



**San Juan Unified School District  
Bridges After-School Program  
Application for Enrollment 2016-17**



<b>School Attending</b>	School:			
<b>Child's Name</b>	Last:		First:	
<b>Child's Address</b>	Street Address	City	State	Zip
<b>Date of Birth</b>				
<b>Gender</b>	Male	Female		
<b>Grade/Teacher</b>				
<b>Bilingual</b>	Yes	No	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 behavior, disrespectful behavior toward other students or staff or behavior that creates a safety concern 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. With my signature on this document, 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.

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. Parent names, student names and all identifying information will be kept anonymous and will not appear in any printed report from the study.

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

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

**BRIDGES STAFF USE ONLY**

Returning Bridges student Y \_\_\_\_ N \_\_\_\_ If yes, from what school? \_\_\_\_\_ Student ID Number \_\_\_\_\_  
 Date application was received \_\_\_\_/\_\_\_\_/\_\_\_\_ Time application was received \_\_\_\_\_ Student's start date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Initials \_\_\_\_\_

**White copy for site, Yellow copy for office, Pink copy for parent**



**San Juan Unified School District  
Bridges After-School Program  
Fee Policy and Agreement 2016-17**



<b>School Attending</b>	<b>School:</b>	<b>Grade:</b>	<b>Student ID Number:</b>	
<b>Child's Name</b>	<b>Last:</b>	<b>First:</b>		
<b>Child's Address</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Parent/Guardian:</b>		<b>Relationship:</b>		
<b>Phone:</b>		<b>Email:</b>		

**Program Fees:**

- A \$30 nonrefundable registration fee is due at the time of confirmed enrollment.
- 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.
- Payments are due by the 10<sup>th</sup> day of each month (September – May).
- Monthly fees are determined using a sliding scale based on a student's free or reduced lunch rate eligibility.

	<b>Select Eligible Rate</b>	<b>Scholarship Request</b>
<b>Fee Sliding Scale</b>	<input type="checkbox"/> \$50 per month- My student does not qualify for free or reduced rate lunch during the school day.	<input type="checkbox"/> I am unable to pay all or part of my eligible rate. <b>I will call 971-5933 within 5 days of submitting this application to set up a scholarship agreement.</b>  <input type="checkbox"/> I established a scholarship agreement for the 2015-16 program year fees and would like to continue this scholarship agreement for the 2016-17 program year fees.
	<input type="checkbox"/> \$40 per month – My student qualifies for reduced rate lunch during the school day.	
	<input type="checkbox"/> \$30 per month- My student qualifies for free lunch during the school day.	

**Payments by check or money order:**

- Checks and money orders are made payable to San Juan Unified School District with your student's name and school in the memo line. Please mail to:  
Bridges After-School Programs/San Juan Unified School District, 3738 Walnut Ave., Carmichael, CA 95608
- Payments may be dropped off at one of the Bridges After-School regional offices:
  - Arden Arcade Region – 2641 Kent Drive, Sacramento 95821/ Room 5, 575-2434
  - Carmichael Region – 6230 Rutland Drive, Carmichael 95608/ Room 24, 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).

**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.

**I have read and agree to the Bridges After-School Program fee policies.**

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

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

**White copy for office, Yellow copy for parent**



**San Juan Unified School District  
Bridges After-School Program  
Emergency Information 2016-17**



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)

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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, including necessary transportation, in accordance with their best judgment. I authorized the physician named below to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.
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 \_\_\_\_\_