



13064

REGISTRATION FORM

FY 2017 - 2018

LA's BEST After School Enrichment Program / Los Angeles Unified School District

Submission of this registration form does not guarantee enrollment in the program.

Date / / Male Female Grade Client Code

School Code School

Legal Last Legal First

Legal Middle Birth Date / / Family ID (Primary Telephone) - -

Address City CA

Zip Email

Ethnicity Choose One: Asian African American Filipino Hispanic Native American Pacific Islander Caucasian Other

Information Kept Confidential* Authorized Adult Information *Information Kept Confidential

List only authorized adults, 18 years or older

Use the following numbers for RELATION: 1-Parent/Guardian; 2-Relative; 3-Other

Use the following code for PREFERRED LANGUAGE: EN - English; SP - Spanish

NAME	RELATION	LANGUAGE	PRIMARY TELEPHONE	SECONDARY TELEPHONE
1 <input type="text"/>	1	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Does your child have any physical/mental limitations we should know about?

Please indicate if any medication taken Name of Physician

Allergies Physician's Phone - -

Teacher Room

PUPIL DESIGNATION

The After School Education and Safety (ASES) Program Act of 2002, enacted by initiative statute, establishes the ASES Program to serve pupils in kinder and grades 1 to 9, inclusive, at participating public elementary, middle, junior high and charter schools. Pupils who are identified by the program as homeless youth or as being in foster care will be given first priority. (Please check if applicable):Foster Care Homeless Youth

AUTHORIZED RELEASE

I/We authorize my child to be released to the individuals listed at the close of each day and in case of emergency. I understand students must be signed out by an authorized adult who is 18 years or older, and listed on the registration form. For release from the program, forms must have at least 3 names of authorized adults each with their own distinct telephone numbers.Yes No

EMERGENCY MEDICAL ATTENTION

In case of emergency I/we authorize that my child receive medical care. I understand the school district is not responsible for any costs incurred for emergency treatment. I also understand the school district is not responsible for any medical treatment received or transportation of my child.Yes No

RELEASE FOR PHOTOGRAPH/VIDEO

I/We give my permission for my child to be filmed or photographed. I understand that all film or photos are the sole property of LA's BEST, and may be used in displays to the public, to publicize the program, or for printed material published by and/or for LA's BEST. I understand that all proceeds will be used for LA's BEST programs.Yes No

CONSENT FOR PROGRAM EVALUATION

I/We give consent for my child to participate in activities designed to evaluate the effectiveness of the LA's BEST Program.Yes No

I/We give consent for the disclosure of personally identifiable information from my child's education records under the Family Educational Rights and Privacy Act and allow for the Los Angeles Unified School District to disclose such information only to the extent and for the duration necessary for my child to participate in LA's BEST.Yes No

Signature Date Signed / /

LA's BEST SITE STAFF USE ONLY

Date/Time/Initial / / Start Date / / Group Regular School Year Summer

Waitlist