

**Orland Unified School District – SPARK Expanded Learning Program  
2021-2022 Enrollment Form**

<b>FOR OFFICE USE ONLY</b>
Payment recvd \$ _____
Cash / check # _____
Date received _____

Student Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Male Female

**School** student **WILL BE** in 2021/2022 (Mill Street) (Fairview) (CK Price) Grade Student **WILL BE** in School 2021/2022 \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you interested in volunteering? Yes  No

**Name of Person to call in case of Emergency (other than parent/guardian):** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Permission to pick-up student: yes no

**Secondary Person to call in case of Emergency (other than parent/guardian):** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Permission to pick-up student: yes no

**Student Background:**

Does your child have any type of disability? No Yes If yes, then describe: \_\_\_\_\_

Does your child have any allergies (food or other): No Yes If yes, then describe: \_\_\_\_\_

Does your child have any specific medical needs? No Yes If yes, then describe: \_\_\_\_\_

**Does your child participate in: Dual Immersion ESL/LEP Special Education Other:** \_\_\_\_\_

**How will your child get home from the after school program?**

My child will walk home each day      I will pick my child up from the program

The following people are authorized to pick up my child. **I understand this person must be 18 years or older and *MUST* sign the student out every day:**

Name: \_\_\_\_\_ phone # \_\_\_\_\_ relationship to child \_\_\_\_\_

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**Orland Unified School District - SPARK Expanded Learning Program – 2021/2022**  
***Insurance/Medical Release Information***

My Child \_\_\_\_\_ has permission to attend the Spark Expanded Learning Program located at \_\_\_\_\_ School.110

Insurance carrier name and phone number: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Does your child take any medication? \_\_\_\_\_ Dosage Frequency: \_\_\_\_\_  
(All drugs must be registered on this form. All drugs, except those which must be kept on the student's person for emergency use, must be kept and disbursed by staff.)

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care are considered necessary in the best judgment of the medical staff of the hospital or facility furnishing medical or dental services. As stated in the California Education Code Section 35330, I understand that I hold the Orland Unified School District and its officers, agents, and employees harmless from any and all liability or claims, which may arise of or in connection with my child's participation in this activity. I fully understand that students are to abide by all rules and regulations governing conduct during the program. Any violation of these rules and regulations may result in that student being sent home at the expense of his or her parents or guardian.

_____ Signature of Parent/Guardian	_____ Printed Name of Parent/Guardian
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***Initial each statement below showing you agree and approve (or write "NO" and initial)***

1. \_\_\_\_\_ Due to State funding students who are registered in the SPARK Expanded Learning Program have minimum attendance requirements. Students not meeting these guidelines may be dropped from the program.
  - a. Elementary students (K-5<sup>th</sup> grade) are required to attend the full day of the Expanded Learning Program on a daily basis
  - b. Middle School students (6<sup>th</sup>-8<sup>th</sup> grade) are required to attend the Expanded Learning Program a minimum of 9 hours a week and a minimum of 3 days a week
  - c. Any exceptions must be in compliance with the established Early Release Policy stated in the Parent Handbook.
2. \_\_\_\_\_ I have the Parent Handbook and agree to comply with the program policies and fees and give my child permission to participate fully in the program (Parent Handbook can be found on the Orland Unified School District website: [www.orlandunified.net](http://www.orlandunified.net)).
3. \_\_\_\_\_ I give my permission for my child to be filmed and photographed during the SPARK Expanded Learning Program activities for newspaper articles, SPARK social media websites, and program activities.
4. \_\_\_\_\_ I give my permission for my child to have access to the Internet with the understanding that inappropriate use will result in his/her being denied access at the discretion of the program staff.