



# STUDENTS THRIVE HERE

2018-2019 AFTER SCHOOL PROGRAM

PROGRAM HIGHLIGHTS:  
ACADEMIC SUPPORT,  
ENRICHMENTS,  
FIELD TRIPS,  
& MORE

FINANCIAL ASSISTANCE  
AVAILABLE FOR  
THOSE  
WHO QUALIFY



The Academy of Alameda  
401 Pacific Avenue  
Alameda, CA 94501

**APP DEADLINE: July 20, 2018**  
SPACE IS LIMITED

AUGUST 22, 2018 - JUNE 14, 2019



# PROGRAM APPLICATION

## PARTICIPANT'S INFORMATION

### Child's Full Name

Gender                      Age                      Birthdate                      Grade                      Race/Ethnicity

Preferred Gender Pronouns

Address

City                      Zip                      Home Phone

### Parent/Guardian (1) Name

Birthdate                      Race/Ethnicity

Employer                      Occupation

Daytime Phone

Cell Phone

Email Address

### Parent/Guardian (2) Name

Birthdate                      Race/Ethnicity

Employer                      Occupation

Daytime Phone

Cell Phone

Email Address

## ADDITIONAL INFORMATION

### Emergency Information

Authorized persons to be called in case of an emergency when parents cannot be reached:

Name                      Phone                      Relationship

.....

.....

### Information Required By State Law

Health Insurance Company

Policy Number

Family Physician

Address                      Phone

Family Dentist

Address                      Phone

Tetanus Immunization Date

### Health Record (Check applicable conditions or allergies)

Ear infections     Convulsions     Rheumatic Fever     Diabetes

Insect Stings     Poison Oak     Hay Fever     Penicillin

Behavior Problems: .....

Other: .....

Operations, serious injuries, diseases, restrictions on physical activity: .....

.....

### Child Release Authorization

Persons authorized to pick-up child from the facility listed below:

Name                      Phone                      Relationship

.....

.....

Persons NOT authorized to pick-up child from the facility:

Name                      Phone                      Relationship

.....

.....

### Child in Custody of (Check one):

Both parents     Mother     Father     Other: .....

### Child Lives with (Check one):

Both parents     Mother     Father     Other: .....

### Parent/Guardian Authorization

This Health History is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by The Academy of Alameda's GOLD Program to order x-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by The Academy of Alameda's GOLD Program to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. Recognizing that The Academy of Alameda's GOLD Program will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release The Academy of Alameda's GOLD Program, the Alameda Unified School District, and their officers, agents, employees, and volunteers from all responsibility and liability of any nature, including claims from injury, illness, death, loss or damage, resulting from my child's participation in program activities. Photos of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize The Academy of Alameda's GOLD Program staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

Parent/Guardian Signature ..... Date .....



# PROGRAM APPLICATION

FEE: \$500.00 (financial assistance available)  
 Limited spaces available. 50% deposit required to hold spot.

## PICK UP POLICY (please choose one)

Please carefully review the two options for student release. YOU MUST choose either the "Pick Up Only" for students who will be picked up, or "FREE TO RELEASE" for students who will be released to walk home.

PICK UP ONLY

I/we will pick up my child/our child from the program everyday.

**\*NOTE: Children picked up after program hours will be charged \$1 per minute to be paid at the time of pick up in order for participation and enrollment to remain in good standing.**

FREE TO RELEASE

I/we give the GOLD Program staff permission to release my child from the program without supervision:

on a daily basis

on the following days (circle all that apply):

monday    tuesday    wednesday    thursday    friday

As a parent/guardian, I hereby release and discharge The Academy of Alameda and collaborating agencies and employees from any and all claims for injury, illness, death, loss or damage as a result of my signed waiver of the pick up policy.

## LUNCH STATUS

My child qualifies for (proof required)

Free Lunch

Reduced Lunch

Neither

## PERMISSION TO ACCESS DATA

I/we give permission for the GOLD After School & Summer Program staff to review my/our child's school data (contact information, test scores, report cards, and other performance indices that has been provided to AoA), for the purposes of providing targeted academic instruction and assessing effectiveness of the After School & Summer Program, and ensuring safety through consolidated student data. I/we also give permission for the GOLD After School & Summer Program staff to monitor progress and to give my/our child evaluation surveys to help determine program effectiveness.

## NEEDS ASSESSMENT

On a scale of 1-10, how important is it for your child to be in the GOLD After School & Summer Program. (please select one)

1	2	3	4	5	6	7	8	9	10
<i>would be okay without it</i>					<i>need it very badly</i>				

My child will attend GOLD

Every day

At least 9 hours a week (program requirement)

Unsure

## RELEASE AND INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_ (parent/guardian), am the parent or guardian of a child (or children) who participates in the GOLD After School and Summer Program at The Academy of Alameda Middle School.

I am fully aware that my child's (or children's) participation in this Program is totally voluntary. In consideration of The Academy of Alameda's GOLD After School Program, I agree to permit my son(s)/daughter(s) to participate in the aforementioned lessons/activities, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor child (or children) and our respective heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge The Academy of Alameda's GOLD After School and Summer Program and their teachers and teacher aides, students, parent volunteers, agents, board members, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries, including death, to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses and attorney's fees, which arise out of, during or in connection with my child's (or children's) participation in the aforementioned lessons and activities, including but not limited to any damages, losses, or injuries to persons or property or both, which may be sustained or suffered by my child or any person in connection with my child's (or children's) association with, or participation in, activities at, sponsored by, or arising out of the school's activities and meetings.

I agree that this Waiver, Release and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the state of California and/or Alameda County, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect.

I hereby consent to any publicity, including the use of my child's name, photographs, and likeness in connection with my child's participation in the schools lessons and activities.

In signing this Waiver, Release and Indemnification Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provision, that I understand it affects my legal rights and those of my child (or children), that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Parent/Guardian Signature ..... Date .....

# EARLY RELEASE FORM

I/we request early release for my/our child, \_\_\_\_\_, from the GOLD After School & Summer Program on the following date(s)/day(s) and time(s):

DATE

to

DATE

MONDAY (TIME)	TUESDAY (TIME)	WEDNESDAY (TIME)	THURSDAY (TIME)	FRIDAY (TIME)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My child has permission to sign themselves out, or not attend at all on the above days and times. If time allows, I will encourage my student to attend GOLD for a short period of time before signing out.

Please mark reason for repeating absences/early release:

- Parallel program (any other outside programming such as sports)
- Seasonal concerns (students that walk home early due to/during dayling savings)
- Safety (only available pick up time, custody concerns, etc.)
- Other (specify) \_\_\_\_\_

## COMMENTS

As parent/guardian, I hereby release and discharge The Academy of Alameda Middle School, the GOLD After School & Summer Program, and their employees, agents, and volunteers from all claims for injury illness, death, loss, or damage that my child may suffer as a result of their early release or absence from the GOLD After School & Summer Program.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE