

## Los Angeles Unified School District BEVOND FOR TO LE TRANCE

SITE COORDINATOR'S NAME (PRINT)

## BEFORE AND AFTER-SCHOOL PROGRAM APPLICATION/AGREEMENT

For Staff Use Only
DISTRICT ID NUMBER
SCHOOL YEAR

DATE

					SCHOOL YEAR	
SCHOOL OF AT	TENDANCE:	Honey & Grand Developed in State 2007 Day Parine State about parties and		an ang kalantar sa kakana kakana an ang ang ang ang ang ang ang ang a		
Program Applying	for: (Only check o	ne)				
BEFORE-SCHOOL		AFTER-SCHOOL		Other Programs		
Ready-Set-Go! (RSG)	Youth Services	Grant Funded Program (A. Name of Program	SES/21 <sup>st</sup> CCLC/ASSETs)	Name of Program		
APPLICANT		entermanischen zum Preußer der Stelle bereit betreit der	THE RESIDENCE OF SEAL SERVICE PROPERTY OF THE			
PRINT NAME CLEARLY	FIRST	M.I. LAST	DATE	OF BORTH MONTH DAY	VEAR GRAD	
PRINT TYMBE CEEFACE I	z ino:	178.25 L.7131	DATE	DATEO DECIMARIO DE COM		
<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	STREET ADDRE	SS	Apt#	Спу	ZIP CODE	
Parent(s)/Gua		tamen jakpi kiin perjangahan jaken jami tehin pangan kangan jaken pangan pendangan kangan pendangan pendangan	Sectional Company of the Company of	osanosanas kasa anganganpanganganganganganganganganganganganganga		
Parent's/Guardian's Name			7.7.7. General des	Parent's/Guardian's Name		
Print Name:		FIRST M.I. LAST	PRINT N	AME: FRST M.I. LAST		
PHONE NUMBER (MAIN)		PHONE NUMBER (OTHER)	PHONE NUMBER	(MAIN)	PHONE NUMBER (OTHER)	
EMERGENCY CO	ONTACT/REL	EASE INFORMATION (prov	vide a minimum of two contact.	s)		
#1: RFLATIONSHIP		Name (FIRST LAST)	PHONE NUMBER(S)	ADDRESS	(STREET CITY ZIP)	
#2; RELATIONSHIP		Name (FIRST LAST)	PHONE NUMBER(S)	Address (STREET CITY ZIP)		
#3: RELATIONSHIP		NAME (FIRST LAST)	Phone Number(s)	PHONE NUMBER(S) ADDRESS (STREET CT		
s an Emergency Conti I/We give my permiss a displays to the public I/We hereby consent	ict/Release Information for my child to to to publicize the p	ore/After-School Program (BASP) ation. The above listed individuals be filmed or photographed. I und program, or for printed materials p of personally identifiable informat	s must be 18 years or older. derstand that All film or phot published by and/or for the B. tion from my child's education	os are the sole property o ASP.	f the BASP, and may be	
rivacy Act and allow t articipate in BASP pr	for the Los Angele: ograms.	Unified School District to disclose	such information only to the	extent and for the dura	ion necessary for my cui	
ronram to carra nunil	e in frindergarten e	(ASES) Program Act of 2002, enac and grades 1 to 9, inclusive, at parti rograms and before school program youth or as being to foster care wi	icinatina nublic elementury (	middle inniar high, and	charter schools. I ne act	
		le): Homeless Youth Fos		· @ · · · · · · · · · · · · · · · · · ·		
Does your child have	any physical, emot	ional, and/or learning difficulties?				
Does your child have	any food allergies?	If so, please specify:				
ACKNOWLEDGE						
Parent's/Guardian's Name (P		PRINT)	Parent's/Guardian's Signatue	PE.	DATE	
Parent's/Guardian's Name (Pi		rint)	Parent's/Guardian's Signatur	RE .	DATE	

SITE COORDINATOR'S SIGNATURE