



**San Juan Unified School District  
Bridges After-School Program  
Application for Enrollment 2011-12**



<b>School Attending</b>	School:	
<b>Child's Name</b>	Last:	First:
<b>Child's Address</b>		
<b>Date of Birth</b>		
<b>Gender</b>	Male	Female
<b>Grade/Teacher</b>		
<b>Bilingual Y or N</b>	Languages Spoken:	
Parent/Guardian:	Relationship:	
Phone:	Email:	
Parent/Guardian:	Relationship:	
Phone:	Email:	

**PARTICIPATION:** Bridges After-School is open to all students who would like to participate and is offered on a first come, first served basis. Program participation requires adherence to all policies and guidelines as described below. Parents/Guardians are required to attend a parent orientation at the beginning of the school year.

**ATTENDANCE:** Students are expected to attend Bridges After-School every day of operation and participate in the full program day. The program operates for at least 3 hours and until at least 6:00 PM. If a student is absent, parents are required to notify the Bridges program staff, in addition to the traditional school day staff. An accumulation of 10 unexcused absences can be considered excessive and a student's enrollment in the program may be revoked. Students may only be picked up before the end of program time if in accordance with the Bridges After-School Early Release Policy.

**STUDENT PICK-UP:** Students must be picked up promptly at the end of Bridges After-School daily. If a student has not been picked up by the end of the program, Bridges staff will contact the parent/guardian and individuals designated as emergency contacts. Bridges After-School may dismiss a student from the program after 3 late pick-ups.

**STUDENT BEHAVIOR :** All students must follow San Juan Unified School District's school rules and any additional policies of the Bridges After-School Program. ***Disruptive or disrespectful behavior toward other students or staff is a reason for dismissal.*** Bridges After-School staff will notify and/or involve parents/guardians in behavior interventions that occur. It is encouraged that parents/guardians discuss concerns about any behavior with the Bridges After-School Site Coordinator. **\*THE BRIDGES AFTER-SCHOOL PROGRAM WILL NOT TOLERATE VIOLENCE, DRUGS, RACIAL SLURS, SEXUAL HARASSMENT, INAPPROPRIATE TOUCHING OR PERSONAL PUT-DOWNS TOWARD OTHERS. IF ANY OF THESE INCIDENTS OCCUR, DISCIPLINARY ACTION WILL BE TAKEN IMMEDIATELY AND COULD RESULT IN TERMINATION FROM THE PROGRAM.**

*I have read and understand all of the information above. I agree to adhere to all of the Bridges After-School Policies and Guidelines and help my student understand and follow Bridges After-School guidelines.*

*With my signature on the Bridges After-School Application for Enrollment, I acknowledge receipt of this document and give my consent to the confidential collection and reporting of this statistical information.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Funding for the Bridges After-School program requires that statistical information for participating students is collected and reported. Evaluators keep the information confidential and no information is reported on individual children. Your name, your child's name or identifying information will be kept anonymous and will not appear in any printed report from the study.

**BRIDGES STAFF USE ONLY**

Returning Bridges student Y \_\_\_\_ N \_\_\_\_ If yes, from what school? \_\_\_\_\_

First day of enrollment \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Application Received \_\_\_\_/\_\_\_\_/\_\_\_\_



San Juan Unified School District
Bridges After-School Program
Emergency Information 2011-12



Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Address \_\_\_\_\_ Child resides with: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Information: Students will only be released from the program with a parent/guardian signature or that of an individual designated below. If your child is ill or has an emergency and a parent/guardian cannot be reached, your child may be released to a designated emergency contact. Emergency contacts must be 16 years or older. Parents/Guardians are required to update emergency information as changes occur.

EMERGENCY CONTACTS: (minimum of two required)

Table with 4 columns: NAME, RELATIONSHIP, HOME PHONE, CELL PHONE. Includes four rows of blank lines for entry.

Parent/Guardian Must Check One

- 1. In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care...
2. I do not choose the above statement and desire the following action in the event of an emergency:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Coverage: \_\_\_\_\_ ID#: \_\_\_\_\_

VISION: [ ] wears glasses [ ] wears contacts [ ] to be worn at all times requires preferential seating Date of last eye exam \_\_\_\_\_

HEARING: [ ] has a hearing problem [ ] has tubes in ears [ ] uses hearing aid [ ] requires preferential seating

GENERAL HEALTH: 1. Has the following condition(s): [ ] asthma [ ] epilepsy [ ] fainting spells [ ] diabetes [ ] hyperactive (ADHD) [ ] migraines [ ] heart condition [ ] allergies \_\_\_\_\_ allergic reaction to bee stings (describe): \_\_\_\_\_ [ ] Other \_\_\_\_\_

2. List Medications Prescribed: \_\_\_\_\_ Current Dosage: \_\_\_\_\_

For (diagnosis) \_\_\_\_\_ Prescribed by Dr. \_\_\_\_\_ Phone \_\_\_\_\_

3. Has a physical condition which limits participation [ ] no [ ] yes (explain): \_\_\_\_\_

4. Has Special Needs [ ] no [ ] yes (explain): \_\_\_\_\_

"I authorize the release of my child's medical information 1. by the school district and the provider of services to the billing agent and 2. by the school district to my insurance carrier as necessary to process a claim or to request payment of Medical Assistance Benefits. Shared information will be limited to health service documentation only."

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

Print Name \_\_\_\_\_ Relationship \_\_\_\_\_



**San Juan Unified School District  
Bridges After-School Program  
2011-12 Fee Policy and Agreement**



School Attending	School:	Grade:
Child's Name	Last:	First:
Child's Address		
Parent/Guardian:	Relationship:	
Phone:	Email:	

**Registration Fee:** A \$30 nonrefundable registration fee is due at the time of confirmed enrollment.

**Program Participation Fees:**

- Monthly fees are determined using a sliding scale based on a student's free or reduced lunch rate eligibility.
- All fee rates include early release Thursdays, and all other scheduled minimum days.
- Fees are calculated with all non-school days during the school year (including holidays) considered.
- Fees will not be applied for school year program days in August or June.
- The regular year monthly rate will be applied for each month from September through May.

Select Eligible Rate	Lunch Eligibility Status and Corresponding Monthly Program Rates	Scholarship Request
	<input type="checkbox"/> Full Lunch      \$50 per month <input type="checkbox"/> Reduced Lunch    \$40 per month <input type="checkbox"/> Free Lunch         \$30 per month	<input type="checkbox"/> I am unable to pay all or part of the rate I qualify for and will contact the Bridges After-School program secretary, Debbie Timpson, @ 971-5933 within 5 days of submitting this application to request a full or partial scholarship.

**Payments by check or money order:**

- Payments are due by the 10<sup>th</sup> day of each month.
- Checks and money orders are made payable to San Juan Unified School District with Bridges After-School in the memo line. Please mail to:  
*Attn: Bridges After-School Programs/Marvin Marshall, 5309 Kenneth Ave., Carmichael, CA 95608*
- Payments may be dropped off at one of the Bridges After-School regional offices:
  - Arden Arcade Region - 4425 Laurelwood Way, Sacramento 95864/ Room 18, 979-8414
  - Carmichael Region - 5309 Kenneth Ave, Carmichael 95608/ Room 5, 575-2386
  - Citrus Heights Region - 7901 Rosswood Drive, Citrus Heights 95621/ Room H7, 725-6499
- **Payments may not be dropped off at program sites.**

**Payments by credit card:**

- Visa and MasterCard payments are accepted online at [www.myschoolbucks.com](http://www.myschoolbucks.com). *My School Bucks is a fast and simple online payment center for parents. Myschoolbucks.com has features such as: paying for tuition, meals, and other school items in one central place; email reminders of payments due; set up of automatic payments on given dates and more.*

**Late Fees:**

- If payment is not received within 5 business days of the due date a \$25 late fee will be charged.

**Non-Sufficient Funds (NSF):**

- Checks returned by the bank will incur an additional \$25 charge. A money order is required for replacement of NSF check.
- Checks will not be accepted as form of payment after the bank has refused a second check.

**Cancellation Policy:**

- Families are required to give a two week notice in writing when ending a child's participation in the program. If a participant leaves prior to the end of the designated two weeks, full payment is still required for the duration of the two week period.

**Disclaimer:** *I have read and agree to the Bridges After-School Program fee plan and policies including payment of all financial obligations.*

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

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