

# Siskiyou Afterschool for Everyone (SAFE)

## 2023-2024 Enrollment Form

Siskiyou County Office of Education – Expanded Learning



SAFE Program Site: \_\_\_\_\_

### Student Information

Complete this section for the student(s) in the same household. Use the back of this form if additional room is needed.

	Student's Legal Name (Last, First)	Preferred Name	Grade as of August 2023	Birthdate	My student is allowed to leave the program by: Select all that apply.	List Medical Needs Conditions, Medications, Allergies, Epi-pen, etc.
1					<input type="checkbox"/> Parent Pick-up <input type="checkbox"/> School Bus/Van <input type="checkbox"/> Unsupervised Walker <input type="checkbox"/> Other:	
2					<input type="checkbox"/> Parent Pick-up <input type="checkbox"/> School Bus/Van <input type="checkbox"/> Unsupervised Walker <input type="checkbox"/> Other:	
3					<input type="checkbox"/> Parent Pick-up <input type="checkbox"/> School Bus/Van <input type="checkbox"/> Unsupervised Walker <input type="checkbox"/> Other:	
4					<input type="checkbox"/> Parent Pick-up <input type="checkbox"/> School Bus/Van <input type="checkbox"/> Unsupervised Walker <input type="checkbox"/> Other:	

### Parent/Guardian Information

Parent/Guardian One:  
 Legal Name (Last, First) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_  
 Work Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_

Parent/Guardian Two:  
 Legal Name (Last, First) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_  
 Work Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_

### Additional Authorized Persons

I give permission for my student(s) to be released from the program to:

- The adults listed as Emergency Contacts on this enrollment form.
- NO ONE except the Parent/Guardian listed on this enrollment form.

**Emergency and authorized persons to pick-up the student(s) other than listed parent/guardian.** Student(s) will not be released to any other persons not listed on this enrollment form. A photo ID may be required when picking-up the student(s). In case of an emergency the following persons will also serve as emergency contacts.

	Print Legal Name (Last, First)	Phone Number(s)	Relationships to Student(s)
1			
2			
3			
4			

SAFE is excited to have your student(s) in the program. SAFE provides a place for student academic growth and to keep safe afterschool. By completing this form I acknowledge I am enrolling my student(s) to attend the SAFE expanded learning program. I understand that this form must be completed in its entirety and given to the Site Coordinator before my student(s) can attend. I understand that I will be responsible for picking my student(s) up from the program everyday no later than the scheduled end time. I understand that my student(s) must be signed out each day by me (parent/guardian) or authorized person.

Signature of Parent or guardian: \_\_\_\_\_ Date \_\_\_\_\_