



EASTSIDE STUDENT CENTER

2023-24 EASTSIDE STUDENT CENTER APPLICATION FORM (GRADES 5 - 8)

STUDENT NAME: _____
First Name Last Name

GRADE: _____
(2023-24 School Year)

Days of the Week Requested:				
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Primary Contact: _____
Relationship to Student First Name Last Name Cell #

Address Work Name & Phone Email

Alternate Contact: _____
Relationship to Student First Name Last Name Cell #

Address Work Name & Phone Email

Emergency Contact: _____
Relationship to Student First Name Last Name Cell #

Address Work Name & Phone Email

Transportation Information:

<input type="checkbox"/> Parent/Guardian Pick-up <input type="checkbox"/> Walking <input type="checkbox"/> School Transportation (Bus)	<p>The following stops are available for Eastside Student Center attendees. Please indicate the appropriate bus stop (all BUSD transportation rules apply):</p> <table> <tr> <td><input type="checkbox"/> May/Hanby (4:50)</td> <td><input type="checkbox"/> Lazy A/Bar L (5:02)</td> <td><input type="checkbox"/> JKBS (5:16)</td> </tr> <tr> <td><input type="checkbox"/> Third/Short St. (4:53)</td> <td><input type="checkbox"/> Highlands (5:08)</td> <td><input type="checkbox"/> PaHa/Line (5:21)</td> </tr> <tr> <td><input type="checkbox"/> Mac Iver (4:55)</td> <td><input type="checkbox"/> W. Barlow Gym (5:12)</td> <td><input type="checkbox"/> Brookside (5:26)</td> </tr> </table>	<input type="checkbox"/> May/Hanby (4:50)	<input type="checkbox"/> Lazy A/Bar L (5:02)	<input type="checkbox"/> JKBS (5:16)	<input type="checkbox"/> Third/Short St. (4:53)	<input type="checkbox"/> Highlands (5:08)	<input type="checkbox"/> PaHa/Line (5:21)	<input type="checkbox"/> Mac Iver (4:55)	<input type="checkbox"/> W. Barlow Gym (5:12)	<input type="checkbox"/> Brookside (5:26)
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Please answer the following questions:

<p>Will the student(s) participate in the free afterschool meal program? (available at Eastside Student Center from 4:45 - 5:00)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Any special needs/concerns/allergies we should be aware of? Please explain.</p>
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Behavior Expectations:

All Eastside Student Center attendees are expected to act in a respectful and responsible manner towards staff, peers, and property. Failure to meet this expectation may result in your student losing the privilege of attending Eastside Student Center for a period of time, or permanently.

I/We have reviewed this document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parent(s) or legal guardian(s) of the student named on this form. Should this application be approved, I/we acknowledge that our students must follow the behavior expectations in order to continue enrollment at the Eastside Student Center.

Parent/Guardian: _____
Print Name

Signature

Date: _____



EASTSIDE STUDENT CENTER

2023-24 PARTICIPANT WAIVER AND RELEASE FOR MINORS

_____ has my (our) permission to participate in/attend EASTSIDE STUDENT CENTER
Name of Minor
at 162 W Line Street, Bishop, CA, 93514 for the 2023-24 school year (July 1, 2023 - June 30, 2024).

- I (we), as parent(s) or guardian(s) of the minor, do hereby, for my child, myself, my heirs, executors and administrators, release and forever discharge EASTSIDE STUDENT CENTER and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation in the above noted event.
- I hereby certify that the minor is my child and that their date of birth is _____ and I do hereby certify that to the best of my knowledge and belief said minor is in good health.
- In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.
- I (we), as parent(s) or guardian(s) of the minor, give permission for said minor to attend any field trips and/or special activities off the premises named above, so long as I (we) are informed ahead of time.
- I understand and acknowledge that EASTSIDE STUDENT CENTER poses risks to my child, including the risk of serious injury or death.
- I (we), as parent(s) or guardian(s) of the minor, hereby give permission for images of my child, captured during Eastside Student Center events, through video, photo and digital camera, to be used solely for the purposes of Eastside Student Center promotional material and publications (including social media), and waive any rights of compensation or ownership thereto.

I hereby advise that the above named minor has the following **allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician**: (If none, please write the word "none".):

Parent/Guardian: _____
Print Name

Signature

Date: _____