

UCLA AfterSchool Program

Los Angeles Unified School District BEYOND THE BELL BRANCH

BEFORE AND AFTER-SCHOOL PROGRAM APPLICATION/AGREEMENT

Email application to: maryann@teaching.ucla.edu

١.	For Staff Use Only										
	DISTRICT ID NUMBER									ı	
	2024-2025										
	SCHOOL YEAR										

SCHOOL OF ATTENDANCE:	Girls Academic Leadership Academy
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Program Applying	for: (Only check o	ne)					
BEFORE-SCHOOL	•	AFTER-SCHOOL		OTHER PROGRAMS			
Ready-Set-Go! (RSG)	Youth Services	Grant Funded Program (Name of Program <u>UCLA Aft</u>	*	Name of Program			
Name of Frogram OC			7				
			7				
APPLICANT(S) PRINT NAME CLEARLY							
FIRST M.I. LAST			APPLICANT'S EMAIL ADDRESS DATE OF BIRTH GR				
	STREET ADDRE	SS	APT#	CITY ZIP CODE			
PARENT(s)/GUA	RDIAN(S)						
	MOTHER'S/GUARI	DIAN'S NAME		FATHER'S/GUARDIAN'S NAME			
Print	NAME:	FIRST M.I. LAST	PRINT NAME: FIRST M.I. LAST				
	Mother's/Guardian	'S EMAIL ADDRESS	Father's/Guardian's Email Address				
PHONE NUMBER (/	MAIN)	PHONE NUMBER (OTHER)	PHONE NUMBER	R (MAIN) PHONE NUMBER (OTHER)			
,	ŕ	EASE INFORMATION (p)	•	. ,			
#1: RELATIONSHIP	ONTACT/REI	NAME (FIRST LAST)	PHONE NUMBER(S)	Address (STREET CITY ZIP)			
#2: RELATIONSHIP		NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)			
#3: RELATIONSHIP NA		NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)			
/We authorize the Bey	yond the Bell Befo	re/After-School Program (BASP	to contact, and if necessary, r	elease my child to any of the above individuals liste			
/We give my permission	on for my child to	nation. The above listed individu be filmed or photographed. I un program, or for printed materia	nderstand that all film or photo	s are the sole property of the BASP, and may be use BASP.			
				ords under the Family Educational Rights and Privac I for the duration necessary for my child to participa			
. 0	ny physical, emotic	onal, and/or learning difficulties?	? If so, please specify:				
Does your child have a	•	If so, please specify:					
A CKNOWLEDGE	EMENT:						
MOTHER'S/GUARDIAN'S NAME (PRINT)			MOTHER'S/GUARDIAN'S SIGNAT	URE DATE			
	S/Guardian's Name	· · · · · · · · · · · · · · · · · · ·	FATHER'S/GUARDIAN'S SIGNATU				
	nn Szyskov		MaryAnn Szyskowsk				
SITE COORDINATOR'S NAME (PRINT)			SITE COORDINATOR'S SIGNATII	RE DATE			