

FREE EVERY DAY AFTER SCHOOL

- Limited enrollment, apply early
- Application attached
- Open to all 6th, 7th & 8th graders
- Monday Friday from dismissal until 6:34pm
- Professional staff at a 20:1 ratio
- Includes daily meal

PROGRAM FEATURES

ACADEMICS

Homework assistance offered every day

ENRICHMENT

Enrichment Programs may include the following:

Art Academy

Dance

Robotics

S.T.E.M. - Science, Technology, Engineering & Math Visual Arts - Painting, drawing, sculpting and art contests

SPORTS & RECREATION

WSA Cup Tournament - Intersite Competitions
Intrasite Sports Leagues - Multiple sports



Main Office Number: (310) 838-7872 www.teamprimetime.org

NROLLMENT

To enroll, complete the application and return to Team Prime Time via mail, email, or fax

Team Prime Time P.O. Box 341848 Los Angeles, CA 90034 info@teamprimetime.org (310) 838-8825 fax









Los Angeles Unified School District BEYOND THE BELL BRANCH BEFORE AND AFTER-SCHO

SITE COORDINATOR'S NAME (PRINT)

BEFORE AND AFTER-SCHOOL PROGRAM APPLICATION/AGREEMENT

ICT ID NUMBE	R
HOOL YEAR	

Program Applying	for: (Only about a	nel					
BEFORE-SCHOOL	тот: (Оту спеск о	AFTER-SCHOOL			OTHER PROGRAMS		
Ready-Set-Go! (RSG)	Youth Services	Grant Funded Program (Name of Program	(ASES/21 st CCLC/ASSETs)	Name of Program			
		Tume of Frogram					
APPLICANT							
PRINT NAME CLEARLY	First	M.I. LAST	DATE	DF BIRTH <i>Month</i>	DAY YEAR	GRAD	
TRIVITYAME CEEPICET	11651	174.1.	DAIL	J BIKIII MONIII	DAI ILAK	GRAD	
DADENIE (*) /CHA	STREET ADDRE	ess	APT#	CITY		ZIP CODE	
PARENT(s)/GUA		ar and a Ni and	<u> </u>	D. populate Communication	visite Nissen		
	PARENT'S/GUARI	JIAN S NAME		PARENT'S/GUARE	DIAN'S NAME		
PRINT	Г Nаме:	FIRST M.I. LAST	PRINT N	JAME:	FIRST M.I. LAST		
PHONE NUMBER (MAIN)		PHONE NUMBER (OTHER)	PHONE NUMBER	R (MAIN)	PHONE NUMB	ER (OTHER)	
	Email Add	DESS		Email A	DDDESS		
			•				
EMERGENCY C	ONTACT/REI	LEASE INFORMATION (p	rovide a minimum of two contact	ts)			
#1: RELATIONSHIP	IIP NAME (FIRST LAST)		PHONE NUMBER(S)		Address (Street City Zip)		
#2: RELATIONSHIP		NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)		ZIP)	
#3: RELATIONSHIP		NAME (FIRST LAST)	PHONE NUMBER(S)		Address (Street City Zip)		
		fore/After-School Program (BAS		, release my child	to any of the above i	ndividuals lis	
		nation. The above listed individu					
		o be filmed or photographed. It program, or for printed material			operty of the BASP,	and may be u	
	for the Los Angelo	of personally identifiable inform s Unified School District to disc					
Program to serve pupi gives priority enrollme	ls in kindergarten nt in after school	(ASES) Program Act of 2002, e and grades 1 to 9, inclusive, at p programs and before school prog s youth or as being in foster care	articipating public elementary, grams to pupils in middle schoo	, middle, junior hi ol or junior high s	igh, and charter scho chool who attend dai	ols. The act ly. Pupils wh	
	0	ble): Homeless Youth			•		
• Does your child have	any physical, emo	otional, and/or learning difficulti	es? If so, please specify:				
 Does your child have ACKNOWLEDGE 		? If so, please specify:					
PARENT'S/GUARDIAN'S NAME (PRINT)			PARENT'S/GUARDIAN'S SIGNATU	URE	DATE		

SITE COORDINATOR'S SIGNATURE

DATE



BEYOND THE BELL BRANCH

Middle School Early Release Policy Form

State Legislation governing after school programs for middle schools funded by After School Education and Safety Program and/or 21st Century Community Learning Centers mandates that such programs must operate from the close of school every school day until 6:00 p.m. Programs in schools that dismiss students after 3:00 p.m. must operate a minimum of 3 hours per day. The Los Angeles Unified School District requires a completed Early Release Policy form signed and dated by an authorized adult for any student released before 5:45 p.m. It is expected that middle school students attend 5 days a week and stay for the full duration of the program. In the event that a student is participating in other extracurricular activities during program hours, the parent/guardian or authorized person (18 years or older who is on the student's emergency card) may pick up his/her child or may authorize the child to sign out of the program under the following conditions:

								cer, basketball, mus enrichment compo	
	Pleas	se select the	day(s) and ente	er the time(s)) when the stu	dent will be pi	cked up fro	om the program.	
	M	ONDAY	TUESDA	AY W	EDNESDAY	THURSI	DAY	FRIDAY]
First day of activity:				Last Day of activity:			_		
	-		ompleted each				new activ	ity.	
B: During	g Standard	Time, when th		nd it gets dark e	early, a parent/gua			ears or older who is or	n the student's
	•		ansportation a	•		_			
Мус	hild will	be picked u	p at:	Гіте	from	Date	to	Date	
**Th	is option	ı is valid or	nly during Star a death in the in	ndard Time.					
D: Medic E: Clima	al appoin tic/Natura	tments. Il Disaster Co				_			
			lent health and w Order document		on file with age	ency).			
		`	ctivities/Events (· ·	• /			
Code	/Timo:							;	
								;;	
THE EAR	LY RELE	ASE POLICY	IS NOT INTEN	DED FOR TH	E DAILY EARI	Y DEPARTURE	OF STUDE	rogram closes. NTS. FAMILIES M	
OF SERVI		POLICY SPO	<u>PRADICALLY. T</u>	<u>'HE MISUSE (</u>	OF THE EARLY	RELEASE POL	ICY MAY I	RESULT IN THE TE	<u>ERMINATION</u>
		My child v	vill be picked	up by an a	authorized a	dult.			
			•	•				dult supervisione student's file)	
		(Authorize	ation for stud	ent to sign	out of the p	rogram mus	t De III till	e student s me	•
								th date:	
provider no	or the Los.	Angeles Unific		is liable for inci	idents involving	my child occurring	g after his/he	ove. I understand neit r departure from the p gular basis.	
		Parent's Name	 		Parent's Signa	ture		Date	
	Agency	Representative	's Name		Representative's	Signature		Date	

This form must be completed each time the student leaves before the program closes. This section to be completed by site personnel.

Number of days the student has left early during the current school year: