



Where young people grow, thrive and lead!

EXPANDED LEARNING PROGRAM APPLICATION

Application Date: _____ ASP Summer

School Site: Edna Brewer Franklin Frick Garfield Lincoln Manzanita
 Roosevelt SEED UPA : _____

Youth Information

First Name _____ Middle Name _____ Last Name _____ Birth Date (MM/DD/YY) _____

Street Address _____ City _____ Zip Code _____

Grade Level (2022-2023 School Year) _____ Student Email _____ Gender _____

1) Youth is living with (Please check one, the primary caregiver):

Both Parents Mother Only Father Only Grandparent(s)
 Foster Care Group Home Homeless Other: _____

2) Child's ethnicity (Check all that apply):

African American/Black Burmese Chinese Eritrean Guatemalan
 Hmong Honduran Iraqi Khmer/Cambodian Laotian
 Mexican Mien Native American Nepali Pilipino/a
 Salvadoran Somali Tongan Vietnamese White/ Caucasian
 Yemeni Decline to state Other Latino/a: _____ Other: _____

3) List sibling(s) enrolled or enrolling in EBAYC (If applicable):

(1) First Name _____ Last Name _____ DOB _____ Grade _____ School _____

(2) First Name _____ Last Name _____ DOB _____ Grade _____ School _____

Guardian Information

Primary Guardian (First and Last) _____ Relationship _____ Email Address _____
 (_____) _____ (_____) _____
 Home Phone _____ Cell Phone _____

4) Primary Guardian's highest COMPLETED education level? (Please check one)

None Less than High School High School/GED Trade School
 Associate Degree (Community College) Bachelor's Degree (Four-year College) Master's Degree or PhD

Secondary Guardian (First and Last)	Relationship	Email Address
(_____)_____	(_____)_____	(_____)_____
Home Phone		Cell Phone

5) Secondary Guardian’s highest COMPLETED education level? (Please check one)

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Less than High School | <input type="checkbox"/> High School/GED | <input type="checkbox"/> Trade School |
| <input type="checkbox"/> Associate Degree (Community College) | <input type="checkbox"/> Bachelor’s Degree (Four-year College) | <input type="checkbox"/> Master’s Degree or PhD | |

Household Information Survey

Thank you for completing the survey below. The confidential information you provide helps us better understand our community and is used to seek funding and resources necessary for providing high-quality services for your child. We appreciate your support and input.

1) How many people live in your household? _____

(“Household” means all the people who live in the same home including the child, parent/guardian, step parent, domestic partner, siblings, other family members such as aunt, uncles, in-laws, cousins, grandparents, or other people who are not related to.)

2) What is your total annual household income? (Please check one)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$10,000 or less | <input type="checkbox"/> \$10,001- \$20,000 | <input type="checkbox"/> \$20,001 – \$30,000 | <input type="checkbox"/> \$30,001 - \$40,000 |
| <input type="checkbox"/> \$40,001 - \$50,000 | <input type="checkbox"/> \$50,001 - \$60,000 | <input type="checkbox"/> \$60,001 - \$70,000 | <input type="checkbox"/> \$70,001 - \$80,000 |
| <input type="checkbox"/> \$80,001 - \$90,000 | <input type="checkbox"/> \$90,001 - \$100,000 | <input type="checkbox"/> \$100,001 - \$110,000 | <input type="checkbox"/> Over \$110,000 |

3) Do you participate in any public benefits programs? (Check all that apply)

- CalFRESH/SNAP CalWORKs General Assistance SSI Other: _____

Parent/Guardian’s Name	Signature	Relationship	Date
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****Please read and initial before proceeding.**

Please note that by completing this form does not guarantee my child's acceptance into EBAYC's program. I understand that upon acceptance, I must agree to the terms and conditions listed below. _____ (Initial)

Parent/ Guardian Consent

1. I am the legal parent/guardian, and I give my consent to the EBAYC to enroll my child in EBAYC's expanded learning programs and activities for the school year 2022-2023.
2. EBAYC has informed me that the services my child receives from EBAYC are confidential to the full extent permitted by State and Federal laws.
3. EBAYC has informed me that my child may be interviewed and photographed, and/or videotaped for the purpose of publicizing the work of EBAYC. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless the EBAYC and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording. I hereby give EBAYC the right to use my child's name, picture, portrait, photograph, video and audio recording for advertising or any other lawful purposes, and I waive any right to inspect or approve the finished version(s). Yes No
4. FERPA Consent to Release Student Information Relating to Classroom Recordings and Media Release:
I understand that EBAYC program sessions and projects may be audio and/or video recorded. I hereby permit EBAYC to release the education records that consist of recordings of my child's voice or likeness as my child participates in the program (such as when my child is making presentations or asking questions) and/or depictions in the recordings of projects or other materials my child has created. This information may be released and viewed by third-parties. I am allowing this release of my child's education records for educational purposes and to allow EBAYC to publicize and promote its educational programs and to further the education of other students.
I understand my agreement is voluntary and is not a condition or requirement of my child's participation in an EBAYC program. Yes, I agree to the above terms No, I do not agree to the above terms
5. EBAYC has informed me that my child will be asked to fill out a survey twice a year, and may be asked to take part in interviews for the purpose of evaluating the effectiveness of EBAYC's programs. I understand that my child's responses will be kept confidential and that my child has the right to refuse to answer any questions that make him or her feel uncomfortable or embarrassed.
6. For the 2022-2023 school year, I give consent to Oakland Unified School District to disclose to EBAYC's staff my child's confidential academic data (test scores, report cards, attendance, and other performance indices), and input my child's data into the database created for EBAYC services for the sole purpose of providing targeted support and academic instruction and assessing the quality and effectiveness of the EBAYC services in supporting my child's education, including school attendance, school discipline, and academic achievement. I also give permission for EBAYC staff to monitor my student's progress and to request my child to voluntarily participate in evaluation surveys for the purpose of determining program effectiveness. I understand that consent to disclose information and evaluate programs is not a requirement to participate in the after-school program and that I can withdraw this consent at any time by notifying the EBAYC staff and the OUSD After-School Programs office in writing.

EARLY RELEASE WAIVER (OPTIONAL)

ELEMENTARY AND MIDDLE SCHOOL STUDENTS

- ❖ **Elementary School** students are expected to participate in the EBAYC program every day until 6pm, for a total of 15 hours per week.
- ❖ **Middle School** students who to participate in the EBAYC program at least 3 days per week until 6pm, for a minimum total of 9 hours will be given priority.

Eligible students who are able to fulfill these attendance requirements daily have priority for enrollment.

Based on the OUSD Early Release Policy, families can request Early Release of their child from the EBAYC Program for any of the following reasons:

- | | |
|---|--|
| <input type="checkbox"/> Parallel Program | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Family Emergency | <input type="checkbox"/> Community safety |
| <input type="checkbox"/> Personal Family Circumstance | <input type="checkbox"/> Child accident |
| <input type="checkbox"/> Medical appointment | <input type="checkbox"/> Other conditions, as deemed appropriate |

School Site: _____

Student Name: _____ Grade: _____

I request early release of my child from the EBAYC program at _____ o'clock p.m.

(Please check reason)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> I am concerned for my child's safety in returning home by him/herself after dark. | <input type="checkbox"/> I am unavailable to pick my child up after this time. | <input type="checkbox"/> Other: _____ |
|--|--|---------------------------------------|

I hereby release and discharge the Oakland Unified School District/EBAYC and its officers, employees, agents and volunteers from all claims for injury, illness, death, loss or damage arising from my child's early release from the EBAYC program.

Parent/Guardian Signature

Date

**WAIVER OF PICK UP POLICY AND PERMISSION TO RELEASE WITHOUT SUPERVISION (OPTIONAL)
FOR STUDENTS AGES 12 AND OLDER ONLY**

School Site: _____

Student Name: _____ Grade: _____ Student DOB: _____

If I arrive, later than the dismissal time or am unable to pick up my child at the end of the EBAYC Program:

- I give the EBAYC Program staff permission to release my child from the EBAYC Program without supervision.

I hereby release and discharge the Oakland Unified School District/EBAYAC and its officers, employees, agents, and volunteers from all claims for injury, illness, death, loss or damage arising from the release of my child without supervision if I arrive later than dismissal time or am unable to pick up my child at the end of the After-School Program day.

Parent/Guardian Signature

Date