



WRAP/ICES
Expanded Day Program
2018-2019
STUDENT REGISTRATION FORM

Please select preferred school:	
<input type="checkbox"/> Avalon	<input type="checkbox"/> Keller
<input type="checkbox"/> Birney	<input type="checkbox"/> Lindbergh
<input type="checkbox"/> Bryant	<input type="checkbox"/> MacArthur
<input type="checkbox"/> Franklin	<input type="checkbox"/> Rogers
<input type="checkbox"/> Gompers	<input type="checkbox"/> Signal Hill
<input type="checkbox"/> Hamilton	<input type="checkbox"/> Tincher
<input type="checkbox"/> Jefferson	

Please use blue or black ink when completing form

Date Application Received (Office Use Only): _____

Student's Name _____ Male _____ Female _____

Fall 2016 Grade _____ Student ID # _____ Student Date of Birth _____

Address: _____ City: _____ Zip: _____

1) Parent/Guardian Name: _____ Email: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

2) Parent/Guardian Name: _____ Email: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Language Spoken in Home: _____ Racial/Ethnic Group: _____

Emergency Contacts (In the event that the parent/guardian is not available)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Permission to pick up my child List:

I give the following people permission to pick up my child from school (I understand identification will need to be provided if reasonable & the people I have listed are aware)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Unauthorized Person:

Is there anyone who is **NOT** authorized to pick up the above student: **Y** or **N** (please circle one)

If yes, please list name(s): _____

Is there a court order on the above unauthorized person: **Y** or **N** (please circle one)

If yes, please attach a copy of the court order with your child application.

Release for Permission to Participate in the Evaluation Survey

By initialing in this sections I agree _____ / do not agree _____ to allow my student to participate in any evaluation survey related to the WRAP/ICES program.

Release for Permission to Photo, Video & Sound Record

By initialing in this sections I agree _____ / do not agree _____ to hereby release, discharge, & agree to hold harmless the WRAP/ICES Expanded Day Program & those acting under its permission from any liability to the extent permitted by law, for the preparation, distribution & use of photos, videos and/or sound recordings.

By completing this form, I agree & acknowledge that, I am the parent/guardian of the child named above & give permission for him/her to attend the ICES Before & Expanded Day Programs. I hereby release & discharge ICES Education, LLC & all affiliated entities from any liability claims, demands, & cause of action for personal injury, property damage and/or loss suffered by my child with his/her participation in the programs.

Parent/Guardian Signature _____ Date _____

MEDICAL INFORMATION

Is your child currently taking medication(s) at home? Yes _____ No _____ at school? Yes _____ No _____

If yes, please list: _____

Medical Insurance? Yes _____ No _____ Name of Medical Insurance _____ Phone # _____

Doctors Name: _____ Address _____ Phone _____

Is the student allergic to any foods? Yes _____ No _____ if yes, please list _____

Is the student allergic to bee stings? Yes _____ No _____ If yes, does student carry Epic-Pen? _____

Does the student have asthma? Yes _____ No _____ If yes, does student carry an inhaler? _____

Is the student allergic to any medications? Yes _____ No _____ if yes, please list: _____

Does the student have any other special needs? Yes _____ No _____ if yes, please specify: _____

Does your child have the following?

Diabetes:

Yes _____ No _____

Heart Disease:

Yes _____ No _____

Vision problems:

Yes _____ No _____

Contact lens:

Yes _____ No _____

Seizure Disorder:

Yes _____ No _____

Asthma:

Yes _____ No _____

Glasses:

Yes _____ No _____

Hearing Problems:

Yes _____ No _____

Authorization / Waiver:

1. In case of emergency & I cannot be reached, I do authorize, pursuant to the provisions of Section 25.8 of the California Code of Civil Procedure, any & all attention as may be deemed necessary by the physician/medical advisor in charge. I also realize that local police & paramedics may be called in certain circumstances in order to ensure emergency treatment. I understand & abide by the stated terms of this release.
2. I understand that I am responsible for the medical care fees if my child should be injured at the WRAP/ICES Before & Expanded Day Program, or during any field trips.
3. We (I) the undersigned understand that at the WRAP/ICES before & expanded day program, strenuous physical activities are a regular part of our programs. To the best of my knowledge, our child named on the first page is in excellent physical health, and/or needs no restrictions from strenuous physical activity. If we have any questions regarding our child's health we understand that it's our obligation to seek professional medical advice & inform the WRAP/ICES of any restriction on our child's activity.

I have read & understand the above & have completed the information to the best of my ability.

Parent/Guardian Signature _____ Date _____

MIDDLE SCHOOL ONLY WALK HOME AUTHORIZATION SECTION

Students Name: _____

Walk to Address: _____

Walk to City, State, Zip: _____

Home #: _____ Student Cell #: _____

I authorize my middle school child _____ (name of student) to walk home at the end of the WRAP/ICES program during the 2018/2019 school year.

Parent/Guardian Signature: _____ Date: _____

Acknowledgement / Understanding

1. I understand that I must complete the application to its fullest & sign in every signature section. Sections & signatures not complete will be consider an incomplete application & may cause your student not to be accepted into the program.
2. I have read & received the expanded day program parent handbook. I agree to follow the policies & procedures of the WRAP/ICES expanded day program.
3. By completing this form, I agree & acknowledge that, I am the parent/guardian of the child named above & give permission for him/her to attend the ICES Before & Expanded Day Programs. I hereby release & discharge ICES Education, LLC & all affiliated entities from any liability claims, demands, & cause of action for personal injury, property damage and/or loss suffered by my child with his/her participation in the programs.

Parent/Guardian Signature: _____ Date: _____



WRAP/ICES 2018-2019
Expanded Day Program
Parent/Guardian/Student
Agreement

 Student's Last Name

 Student's First Name

Grade: _____

Please read the following information carefully. In order for a student to be enrolled in the WRAP/ICES Expanded Day Program, this form must be signed indicating understanding & consent.

Mission Statement

Empowering after-school youth & families to enrich our community.

BASIC INFORMATION & RULES

ENROLLMENT: Enrollment is limited to _____ students. Your child will be placed on a waiting list when enrollment is filled.

ATTENDANCE: Everyday attendance is important. Students are expected to attend the WRAP/ICES Program a minimum of three (3) hours per day, five (5) days a week. Every student is required to be signed in & signed out each day.

A documented Attendance Dismissal Warning Letter will be completed by a WRAP/ICES staff member & given to the parent to be signed. Students with three (3) unexcused absences will be suspended from the WRAP/ICES Program for the next five (5) consecutive school days & may return to the program after that. The next unexcused absence will result in dismissal from the program.

STUDENT PICK-UP: The program runs Monday-Friday, from the end of the school day until _____ p.m. Parent, guardian, or designated older sibling in grade 6 or above with written consent by parent or guardian may sign student out. The WRAP/ICES Program has established policies for Early Release, Early Pick-Up & Late Pick-Up to communicate the importance of full-time participation in the program & be in attendance compliance with grant requirements.

Early Release Policy: Early release may be granted without affecting the student's attendance based on the following conditions:

1. Attending a parallel program (programs in the community such as sports, dance/singing class, academic tutoring, etc.) as long as an agreement or partnership with the program exists thus making this parallel program the child's enrichment component.
2. Before dark in the months of November, December, January & February (called the "Dark 30"), if they walk home or take public transportation to go home.
3. Medical appointments.
4. Other conditions especially on safety as prescribed by the school.

An Early Release Form must be completed by a parent/guardian for each activity.

Early Pick-Up Policy: A child receiving outside services during the WRAP/ICES Expanded Day Program hours can be admitted to and/or continue with the WRAP/ICES Program. Students who need to be picked up early must complete an Early Release Form for each activity. If no Early Release form is completed & a student is picked-up prior to the end of the WRAP/ICES Program, it is considered to be an unexcused early pick-up. A documented Early Pick-Up Dismissal Warning Letter will be completed by a WRAP/ICES staff member & given to the parent to be signed. Any student who has more than three (3) unexcused early pick-ups will be suspended from the WRAP/ICES Program for the next five (5) consecutive school days & may return to the program after that. The next unexcused early pick-up will result in dismissal from the program.

Late Pick-Up Policy: Students are required to be picked up before the WRAP/ICES office closes. The WRAP/ICES Program does not have the staff or resources to support late pick-ups. If a student is picked up past _____ p.m. it is considered to be a late pick-up. A documented Late Pick-Up Dismissal Warning Letter will be completed by a WRAP/ICES staff member & given to the parent to be signed. Any student who has more than three (3) late pick-ups will be suspended from the WRAP/ICES Program for the next five (5) consecutive school days & may return to the program after that. The next unexcused late pick-up will result in dismissal from the program.

DISCIPLINE: Participation in the WRAP/ICES Program is a privilege. Students must follow the rules of the program. Disruptive or disrespectful behavior toward other students or staff is reason for dismissal. Students must follow all standard school rules while attending the WRAP/ICES Program. Parents are encouraged to discuss concerns about their child's behavior with the Site Director to avoid the incidence of any offenses.

HOMEWORK: WRAP/ICES staff will make every effort to help students complete their homework within the time allotted. It is the parents' responsibility to make sure homework is complete & correct. The WRAP/ICES Program does not have enough time or staff to check students' homework.

PARENTAL/GUARDIAN SUPPORT: The WRAP/ICES staff is committed & qualified. Parental/Guardian support is necessary to make the Expanded Day program the very best it can be. Parents/Guardians are important partners in the success of the WRAP/ICES Program. Parents/Guardians are encouraged to assist with field trips, events, activities & other special projects. If any parent/guardian displays disruptive behavior, School Security (562) 997-8101 will be called & the student will be dropped from the WRAP/ICES Program.

I have read & understood all of the above information. I agree to follow all of the rules & help my child understand & follow the rules.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____