

Klamath-Trinity Joint Unified School District

After School Education and Safety Program (ASES) APPLICATION

Program Location: \_\_\_ Hoopa Elementary \_\_\_ Trinity Valley \_\_\_ Orleans / Weitchpec

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Room#: \_\_\_\_\_

Parents or Guardian's Names(s): \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mother's Work Phone #: \_\_\_\_\_ Father's Work Phone #: \_\_\_\_\_

Mother's CELL Phone #: \_\_\_\_\_ Father's CELL Phone #: \_\_\_\_\_

Person(s) authorized to pick up your child/ Emergency Contacts: (Person MUST show I.D.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student lives with: \_\_\_ Father \_\_\_ Mother \_\_\_ Step Parent(s) \_\_\_ Foster \_\_\_ Legal Guardian \_\_\_ Other

Primary Language: \_\_\_ English \_\_\_ Spanish \_\_\_ Other: \_\_\_\_\_

Is your child under medical care or taking any medication? \_\_\_ Yes \_\_\_ No

If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school?

- \_\_\_ Bee Sting Epi-Pen \_\_\_ Yes \_\_\_ No \_\_\_ Other Allergies: \_\_\_\_\_
\_\_\_ Asthma Inhaler \_\_\_ Yes \_\_\_ No \_\_\_ Special Needs/Disability: \_\_\_\_\_
\_\_\_ Diabetes Insulin \_\_\_ Yes \_\_\_ No \_\_\_ Other: \_\_\_\_\_
\_\_\_ Vision Glasses \_\_\_ Yes \_\_\_ No

Does the KTJUSD ASES program have permission to use photos of your child in educational or promotional materials: (There is NO cost.) \_\_\_ Yes \_\_\_ No

Does your child have permission to check out at 6:00 pm and walk home? \_\_\_ Yes \_\_\_ No Initials: \_\_\_\_\_

Please read and sign below:

I understand that the KTJUSD After School Program (ASES) is a FREE program. These services are possible through state grants and district funding. I give permission for KTJUSD ASES staff to review my child's academic files for the purposes of analyzing program effectiveness and reporting to funding sources. ASES Grant requires parents/guardians sign out each child every day.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only
Enrollment Date: \_\_\_\_\_ Initials: \_\_\_\_\_
Date Disenrolled: \_\_\_\_\_ Reason: \_\_\_\_\_