

PLEASE COMPLETE AND RETURN THIS PAGE TO YOUR CHILD'S SCHOOL

Linden Unified Expanded Learning Program Registration Form

Child's Name _____ Birth Date ___/___/___ Age _____
Child's Address _____ Zip _____
School Attending _____ Incoming Grade for 2019-2020 _____
Parent/Guardian _____ Phone Day _____ Eve _____
Parent/Guardian _____ Phone Day _____ Eve _____
Parent E-mail: _____ Cell Phone _____

INDIVIDUAL STUDENT INFORMATION

My child: _____ speaks English as a Second Language _____ receives RSP services _____ receives SDC services
_____ Receives speech/language services _____ has a 504 plan _____ has other physical/medical needs

HEALTH INFORMATION

Name of Family Doctor _____ Phone _____
Do you have medical insurance (i.e., Kaiser, Health Net, Medi-Cal, etc.)? Yes _____ No _____
If yes, insured with _____ ID # _____
Any known allergies or health conditions: _____
List medications at school with Doctor's authorization _____

SIGN OUT INFORMATION

Safety is our top priority - No child enrolled in the program will be released without a parent/guardian signature. You may name up to five additional (relatives or friends) who may sign your child out or may be contacted in case of an emergency. **(No person under the age of 18 will be permitted to sign out a student. The persons listed below may be required to show ID)**

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

I verify that the above information for my child, _____ is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all program participants and I will be notified as soon as possible in case of an emergency. In the event I cannot be reached in an emergency, I hereby authorize transportation to a medical facility by ambulance and/or the calling of a physician at my expense to provide whatever emergency medical treatment is necessary.

Signature of Parent or Guardian

Date

****Above signature acknowledges receipt and understanding of Expanded Learning Program Packet, Attendance and Early Release Policy and Removal Point System. Continued enrollment is given to those students who attend on a regular basis and who remain in the program for a minimum of two (2) hours. Student(s) may be removed from the program due to not meeting minimum attendance requirements. ****