



2015-2016 PRIMETIME STUDENT PARTICIPATION FORMS

STUDENT INFORMATION

Please print legibly.

1. School Name: _____ 2. Grade Level: _____

3. Last Name (LEGAL NAME): _____ First: _____ Middle: _____

4. Nickname: _____ 5. Other Name(s) Used Previously (AKA): _____ 6. Birth Date: ____ / ____ / ____

7. Gender: M F 8. Age: _____ 9. Ethnicity: _____ 10. Home Phone Number: (____) _____

11. Household Address: _____ City: _____ State: ____ Zip Code: _____

12. Mailing Address (if different from Household Address): _____ City: _____ State: ____ Zip Code: _____

SIBLING INFORMATION

Include only siblings who are currently participating in PrimeTime at this school, if applicable.

Sibling 1 Legal Name: _____ Grade: ____ Sibling 4 Legal Name: _____ Grade: ____

Sibling 2 Legal Name: _____ Grade: ____ Sibling 5 Legal Name: _____ Grade: ____

Sibling 3 Legal Name: _____ Grade: ____ Sibling 6 Legal Name: _____ Grade: ____

CONTACT INFORMATION

You must provide information for three contacts. For additional contact information, use **Additional Emergency Contact Information** Section on Page 2.

1. ENROLLING PARENT/GUARDIAN OR FOSTER PARENT

Full Name _____ Relationship to student _____ Lives with student Yes No

If no, provide address: _____ City: _____ State: ____ Zip Code: _____

Primary Language: _____ Home Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____

Employer: _____ Work Phone: (____) _____

2. OTHER PARENT/GUARDIAN OR FOSTER PARENT

Full Name _____ Relationship to student _____ Authorized to Pick Up Student Yes No

Lives with student Yes No If no, provide address: _____ City: _____ State: ____ Zip Code: _____

Primary Language: _____ Home Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____

Employer: _____ Work Phone: (____) _____

3. EMERGENCY CONTACT

Full Name _____ Relationship to student _____ Authorized to Pick Up Student Yes No

Lives with student Yes No If no, provide address: _____ City: _____ State: ____ Zip Code: _____

Primary Language: _____ Home Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____

Employer: _____ Work Phone: (____) _____

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Last Name (LEGAL NAME) _____ First _____ Middle _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

1. Name: _____ Address: _____ Telephone: _____ Relationship: _____

2. Name: _____ Address: _____ Telephone: _____ Relationship: _____

3. Name: _____ Address: _____ Telephone: _____ Relationship: _____

STUDENT'S HEALTH HISTORY INFORMATION

PrimeTime operates on the school campus; however, your child's health information and medication is not accessible to PrimeTime. To ensure PrimeTime provides a physically and emotionally safe environment for your child, please fill in all information and attach documents if needed. To request PrimeTime staff administer medication to your child while attending PrimeTime, parent/guardian and healthcare provider must complete and sign the **Authorization to Administer Medication Form** available from the Program Leader. Participation in PrimeTime may be delayed if appropriate accommodations cannot be made prior to student's participation. Withholding this information may result in your child's disenrollment from PrimeTime.

1*. A) Does your child have any of the following medical conditions?

Asthma ADD/ADHD Diabetes Severe Allergy/Epinephrine Autoinjector Seizure Disorder None Other _____

If you marked any condition above, please describe the type (if applicable): _____

B) Will your child require medication during PrimeTime? Yes No

If yes, parent/guardian and physician/healthcare provider must complete **Authorization to Administer Medication Form**. Please provide the name(s) of required medication: _____

2. Please list any food, drug, or environmental allergies, dietary restrictions or physical activity limitations: _____

3*. Does your child have a medical condition requiring staff assistance? Yes No If you answered yes, please describe medical condition: _____

4. Does your child have any of the following during the regular school day? 504 Plan IEP One-On-One Support

If you marked any of the above, please describe your child's medical condition and/or disability: _____

5. Specify any other illness, injury, social/emotional needs, medication taken regularly at home, or medical condition PrimeTime Program staff should be made aware of to make accommodations for your child.

6. Please provide any additional information that would help your child's success in the PrimeTime Program.

***PrimeTime Staff must notify PrimeTime Credentialed School Nurse if questions 1A, 1B or 3 are checked or marked yes.**

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Last Name (LEGAL NAME) _____ First _____ Middle _____

BEFORE SCHOOL STUDENT ATTENDANCE POLICY

Before School Programs, if applicable: PrimeTime Before School Programs are available at most, but not all schools and program start times vary among schools. Before school programs operate for a minimum of 90 minutes, in accordance with the California Education Code Section 8483.1(a)(1). Students are expected to attend the program every day for the full range of hours offered except when arriving late in accordance with the Before School Late Arrival Policy. All students attending the before school program must have a completed Before School Late Arrival Form (attached and available from the Program Leader) on file.

Students who do not attend the before school program daily, for a minimum of 50% of program hours each day, may be subject to disenrollment. Priority is given to students who attend the program daily.

AFTER SCHOOL STUDENT ATTENDANCE POLICY

After School Programs: PrimeTime After School Programs operate every regular school day after school for a minimum of 15 hours per week and until at least 6:00 p.m., in accordance with the California Education Code Section 8483(a)(1). Students are expected to attend the program every day for the full range of hours offered except when leaving early in accordance with the After School Early Release Policy. All students attending the after school program must have a completed After School Early Release Form (attached and available from Program Leader) on file.

Students who do not attend the after school program daily, for a minimum of 50% of program hours each day, may be subject to disenrollment. Priority is given to students who attend the program daily.

I understand that my child must be picked up by an authorized adult listed on the Emergency Contact Information (photo ID and signature is required) unless the box below has been checked:

I authorize my child to sign himself/herself out to walk home and/or ride the bus if the PrimeTime Partner policy permits.

PARENT/GUARDIAN/FOSTER PARENT ACKNOWLEDGEMENT

Please read the following carefully and acknowledge your agreement by signing below.

Authorization for Emergency Medical Treatment

- In case of an accident or emergency, I authorize PrimeTime staff to facilitate the transport of my child to the nearest emergency hospital for emergency treatment and measures as deemed necessary for the safety and protection of my child, at my expense.
- I understand that San Diego Unified School District's PrimeTime Program and PrimeTime Partners do not maintain health insurance for injuries to the participant that may arise from involvement in PrimeTime.

Program/Student Evaluation

I hereby give my consent for PrimeTime staff to discuss my child's academic and behavior progress with school personnel to determine areas of need. I understand that information about my child's progress in school, as well as surveys given to parents, teachers, and administrators, may be used to evaluate the program and data shall remain confidential and my child's name shall not be released or identified under any conditions.

Photo/Video/Media Release

During the school year, schools will hold events that the news media, SDUSD and/or PrimeTime Partners may like to feature. A representative may be on campus to gather photographs and/or video footage highlighting the event and featuring PrimeTime students. We value your child's participation, and ask for your permission to include him/her. Please indicate by checking the box(es) below whether your child has your permission to participate:

- I give my permission to have my child interviewed and photographed/videotaped by the news media.
- I give my permission to have my child photographed by the District and/or PrimeTime Partners. Photos may be used on District and/or PrimeTime Partner's website.
- I give my permission to have SDUSD and/or PrimeTime Partners feature my child's school work using first name only (e.g. art, essays, etc.).
- I give my permission to have my child be videotaped by the District and/or PrimeTime Partners. Videos may be viewed by District staff or the public.
- Please do not include my child in these activities. I do not want my child photographed or videotaped.**

2015-2016 PrimeTime Parent/Guardian Handbook

- I have received, read, and agree to abide by the policies and procedures included in the 2015-2016 PrimeTime Parent/Guardian Handbook; available from the Program Leader or at www.sandi.net/PrimeTime.
- I understand that it is my responsibility to keep all information current; failure to do so may result in disenrollment.
- I agree to inform my child that he/she must follow all school and program rules.

In signing below, I acknowledge and am in agreement with the Before School/After School Student Attendance Policy, Authorization for Emergency Medical Treatment, Program/Student Evaluation, Photo/Video/Media Release (checked boxes only), and the 2015-2016 PrimeTime Parent/Guardian Handbook.

Parent/Guardian/Foster Parent Signature: _____ Date: _____

Program Leader Signature: _____ Date: _____

