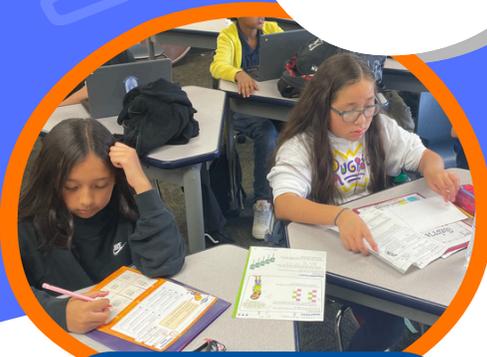


WEBSTER  
MIDDLE SCHOOL

TEAM  
PRIME  
TIME



# After School Program



ACADEMICS



ENRICHMENT



SPORTS &  
RECREATION

## FREE EVERY DAY AFTER SCHOOL!

- Limited enrollment, apply early
- Monday - Friday from dismissal until 6:07pm
- Application attached
- Professional staff at a 20:1 ratio
- Open to all 6th, 7th & 8th graders
- Includes daily meal

## Program Features

- **Academics**
  - Homework assistance offered every day
- **Enrichment**
  - Cooking
  - Digital Art
  - STEAM Academy
  - Fashion Design
  - Robotics
  - 3D Printing
- **Sports & Recreation**
  - Prime Time Games®
    - Full-inclusion, peer-mentor sports program
  - Prime Time Cup Sports League
  - eGaming
  - Dance

## CONTACT INFORMATION

- ☎ 310-968-7872 (Site Phone)
- ☎ 310-838-7872 (Main Office)
- 📍 P.O. Box 341848  
Los Angeles, CA 90034
- 🌐 [www.teamprimetime.org](http://www.teamprimetime.org)



After School is Prime Time! Enroll Today!

<b>For Staff Use Only</b>									
DISTRICT ID NUMBER									
_____									
SCHOOL YEAR									

**BEFORE AND AFTER SCHOOL PROGRAM APPLICATION/AGREEMENT**

**SCHOOL OF ATTENDANCE:** \_\_\_\_\_

<b>Program Applying for:</b> (check one)				
<b>BEFORE-SCHOOL</b>		<b>AFTER-SCHOOL</b>		<b>OTHER PROGRAM</b>
<b>Morning Program</b>	<b>Youth Services</b>	<b>Grant Funded Program</b>		<b>Name of Program</b>
Name of Program _____	Name of Program _____	Name of Program _____		Name of Program _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**APPLICANT** (PRINT CLEARLY)

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH:	MONTH	DAY	YEAR	GRADE
_____	_____	_____	_____	_____	_____	_____	_____
STREET ADDRESS		APT #	CITY		ZIP CODE		
_____		_____	_____		_____		

**PARENT(S)/GUARDIAN(S)**

PARENT/GUARDIAN NAME		PARENT/GUARDIAN NAME	
FIRST NAME	LAST NAME	FIRST NAME	LAST NAME
_____	_____	_____	_____
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 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
_____	_____	_____

# 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:** \_\_\_\_\_