ENROLLMENT 2024-2025

BEYOND THE BELL



WALGROVE

ELEMENTARY

ENRICHMENT

After School Progr

ter School

EAM

Cablished 2001

SPORTS & RECREATION

FREE EVERY DAY AFTER SCHOOL!

- Limited enrollment, apply early
- Application attached
- Open to all TK-5th graders

Program Features

- Academics
 - Homework assistance offered every day
- Enrichment
 - STEAM Academy
- Sports & Recreation
 - Prime Time Cup Sports League

- Monday Friday from dismissal until 6:00pm
- Professional staff at a 20:1 ratio (TK-K is 10:1)
- Includes daily meal

After School is Prime Time! Enroll Today!

CONTACT INFORMATION

- **310-713-8122 (Site Phone)**
- 310-838-7872 (Main Office)
- P.O. Box 341848 Los Angeles, CA 90034

FREE After School Program

🕘 www.teamprimetime.org



BEFORE AND AFTER SCHOOL PROGRAM APPLICATION/AGREEMENT

For Staff Use Only
DISTRICT ID NUMBER
SCHOOL YEAR

SCHOOL OF ATTENDANCE:

Program Applyin	g for: (check one)			
BEFORE-SCHOOL		AFTER-SCHOOL OTHER PROGRA		
Morning Program	Youth Services	Grant Funded Program Name of Program	Name of Program	

APPLICANT (PRINT CLEARLY)

FIRST NAME	MIDDLE INITIAL	LAST NAME		DATE OF BIRTH: MONTH	DAY YEAR	GRADE
STREET AD	DRESS		APT #	Сіту		ZIP CODE
PARENT(s)/GUARDIAN(s)						
Parent/Gu	ARDIAN NAME			Parent/Guard	DIAN NAME	
First Name	LAST N	ME		FIRST NAME	LAST NAME	
PHONE NUMBER (MAIN)	PHONE NUMBER (MAIN) PHONE NUMBER (OTHER)			PHONE NUMBER (MAIN) PHONE NUMBER (d		BER (OTHER)
Email Address			EMAILA	DDRESS		

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 understand the Beyond the Bell Before/After School Program is available to students attending an LAUSD school.

• I/We authorize the Beyond the Bell Before/After School Program 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 BTB, and may be used in displays to the public, to publicize the program, or for printed materials published by and/or for BTB.

 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 BTB 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/Guardian Name (Print)
 Parent/Guardian Signature
 Date

 Parent/Guardian Name (Print)
 Parent/Guardian Signature
 Date

 Site Coordinator Name (Print)
 Site Coordinator Signature
 Date

 BTB ProgramApplication_English_11/2023
 BTB ProgramApplication_English_11/2023

SCHOOL:

BEYOND THE BELL BRANCH Elementary School Early Release Policy Form

State Legislation governing after school programs for elementary 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. 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 elementary school students attend 5 days a week and stay for the full duration of the program. In the event that a parent/guardian may have the need to pick up his/her child before 5:45 p.m., the parent/guardian or authorized person (18 years or older who is on the student's emergency card) may pick up his/her child under one of the following conditions:

	Please select the da	ay(s) and enter the t	ime(s) when the studen		
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	First day of activ	ity:	Last Day	of activity:	
Activ	ity/Class:				
			very time the student e		
or old	er who is on the stude	nt's emergency card	d) may pick up his/her c	child under the follow	authorized adult (18 yea ing condition:
	•	-	y need to walk home l	0	
My cl	nild will be picked up	at: 	from	to	Date
**ТЬ	is ontion is valid only	during Standard	Timo		
C: Famil D: Medi	y emergencies (such a cal appointments .tic/Natural Disaster C	s a death in the imn onditions ety, as prescribed by	nediate family, natural o y the school safety plan		
F: Condi G: Cond H: Court	,	rt Order documentat	tion must be on file with ack-to- School Night, C	0,17	
F: Condi G: Cond I: Court : Schoo	Order Mandate (Courd Related/Sponsored A	rt Order documentat Activities/Events (Ba	ack-to- School Night, C	Open House, etc.)	;;

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.**

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 he/she is signed out of the program. I also understand that my child is expected to attend every day and stay for the duration of the program. I am aware services will be terminated if the program has a waiting list of students that can participate 5 days a week and remain for the duration of the program. I also understand services will be terminated if the early release policy is misused.

Parent's Name	Parent's Signature	Date	
Agency Representative's Name	Representative's Signature	Date	
form must be completed each time the student lea section to be completed by site personnel.	ives before the program closes.		

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