

**Berkeley Unified School District**  
**Berkeley LEARNS After School Programs**  
**Middle School Enrollment Application for 2009/2010 School Year**

Please Check Program Applying for:

King Visionaries ASLP       Longfellow Stars EDP       Willard Phoenix Rising After School

**My Child/Children need:**       Full Time (5 days a wk.)       Part Time (2-3 days a wk.)

**Days:** \_\_\_\_\_

Child/Student's Name \_\_\_\_\_ 2009-10 Grade \_\_\_\_\_

2<sup>nd</sup> Child/student \_\_\_\_\_ 2009-10 Grade \_\_\_\_\_

3<sup>rd</sup> Child/student \_\_\_\_\_ 2009-10 Grade \_\_\_\_\_

**Parent/Guardian #1**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Other Telephone (Pager, cell phone, etc.) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Parent/Guardian #2**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Other Telephone (Pager, cell phone, etc.) \_\_\_\_\_ E-Mail \_\_\_\_\_

Please check here if your child is moving from a BUSD school where he/she was enrolled in a Berkeley LEARNS After School Program and identify the school \_\_\_\_\_

# BUSD Berkeley LEARNS After School Programs Information and Consent Form

## WHAT YOU'D LIKE US TO KNOW ABOUT

Please use this space to share anything you'd like to tell us about \_\_\_\_\_,  
your child, and expectations you have about his/her participation in the Berkeley LEARNS After School  
Program.

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Berkeley LEARNS conducts a yearly program evaluation. If you **DO NOT** want your child to participate  
in the student survey or the CA Healthy Kids survey, please sign below.

X. \_\_\_\_\_  
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## PERMISSION TO REVIEW SCHOOL DATA

I give permission for Berkeley LEARNS After School Program to review my child/children's school data  
(test scores, report cards, Special Education IEP or 504 Rehabilitation Plan and other measures for the  
2009-10 school year) for the purposes of 1) developing and providing effective academic support and  
enrichment for my child/children; and 2) assessing the effectiveness of extended day academic  
intervention. I understand that under no circumstances will the data be shared or reported in a manner  
that will or could reveal the identity of my child/children.

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Parent/Guardian Name	Signature	Date
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## ASSUMPTION OF RISK AND RELEASE

I \_\_\_\_\_, the undersigned, hereby authorize my child,  
\_\_\_\_\_, to participate in Berkeley LEARNS After School  
Programs. In consideration for permission to participate, I do hereby, for myself and my heirs and  
assigns, and on behalf of my child/ward, and for his or her heirs and assigns, release and agree to  
identify and hold harmless BUSD Berkeley LEARNS After School Programs and any of the participating  
staff, their officers, agents, and employees from any and all liability, loss, claim, demand, action, or  
cause of action which arises or may arise or be occasioned in any way by such participation. I  
understand that the goal of Berkeley LEARNS After School Programs is to provide students with a safe,  
fun, and enriched environment during after school hours; and that funding for the program provides for  
a minimum staffing ratio of 1 staff member for each 20 children. I understand that staff will provide for  
each child's individual needs to the best of their ability within this staffing ratio.

I have read the above information and understand and agree to its content.

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Parent/Guardian Name	Signature	Date
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# Berkeley LEARNS After School Programs

## Walking Field Trip Permission Slip

Throughout the year students may take some walking field trips around our **Name of** neighborhood.

I \_\_\_\_\_ the undersigned, hereby authorize my child, \_\_\_\_\_ permission to participate in walking field trips during the 2009-10 school year. In consideration for permission to participate on the walking field trip, I do hereby, for myself and my heirs and assigns, and on behalf of my child/ward, and for his or her heirs and assigns, release and agree to identify and hold harmless BUSD Berkeley LEARNS After School Programs and any of the participating staff, their officers, agents, and employees from any and all liability, loss, claim, demand, action, or cause of action which arises or may arise or be occasioned in any way by such participation during the walking field trip.

I have read the above information and understand and agree to its content.

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Parent/Guardian Name

Signature

Date

# Berkeley LEARNS After School Programs

## Parent/Guardian Agreement

I, \_\_\_\_\_ understand that I am required to volunteer a minimum of 10 hours this school year. I understand that volunteer time includes but is not limited to: serving food and participating in family pot-lucks, attending evening meetings, tutoring during homework/academic hour, offering classes, assisting in enrichment classes, helping out on the yard, helping to clean-up at the end of the day, making reminder phone calls to parents/guardians, and/or making donations of healthy snacks, games etc.

I also understand that the success of *Name of Program* is based on the community coming together to support our students in order for them to reach their full potential. I agree to fulfill my part as a community member to the best of my abilities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Thank you,  
*Your Name*, Program Coordinator  
*Name of Program*

**Berkeley Unified School District  
Berkeley LEARNS After School Programs**

**Middle School Sign-In Process**

**Berkeley LEARNS Middle School After School Programs are not responsible for students unless they have signed into the program after school has been released.** The staff will only inquire into student's whereabouts on the days that the parent/guardian has signed them up for the program. There is space provided on the Enrollment Application to indicate which days your child/children will be attending the After School Program.

Please sign below that you have read, understand, and agree to the above information.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Berkeley Unified School District

## **Berkeley LEARNS After School Programs Waiver and Permission to Walk Home from LEARNS program for Middle School Students**

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

It is the general policy of the Berkeley Unified School District and the Berkeley LEARNS After School Programs that all students are to be picked up from after school programs by an authorized adult. The authorized person must sign out the registered student. However, there are circumstances in which a parent/guardian prefers to give permission to the District/LEARNS for his/her child to walk home/ leave the programs without adult supervision. The purpose of this waiver/permission slip is to give permission for my middle school child/ward to walk home after participation in the Berkeley LEARNS After School Program without adult supervision.

By my signature below, I hereby give permission for the above named student to walk home after participation in a Berkeley LEARNS After School Program without adult supervision on any school day. I understand that under California Education Code 44808 that no school district, city or county board of education, county superintendent of schools, or any officer or employee of such district or board shall be responsible or in any way liable for the conduct or safety of any pupil of the public schools at any time when such pupil is not on school property, unless the student is transported by a District-owned or authorized bus or other District-authorized means of transportation as a part of the program. With this permission slip, I indicate my consent to assume total responsibility for the above named student.

By my signature below, I agree to waive all claims against the Berkeley Unified School District, its Board, officers, agents, employees and volunteers and hold the aforementioned harmless from any and all liability or claims, which may arise out of my child/ward's leaving the Berkeley LEARNS After School Program without adult sign out or adult supervision.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Berkeley L.E.A.R.N.S. After School Programs Allergy Awareness Form



## General Information

Name of Child:		
Date of Birth:		
Grade:		
Allergic To:		
Asthmatic:	YES	NO

Symptoms that have occurred due to allergy:  
(circle all that apply)

1. Mouth- itching, tingling, or swelling of lips, tongue, mouth
2. Skin-hives, itchy rash, swelling of the face or extremities
3. Gut-nausea, abdominal cramps, vomiting, diarrhea
4. Throat-tightening of throat, hoarseness, hacking cough
5. Lung-shortness of breath, repetitive coughing, wheezing
6. Rapid pulse, low blood pressure, fainting, pale, blueness
7. Other-