



# South Bay Community Services Hawking S.T.E.A.M. Charter Schools 2021-2022 After School Application

Child's First Name/ Primer Nombre del Niño/Niña	Last Name/ Apellido	Middle Name/Segundo Nombre	School/ Escuela:
			H1      H2
Guardian's First Name/ Primer Nombre del Guardián	Last Name/ Apellido	Middle Name/ Segundo Nombre	Phone/ Teléfono

I understand that, if enrolled, my child is expected to attend the 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.

*Entiendo que, si está inscrito, se espera que mi hijo/a asista al Programa Después de la Escuela de lunes a viernes cada semana durante la duración del programa (en los días en que la escuela está en sesión). Si, por alguna razón, mi hijo/a no puede asistir durante la duración del programa, debo completar un formulario de salida anticipada o llegada tardía, según corresponda.*

Initials/ Iniciales \_\_\_\_\_

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

*Entiendo que, si está inscrito, incluso con un formulario de salida anticipada o llegada tardía, mi hijo/a no puede asistir al Programa Después de la Escuela a menos que asista por un mínimo de la mitad del tiempo de funcionamiento del programa.*

Initials/ Iniciales \_\_\_\_\_

I understand that, if enrolled, my child may not have both a Late Arrival and Early Release form for the same component (ie. Both forms for just the PM program).

*Entiendo que, si está inscrito, es posible que mi hijo no tenga un formulario de llegada tardía y salida anticipada para el mismo componente (es decir, ambos formularios solo para el programa PM).*

Initials/ Iniciales \_\_\_\_\_

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.

*Entiendo que, si inscrito, e incluso con formularios válidos de Salida anticipada y Llegada tardía archivados, mi hijo aún corre el riesgo de ser dado de baja para una familia con más puntos y / o un niño/niña con mayor necesidad.*

Initials/ Iniciales \_\_\_\_\_

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

*Entiendo que los niños matriculados que tienen ausencias constantes del programa pueden ser dados de baja.*

Initials/ Iniciales \_\_\_\_\_



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

*Entiendo que la inscripción cada año no está garantizada y que se debe completar una solicitud para cada niño/niña, cada año.*

Initials/ Iniciales \_\_\_\_\_

I understand that, as an academic based program, the 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 - 8th grade students.

*Entiendo que, como programa de base académica, el Programa Después de la Escuela no está diseñado para niños de kindergarten, y se les dará a los niños de kindergarten la prioridad más baja para la inscripción a menos que sean hermanos de estudiantes inscritos de 1 ° a 8 ° grado.*

Initials/ Iniciales \_\_\_\_\_

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.

*Entiendo que mi solicitud es únicamente para la escuela indicada y que el estado de inscripción de mi hijo no es transferible a otras escuelas.*

Initials/ Iniciales \_\_\_\_\_

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.

*Entiendo que se espera que todas las personas que ingresen al área del Programa Después de la Escuela cumplan con el código de conducta para participantes / padres publicado en el programa. I understand that, if enrolled, I will be expected to read, understand, and abide by the After School Program Parent Handbook.*

Initials/ Iniciales \_\_\_\_\_

I understand that if my child is 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 waitlist, just that you are on it.

*Entiendo que si mi hijo está inscrito, se lo colocará en una lista de espera. También entiendo que la lista de espera no está inscrita en el orden en que se reciben las solicitudes, sino utilizando los criterios de inscripción. Por lo tanto, no podemos decirle dónde se encuentra en la lista de espera, solo que está en ella.*

Initials/ Iniciales \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature/ Firma de Padre o Guardián

\_\_\_\_\_  
Date/ Fecha



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Child's First & Last Name/ Primer Nombre y Apellido del Niño/a		Gender/Género:		Birth Date/Fecha de Nacimiento:	
Address/Domicilio:			City/Ciudad		State
					Zip/Zona Postal
Home Phone/Tel. Casa		School/Escuela			Grade in 2021-22/Grado
Names of Siblings also applying for the After School Program/Nombres de Hermanos/as también aplicando por Programa Antes Despues de la Escuela (Must still complete a separate enrollment form/Deben completar una solicitud separada):					
Guardian 1 Name/Nombre del Guardián 1		Relationship/Relacion			Cell/Tel. Celular
Email Address/Correo		Work Phone/Tel. Trabajo		Ext.	Home Phone/Tel Casa
Employer/Trabajo		Work Address/Domicilio de Trabajo			
Guardian 2 Name/Nombre del Guardian 2		Relationship/Relacion			Cell/Tel. Celular
Email Address/Correo		Work Phone/Tel. Trabajo		Ext.	Home Phone/Tel Casa
Employer/Trabajo		Work Address/Domicilio de Trabajo			
Family Doctor's Name/Nombre Del Doctor		Address/Domicillo			Phone/Tel



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Medical Ins. Carrier/Compania de Seguros	Policy Number/Numero de Poliza	
Dentist/Dentista	Address/Domicilio	Phone/Tel.

**Additional Participant Information**  
**Información Adicional del Participante**

Does the participant take any medication on a daily basis?  
*¿El participante toma algún medicamento a diario?*

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

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Is the participant allergic to any plants, food, etc.?  
*¿Es el participante alérgico a alguna planta, comida, etc.?*

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Does the participant have any physical restrictions or accommodations that may affect activity?  
*¿El participante tiene restricciones físicas o adaptaciones necesarias que limiten su actividad?*

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Does the participant have any chronic medical problem?  
*¿El participante tiene algún problema médico crónico?*

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Is there any additional information you feel we may need to know about the participant?  
*¿Hay alguna información adicional que crea que necesitemos saber sobre el participante?*

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**Additional Authorized Adult Pickups/ Emergency Contacts**  
**Adultos Autorizadas Para Recoger/ Contactos de Emergencia**

First & Last Name <i>Primer Nombre y Apellido</i>	Primary Phone Number <i>Número de Teléfono Primario</i>	Relationship to Child <i>Relación con el Niño</i>
1.		
2.		
3.		
4.		

Person (s) NOT authorized  
*Persona (s) NO autorizado*

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**Behavior Agreement for After School Participation**  
**Acuerdo de Comportamiento para la Participación Antes y Después**  
**de la Escuela**

Please mark each box once read, then sign and date.

*Por favor de leer, marcar cada casilla una vez leída, después firme y agregue la fecha.*

**Parent Expectations and Agreement/ Expectativas y Acuerdo de los Padres:**

- I will use appropriate language when children are present.  
*Usaré un lenguaje apropiado cuando haya niños presentes.*
- I will support the After School Program, by having my child follow the After School expectations.  
*Apoyaré al Programa Después de la Escuela, haciendo que mi hijo siga las expectativas de después de la escuela.*
- I understand that the policies I signed for School Registration also apply during the After School.  
*Entiendo que las políticas que firmé para el Registro Escolar también se aplican durante y después de clases.*

**Participant Expectations and Agreement/ Expectativas y Acuerdo de los Participantes:**

- I will follow directions closely and quickly.  
*Seguiré las instrucciones rápidamente y adecuadamente*
- I will use the appropriate speaking volume for each activity.  
*Usaré el volumen de conversación apropiado para cada actividad.*
- I will use appropriate and upbuilding language.  
*Usaré un lenguaje apropiado y edificante.*
- I will wear the required school uniform, unless I have been given permission ahead of time.  
*Usaré el uniforme requerido por la escuela, a menos que se me haya dado permiso de antemano.*
- I will work hard to be on time for each activity.  
*Trabajaré duro para llegar a tiempo a cada actividad.*
- I will not cause distractions that will prevent others from learning and enjoying an activity.  
*No causaré distracciones que impidan que otros aprendan y disfruten de una actividad.*



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- I will always show respect, even when I disagree.  
*Siempre mostraré respeto, incluso cuando no esté de acuerdo.*
  
- I will practice social distancing and keep my mask on.  
*Practicaré el distanciamiento social y no me quitaré la máscara.*

If expectations are not met, the Youth Leader may remove participants from class and write a Behavior Note. Continuous Behavior Notes may result in a meeting with guardian to review Behavior Expectations and sign a Behavior Contract. If the Behavior Contract is not fulfilled, it may lead to serious consideration for expulsion from the program.

*Si no se cumplen las expectativas, el Líder Juvenil puede sacar a los participantes de la clase y escribir una Nota de Comportamiento. Las Notas de Comportamiento continuas pueden resultar en una reunión con el tutor para revisar las Expectativas de Comportamiento y firmar un Contrato de Comportamiento. Si no se cumple el Contrato de Comportamiento, puede dar lugar a una seria consideración para la expulsión del programa.*

\_\_\_\_\_  
Participant Signature/ Firma del Participante

\_\_\_\_\_  
Date/ Fecha

\_\_\_\_\_  
Guardian Signature/ Firma del Guardián

\_\_\_\_\_  
Date/ Fecha

-----**Staff Use Only**-----

Turned In \_\_\_/\_\_\_/\_\_\_    Reviewed \_\_\_/\_\_\_/\_\_\_    Enrolled or Waitlist \_\_\_/\_\_\_/\_\_\_    Checked for Updates \_\_\_/\_\_\_/\_\_\_  
Initials \_\_\_\_\_    Initials \_\_\_\_\_    Initials \_\_\_\_\_    Initials \_\_\_\_\_

- Interested in BSP
- Copy of Application Requested
- Missing Information on page(s)



# South Bay Community Services Hawking S.T.E.A.M. Charter Schools 2021-2022 After School Application

## **SBCS PHOTO CONSENT AND RELEASE**

I hereby grant SBCS and its agents, employees, funders, associated organizations, or anyone acting with their consent (together, "SBCS"), permission to take photographs/videos/digital images of me (and/or my child), to use, modify, publish, broadcast, display, print, reuse and copyright, which may be used in any manner or purpose, including without limitation, promotional, publicity and fundraising uses and postings on websites (including agency social media websites) affiliated with SBCS, its funders or other organizations associated with SBCS. I understand that once the images are available on such websites, the images can be downloaded or republished by anyone who has access to the Internet, and that SBCS has no control over any such republication. I release SBCS from any future claims relating to defamation, libel, right of publicity or invasion of privacy. I also waive the right to approve said images that may be used by SBCS. There are no fees or royalties paid to me and/or my child for SBCS' use of the images.

With your signature, you are indicating that you have read and fully understand the contents of this Photo Consent and Release Form.

Name of Student (Please Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Check if minor

Name of Parent/Guardian (Please Print): \_\_\_\_\_

Status (Please circle one):                      Parent                      Guardian

Address of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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Greetings Parents/Guardians!

Welcome to another year of ASP! In this program your child will be engaged in a creative Steam activity. Your child will also have plenty of physical exercise including outside games, sports, and homework completion time. There will also be club days for students to join in including art, physical activity, and Dungeons and Dragons. I am personally designing the after-school program so they can learn more skill sets while still being engaged in a fun and safe environment. Little background about me is that I have been working in an afterschool environment for 3 years. I have a Master's in Theatre Arts and have over 4 years of experience in creating creative curriculum. My goal is to make the after-school program a fun and creative environment for your child. If you have any questions for me, please don't hesitate to reach out!

-Sincerely

-Richard Cajka

(619)-764-3212

[rcajka@hawkingcharter.org](mailto:rcajka@hawkingcharter.org)