

Orland Unified School District – SPARK Expanded Learning Program
2023-2024 Enrollment Form

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

Student Name: _____ Birth Date: ____/____/____ Male Female

School student **WILL BE** in 2023/2024 (Mill Street) (Fairview) (CK Price) Grade Student **WILL BE** in School 2023/2024 _____

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 _____

Name: _____ phone # _____ relationship to child _____

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Name: _____ phone # _____ relationship to child _____

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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

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-5th grade) are required to attend the full day of the Expanded Learning Program on a daily basis
 - b. Middle School students (6th-8th 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).
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.