

# Summer X-Plosion 2014

PasadenaLEARNS Application  
June 03, 2014 to July 09, 2014

STUDENT INFORMATION			
First Name	M.I.	Last Name	Gender M <input type="checkbox"/> F <input type="checkbox"/>
PUSD Student from PasadenaLEARNS School Yes <input type="checkbox"/> No <input type="checkbox"/>		Student From Non-PasadenaLEARNS School (\$220 fee) Yes <input type="checkbox"/> No <input type="checkbox"/>	
School in Spring 2014	Grade in Spring 2014	Student ID#	Date of Birth
My child needs transportation Yes <input type="checkbox"/> Transportation from home school to summer location (students who miss 3 days or more will no longer receive transportation).			
Include Field Trips Yes <input type="checkbox"/> No <input type="checkbox"/> Student must attend Monday through Thursday to attend Friday field trips and the <b>\$100</b> field trip fee must be paid by April 18 <sup>th</sup> to participate. <b>ALL FEES ARE NON-REFUNDABLE (MONEY ORDER/CASHIER'S CHECKS ONLY)</b>			
Ethnicity: <input type="checkbox"/> Decline to State <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian or Pacific <input type="checkbox"/> American Indian or Native American <input type="checkbox"/> Other			
PARENT (I) INFORMATION			
First Name	M.I.	Last Name	
Street Address			Apt/Unit #
City	State	ZIP	
Student Lives at this Address? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail Address	
Home Phone	Cell Phone	Work Phone	
PARENT (II) INFORMATION			
First Name	M.I.	Last Name	
Street Address			Apt/Unit #
City	State	ZIP	
Student Lives at this Address? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail Address	
Home Phone	Cell Phone	Work Phone	
EMERGENCY CONTACT INFORMATION			
The following people are authorized to pick up my child:			
Name	Home Phone	Cell Phone	Work Phone
Name	Home Phone	Cell Phone	Work Phone
Name	Home Phone	Cell Phone	Work Phone
EMERGENCY INFORMATION			
Allergies/Medical Condition			
Does the student take prescription medication? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, provide the site coordinator medication and a doctor's note by the first day of program.			
Please list medication(s)			

**PHOTO RELEASE**

PasadenaLEARNS may produce or participate in video, motion picture, audio recording, Web page, still photography, and/or publication which may involve the use of students' names, likenesses, or voices. Such productions will be used for non-commercial purposes, including promotional or advertising by PasadenaLEARNS and will not be sold. I understand that my child's name, likeness, or voice may be used in the manner described above, and grant PasadenaLEARNS the right to use and reuse it, in any manner at all. I hereby forever release and discharge PasadenaLEARNS from any and all claims, actions and demands arising out of or in connection with the use of said manners, including, without limitations, any and all claims for invasion of privacy and libel. This release shall ensure the benefits of the assigned, licensed and legal representatives of PasadenaLEARNS, as well as the party(ies) for whom PasadenaLEARNS took the video, motion picture, audio recording, Web page or still photograph. I represent that I have read the foregoing and fully and completely understand the contents hereof.

- Grant permission to use my child's image
- Deny permission to use my child's image.

→ Parent/Guardian Signature X

Date

**EMERGENCY MEDICAL AUTHORIZATION**

In case of emergency and if I/we cannot be reached, I, the undersigned of the above named student, a minor, do hereby authorize a representative of Pasadena Unified School District and/or alternates listed above to act as agent(s) to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by a licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of PUSD to give consent for such treatment as the physician may deem advisable. This authorization is GIVEN PURSANT TO section 25.8 of the Civil Code of the state of California and is effective June 3 through July 9, 2014.

→ Parent/Guardian Signature X

Date

Is there anything else that LEARNs needs to know about your child including special needs?

**Please read carefully and sign below:**

I give my child permission to participate in the PasadenaLEARNS program including the physical education components and walking field trips. I understand that attendance in the LEARNs program is important. Completing this form does not guarantee enrollment. Space is limited. Students who are not picked up on time will be charged a late fee of \$5.00 per child for the first five minutes, or any part thereof, and \$1.00 per minute thereafter. Students will be excluded from the program until late fees are paid. Students must display positive behavior and good citizenship. Any serious offenses may result in immediate dismissal from the program. Field trip fees are non-refundable even if your child is terminated from the program. **Students are required to attend three (3) hours per day.**

→ Parent/Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

Applications and payments will only be accepted at school sites.  
All **Money Orders/Cashier's Checks** (no cash or checks) must be payable to P.U.S.D.  
PasadenaLEARNS After School Program · Phone (626) 396-3614 · www.gopUSD.com/learns