



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 (**2023-24 School Year**) \_\_\_\_\_ Student Email \_\_\_\_\_ Gender \_\_\_\_\_ Student ID # \_\_\_\_\_

#### 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 2023-2024.
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 2023-2024 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.

