intent of the California Legislature that pupils enrolled in the after school program in middle or junior high school attend a minimum of nine hours a week and three days a week. If a middle or junior high school student is unable to attend the minimum number of hours and days, the parent/guardian must complete and submit for approval a request for early release specifying the days and hours the pupil will attend and the reason(s) for requesting early release. Priority for enrollment will be given to students who can attend the full day every day. Non-compliance with the attendance and early release policy may result in disenrollment from the after school program.

Student's Last Name: _____ **First Name:** _____ **M.I.** _____

Student's Grade Level: _____ **Student's School ID #** _____

Reason(s) for Requesting Early Release

- 1. Parallel Program
- 2. Family Emergencies
- 3. Family Needs
- 4. Medical Appointments
- 5. Weather Conditions
- 6. Medical Emergencies
- 7. Other Conditions
- 8. Transportation

Reason: _____

Authorization for Early Release

(Must leave no earlier than half program hours M-Th 4:45 PM, Fridays 3:45 PM)

Date Range	ER Reason	Monday	Tuesday	Weds.	Thursday	Friday	Parent/ Guardian Signature	Date of P/G Signature	Program Leader Initials
<i>Example: 10/1/13- 6/6/14</i>	<i>1. Parallel Program- Dance class off campus</i>	<i>5:15</i>	<i>n/a</i>	<i>5:15</i>	<i>n/a</i>	<i>n/a</i>	<i>Jane Doe</i>	<i>9/20/13</i>	<i>JS</i>
PLEASE FILL OUT THE LINE BELOW USING THE LINE ABOVE AS AN EXAMPLE									

By signing below I am acknowledging the intent of the California Legislature and the California Education Code; I attest that the Early Release authorization information is true to the best of my knowledge and I am aware of potential consequences associated with non-compliance of the ASES attendance and Early Release requirements.

Parent/Guardian's signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Entered in City Span on: _____ Staff Initials: _____



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Student's Last Name: _____ First Name: _____ M.I. _____

Student's Grade Level: _____ Student's School ID # _____

Reason(s) for Requesting Early Release

- 1. Parallel Program
- 2. Family Emergencies
- 3. Family Needs
- 4. Medical Appointments
- 5. Weather Conditions
- 6. Medical Emergencies
- 7. Other Conditions
- 8. Transportation

Reason: _____

Authorization for Late Arrival

(Must arrive no later than half program hours M-Th 4:45 PM, Fridays 3:45 PM)

Date Range	LA Reason	Monday	Tuesday	Weds.	Thursday	Friday	Parent/Guardian Signature	Date of PG Signature	Program Leader Initials
Example: 10/1/13-6/6/14	1. Parallel Program- Intervention needs	4:30	n/a	4:30	n/a	n/a	Jane Doe	9/20/13	JS
PLEASE FILL OUT THE LINE BELOW USING THE LINE ABOVE AS AN EXAMPLE									

By signing below I am acknowledging the intent of the California Legislature and the California Education Code; I attest that the Late Arrival authorization information is true to the best of my knowledge and I am aware of potential consequences associated with non-compliance of the ASES attendance and Late Arrival requirements.

Parent/Guardian's signature: _____ Date: _____

Staff Signature: _____ Date: _____

Entered in City Span on: _____ Staff Initials: _____