



South Bay Community Services Hawking STEAM Charter School 1 After School Application

Child's First Name:	Last Name:	Middle:	School:
Guardian's First Name:	Last Name:	Middle:	Phone:

initial I understand that, if enrolled, my child is expected to attend After School Program Monday-Friday each week for the duration of the program (on days when school is in session). If, for any reason, my child cannot attend the duration of the program, I must fill out an early release or late arrival form as appropriate.

initial I understand that, if enrolled, even with an Early Release or Late Arrival form, my child may not attend After School Program unless they attend for a minimum of half of the program operating time.

initial I understand that, if enrolled, my child may not have both a Late Arrival and an Early Release form for the After School Program.

initial I understand that, if enrolled, and even with valid Early Release and Late Arrival forms on file, my child still risks being dis-enrolled for a family with more points and/or a child with greater need.

initial I understand that enrolled children who have consistent absences from the program may be dis-enrolled.

initial I understand that enrollment each year is not guaranteed and that an application must be filled out for each child, each year.

initial I understand that, as an academic based program, After School Program is not designed for Kindergarteners, and Kindergarteners will be given the lowest priority for enrollment unless they are siblings of Enrolled 1st-6th grade students.

initial I understand that my application is solely for the school indicated and that the enrollment status of my child is not transferable to other schools.

initial I understand that all persons who enter the After School Program area are expected to abide by the participant/parent code of conduct posted at the program.

initial I understand that, if enrolled, I will be expected to read, understand, and abide by the After School Program Parent Handbook.

initial I understand that if my child is not enrolled, they will be placed on a waiting list. I also understand that the waiting list is not enrolled in the order the applications are received, but utilizing the enrollment criteria. Therefore, we are unable to tell you where you are on the wait list, just that you are on it.

Parent or Guardian Signature

Date



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After School Application

Child's First Name/Nombre del Niño:		Last Name/Apellido:		Gender/Género:	Birth Date/Fecha de Nacimiento:	
Address/Domicilio:				City/Ciudad		State
Home Phone/Tel. Casa				School/Escuela		Grade in 2019-20/Grado:
Names of Siblings also applying for After School Program/Nombres de Hermanos/as tambien aplicando por Programa Después de la Escuela (Must still complete a separate enrollment form/Deben completar una solicitud separada):						
Guardian 1 Name/Nombre del Guardián 1		Relationship/Relación		Email Address/Correo		Home Phone/Tel Casa
Employer/Trabajo		Work Address/Domicilio		Work Phone/Tel. Trabajo		Cell/Tel. Cellular
Guardian 2 Name/Nombre del Guardián 2		Relationship/Relación		Email Address/Correo		Home Phone/Tel Casa
Employer/Trabajo		Work Address/Domicilio		Work Phone/Tel. Trabajo		Cell/Tel. Cellular
Family Doctor's Name/Nombre del Doctor		Address/Domicilio			Phone/Tel.	
Medical Ins. Carrier/Compania de Seguros					Policy number/Numero de póliza	
Dentist/Dentista		Address/Domicilio			Phone/Tel.	

Additional Participant Information/Información Adicional Sobre Participante

Does participant take any medication on a daily basis/El Participante toma medicamento diario?

Please explain what type of medication and the reason/Por favor explique el tipo de medicamento y la razón: _____

Is participant allergic to any plants, food, etc./El Participante tiene alguna alergia ha alguna planta, comida, etc.? _____

Does participant have any physical restrictions or accommodations that may affect activity/ Tiene el participante alguna restricción fisica o adaptación necesaria que limite su actividad? _____

Does participant have any chronic medical problem/Tiene el participante algún medico que sea crónico? _____

Additional information you feel we may need to know about the participant/Alguna infomación adicional sobre el participante que crea usted que necesitamos saber? _____



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Below, please mark an X in each box next to statements that apply to your students. Each check mark is one point and will be used to identify a score based on need. The initial allotment of spaces will be given to students based on this score. When students have the same score, they will be prioritized by application date and time. Additional spots will be admitted by lottery.

Point Categories	X
Student with one parent/guardian currently active duty military or on military deployment.	
Student qualifies for free/reduced lunch.	
Student will attend the program 5 days a week.	
Student will attend the program 5 days a week, for the full duration of the program daily	
Students with all primary caregivers who work during program hours.	

Additional Authorized Adult Pickups/Emergency Contacts/Adultos autorizadas para recoger o en Caso de Emergencia

First & Last Name/Nombre	Day Phone/Mobil/Teléfono	Relationship to Child/Relacion con Niño
1.		
2.		
3.		
4.		

Person NOT authorized/NO autorizado: _____

Updated: Q1:Date___/Initials___ Q2:Date___/Initials___ Q3:Date___/Initials___