

TEAM PRIME TIME

After School Program

Enrollment 2023-2024

@ Palms Middle School



FREE EVERY DAY AFTER SCHOOL

- Limited enrollment, apply early
- Application attached
- Open to all 6th, 7th & 8th graders
- Monday - Friday from dismissal until 6:00pm
- 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:

Prime Time Trials - Mock Trial program with Loyola Law School

S.T.E.M. - Science, Technology, Engineering and Math

Art Academy

Cooking

Visual Arts - Painting, drawing, sculpting and art contests

ATHLETICS

The Prime Time Games® - A full-inclusion, peer-mentor sports program.

WSA Cup Tournament - Intersite Competitions

Intrasite Sports Leagues - Multiple sports

ENROLLMENT

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



After School is Prime Time!



Site Phone Number: (310) 892-7872
Main Office Number: (310) 838-7872
www.teamprimetime.org



Los Angeles Unified School District
 BEYOND THE BELL BRANCH
BEFORE AND AFTER-SCHOOL PROGRAM
APPLICATION/AGREEMENT

DISTRICT ID NUMBER							

SCHOOL YEAR							

SCHOOL OF ATTENDANCE: _____

Program Applying for: <i>(Only check one)</i>			OTHER PROGRAMS
BEFORE-SCHOOL	AFTER-SCHOOL		
Ready-Set-Go! (RSG)	Youth Services	Grant Funded Program (ASES/21 st CCLC/ASSETs) Name of Program _____	Name of Program _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT

PRINT NAME CLEARLY	<i>FIRST</i>	<i>M.I.</i>	<i>LAST</i>	DATE OF BIRTH	<i>MONTH</i>	<i>DAY</i>	<i>YEAR</i>	GRADE
_____				_____	_____	_____	_____	_____
STREET ADDRESS			APT #	CITY			ZIP CODE	

PARENT(S)/GUARDIAN(S)

PARENT'S/GUARDIAN'S NAME		PARENT'S/GUARDIAN'S NAME	
PRINT NAME:	<i>FIRST M.I. LAST</i>	PRINT NAME:	<i>FIRST M.I. LAST</i>
PHONE NUMBER (MAIN)	PHONE NUMBER (OTHER)	PHONE NUMBER (MAIN)	PHONE NUMBER (OTHER)
_____	_____	_____	_____
EMAIL ADDRESS		EMAIL ADDRESS	
_____		_____	

EMERGENCY CONTACT/RELEASE INFORMATION *(provide a minimum of two contacts)*

#1: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)
#2: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)
#3: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)

• I/We authorize the Beyond the Bell Before/After-School Program (BASP) to contact, and if necessary, release my child to any of the above individuals listed as an Emergency Contact/Release Information. The above listed individuals must be 18 years or older.

• I/We give my permission for my child to be filmed or photographed. I understand that all film or photos are the sole property of the BASP, and may be used in displays to the public, to publicize the program, or for printed materials published by and/or for the BASP.

• I/We hereby consent to the disclosure of personally identifiable information from my child's education records under the Family Educational Rights and Privacy Act and allow for the Los Angeles Unified School District to disclose such information only to the extent and for the duration necessary for my child to participate in BASP programs.

• The After School Education and Safety (ASES) Program Act of 2002, enacted by initiative statute, establishes the After School Education and Safety Program to serve pupils in kindergarten and grades 1 to 9, inclusive, at participating public elementary, middle, junior high, and charter schools. The act gives priority enrollment in after school programs and before school programs to pupils in middle school or junior high school who attend daily. Pupils who are identified by the program as homeless youth or as being in foster care will be given first priority. Parents/guardians may indicate this information below:

Pupil designation *(please check if applicable)*: Homeless Youth Foster Care

• Does your child have any physical, emotional, and/or learning difficulties? If so, please specify: _____

• Does your child have any food allergies? If so, please specify: _____

ACKNOWLEDGEMENT

PARENT'S/GUARDIAN'S NAME (PRINT)	PARENT'S/GUARDIAN'S SIGNATURE	DATE
_____	_____	_____
PARENT'S/GUARDIAN'S NAME (PRINT)	PARENT'S/GUARDIAN'S SIGNATURE	DATE
_____	_____	_____
SITE COORDINATOR'S NAME (PRINT)	SITE COORDINATOR'S SIGNATURE	DATE
_____	_____	_____



SCHOOL: _____

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:

A: Attending a parallel program (program in the school or community such as intervention programs, soccer, basketball, music lessons, religious education, etc.) as long as an agreement with the parent or guardian exists making this the child's enrichment component.

Please select the day(s) and enter the time(s) when the student will be picked up from the program.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

First day of activity: _____ Last Day of activity: _____

Activity/Class: _____

***This section must be completed each and every time the student enrolls in a new activity.**

B: During Standard Time, when the days are shorter and it gets dark early, a parent/guardian or authorized adult (18 years or older who is on the student's emergency card) may pick up his/her child under the following condition:

Family does not have transportation and they need to walk home before it gets dark.

My child will be picked up at: _____ from _____ to _____
Time Date Date

****This option is valid only during Standard Time.**

C: Family emergencies (such as a death in the immediate family, natural catastrophic incidents, etc).

D: Medical appointments.

E: Climatic/Natural Disaster Conditions.

F: Conditions in regards to safety, as prescribed by the school safety plan, local district, or local government body.

G: Conditions pertaining to student health and welfare.

H: Court Order Mandate (Court Order documentation must be on file with agency).

I: School Related/Sponsored Activities/Events (Back-to-School Night, Open House, etc.)

Code/Time: _____; _____; _____; _____; _____

Dates/Initial: _____; _____; _____; _____; _____

*****This section must be completed each and every time the student leaves before the program closes.**

THE EARLY RELEASE POLICY IS NOT INTENDED FOR THE DAILY EARLY DEPARTURE OF STUDENTS. FAMILIES MAY USE THE EARLY RELEASE POLICY SPORADICALLY. THE MISUSE OF THE EARLY RELEASE POLICY MAY RESULT IN THE TERMINATION OF SERVICES.

- My child will be picked up by an authorized adult.**
- I authorize my child to sign out of the program and leave without adult supervision (Authorization for student to sign out of the program must be in the student's file).**

Student's Name: _____ **Grade:** _____ **Birth date:** _____

In signing below, I request that my child be excused from the program at the specified time(s) and day(s) mentioned above. I understand neither the program provider nor the Los Angeles Unified School District is liable for incidents involving my child occurring after his/her departure from the program. I also understand services will be terminated if the program has a waiting list of students eligible to attend the program on a regular basis.

Parent's Name Parent's Signature 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: _____