

Summer X-Plosion 2014

(PEF LEARNs After Care)

PasadenaLEARNS Application
 June 16, 2014 to July 17, 2014
Monday – Thursday ONLY

STUDENT INFORMATION			
First Name	M.I.	Last Name	Gender M <input type="checkbox"/> F <input type="checkbox"/>
School in Spring 2014	Grade in Spring 2014	Student ID#	Date of Birth
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			
PEF Site Registered at: <input type="checkbox"/> Hamilton <input type="checkbox"/> Norma Coombs <input type="checkbox"/> San Rafael Student must be registered in PEF Summer Program and the \$300 enrollment fee must be paid by April 18 th . *Sites that do not register a minimum number of students will not provide after care. ALL FEES ARE NON-REFUNDABLE (MONEY ORDER/CASHIER'S CHECKS ONLY)			
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 16 through July 17, 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.

→ Parent/Guardian Signature X _____ Date _____

Applications and payments will be accepted in the PasadenaLEARNS district office room 207.
All **Money Orders/Cashier's Checks** (no cash or checks) must be payable to P.U.S.D.