



PasadenaLEARNS After School Program Application



**\$25 non-refundable registration fee due prior to enrollment
(Check or money order made payable to PUSD. No cash accepted.)**

STUDENT INFORMATION

First Name	M.I.	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary
School in Fall 2021	Grade in Fall 2021	Student ID#	Date of Birth
Race/Ethnicity: <input type="checkbox"/> Decline to State <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian or Pacific <input type="checkbox"/> American Indian or Native American <input type="checkbox"/> Other			

STUDENT PARTICIPATION

By enrolling my child in PasadenaLEARNS After School Program, I understand that my child is expected to participate in the full program Monday-Friday until at least 6:00pm.

Parent/Guardian Signature X	Date
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PARENT (I) INFORMATION

First Name	M.I.	Last Name	Student Lives at this Address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	Apt/Unit #	City	State ZIP
E-mail Address	Home Phone	Cell Phone	Work Phone

PARENT (II) INFORMATION

First Name	M.I.	Last Name	Student Lives at this Address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	Apt/Unit #	City	State ZIP
E-mail Address	Home Phone	Cell Phone	Work Phone

EMERGENCY CONTACT INFORMATION

The following people are authorized to pick up my child:

Name	Home Phone	Cell Phone	Work Phone
Name	Home Phone	Cell Phone	Work Phone
Name	Home Phone	Cell Phone	Work Phone

EMERGENCY MEDICAL INFORMATION

Allergies/Medical Condition:

Does the student take prescription medication? Yes* No *If yes, provide the site coordinator medication and a doctor's note by the first day of program.

Please list medication(s):

Parents are required to provide any important information that may impact their child's participation in the program. Is there anything that LEARNs needs to know about your child including special needs?

PHOTO RELEASE

PasadenaLEARNS may produce or participate in video, motion picture, audio recording, Web page, still photography, and/or publication which may involve the use of students' names, likenesses, or voices. Such productions will be used for non-commercial purposes, including promotional or advertising by PasadenaLEARNS and will not be sold. I understand that my child's name, likeness, or voice may be used in the manner described above, and grant PasadenaLEARNS the right to use and reuse it, in any manner at all. I hereby forever release and discharge PasadenaLEARNS from any and all claims, actions and demands arising out of or in connection with the use of said matters, including, without limitations, any and all claims for invasion of privacy and libel. This release shall ensure the benefits of the assigned, licensed and legal representatives of PasadenaLEARNS, as well as the party(ies) for whom PasadenaLEARNS took the video, motion picture, audio recording, Web page or still photograph. I represent that I have read the foregoing and fully and completely understand the contents hereof.

If you do not want your child(ren) photographed, you will need to submit a written notice to: PasadenaLEARNS; 351 S. Hudson Ave.; Room 205; Pasadena, CA 91109; c/o Maria Tolver.

Parent/Guardian Signature X	Date
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EMERGENCY MEDICAL AUTHORIZATION

In case of emergency and if I/we cannot be reached, I, the undersigned of the above named student, a minor, do hereby authorize a representative of Pasadena Unified School District and/or alternates listed above to act as agent(s) to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by a licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of PUSD to give consent for such treatment as the physician may deem advisable. This authorization is GIVEN PURSUANT TO section 25.8 of the Civil Code of the state of California and is effective for 2021-2022 school year.

Parent/Guardian Signature X	Date
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Please read carefully and sign below: I give my child permission to participate in the PasadenaLEARNS program including the physical education components and walking field trips. I understand that attendance in the LEARNs program is important. Completing this form does not guarantee enrollment. Space is limited. Students who are not picked up on time will be charged a late fee of \$5.00 per child for the first five minutes, or any part thereof, and \$1.00 per minute thereafter. Students are required to attend program Monday - Friday until 6:00pm. Students who consistently miss program, are picked up early, or whose parents fail to sign them out properly will be replaced with students on the waiting list. Students must display positive behavior and good citizenship. Any serious offenses may result in immediate dismissal from the program. Please review the Parent Handbook for additional requirements and policies.

Parent/Guardian Signature X	Date
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