



**Butte County Office of Education - 1859 Bird Street, Oroville, California 95965**  
**After-School Program Enrollment Form (2021-2022)**

School: Berry Creek  
 Paid: Yes \_\_\_ No \_\_\_

Student Name (last, first): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address if different from above: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student's Primary Language: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  F  M

So we may better serve your child, please advise us of any allergies or medical needs. Please be specific.

My child does not have allergies and/or medical needs  My child DOES have allergies and/or medical needs.

If yes please explain: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home/Mailing Address (if different than student): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home/Mailing Address (if different than student): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name of Person to call in case of emergency: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Permission to pick-up student?  Yes  No

Secondary Person to call in case of emergency: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Permission to pick-up student?  Yes  No

**Student Background:**

American Indian  Alaska Native  Asian  White (non Hispanic)  Pacific Islander  Hispanic  Black/African American (non Hispanic)

Does your child have any type of disability?  No  Yes - Description: \_\_\_\_\_

**Early Release Policy**

I understand that the intent of the BCOE After-School Program is to keep my child safe and engaged in meaningful activities after school each day until around 6:00 p.m. Our policy is to release students from one safe environment to another safe environment – specifically, from the Program into the custody of a parent or guardian. If another arrangement needs to be made in an exceptional situation (i.e., dental or doctors appointment, last available bus, special activity or other organized function); please let us know in advance and specify reason for early departure on the sign in/out sheet. I understand and agree to comply with the Early Release Policy.

**Parent-Student Handbook:**

The Parent-Student Handbook is online at <https://www.bcoe.org/documents/Expanded%20Learning/Parent-Student%20Handbook%202021.pdf>. Signing the enrollment form validates that you have read and reviewed the handbook with your student and that you understand the policies and procedures. A hard copy may be obtained from your student's After-School Program Site Coordinator.

**Enrollment Policy**

As you may already know, most of our sites have a waiting list of those students wanting to attend. In accordance with Assembly Bill 1567, first priority enrollment is given to pupils who are identified by the program as homeless, and to pupils who are identified by the program as being in foster care, and 2<sup>nd</sup> priority enrollment, for programs serving middle and junior high school pupils, to pupils who attend the program daily. Students who attend our program on a regular basis will receive priority participation. Students who do not attend on a regular basis may be in jeopardy of losing their position in the program to a student on the waiting list that can and will attend regularly.

**Please check all that apply below and sign your name.**

- Please check one of the following:
  - My child will walk or ride a bike home from the program.  I will pick up my child from the program.  Other
- We may place articles in local newspapers and/or various media to inform the community about the program.
  - Yes, my child has my permission to be photographed or video taped (pictures may be used in the newspaper or other media).
  - No, my child does not have my permission to be photographed or video taped.
- On an annual basis students are asked about their attitude towards our program. Their responses are confidential and never reported in association with their name. Before your child can complete the survey, we need your written permission.
  - My child has my permission to participate in the survey and the Program.
  - My child does not have my permission to participate in the survey, but may participate in the Program.
- My child currently participates in the following education programs at school:
  - Migrant Education  ESL/LEP  Special Education  Intensives
  - My child is homeless and/or a foster youth.  No  Yes
  - My child currently has health insurance coverage:  No  Yes Type: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_