



**GRADES  
TK-8**

**FREE**  
**BEYOND THE BELL  
SUMMER ENRICHMENT  
PROGRAMS**

**MONDAY - FRIDAY**

**PROGRAM DATES:  
JUNE 15-JULY 24, 2026**

**PROGRAM CLOSED: JUNE 19 & JULY 3**

**ACTIVITIES**

- Creative arts & crafts
- Sports & games
- STEM & hands-on activities
- Free meals provided
- Safe, supervised environment

**SCAN HERE  
FOR MORE INFORMATION**



Our summer program is the perfect place for kids to learn, play, and grow!

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

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

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

Program Applying for: (check one)			
BEFORE-SCHOOL	AFTER-SCHOOL		OTHER PROGRAM
Morning Program	Youth Services	Grant Funded Program	Name of Program
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.
- The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers, (2) increase public awareness and promote continuation and improvement of education programs, and/or (3) highlight accomplishments of students and educational programs including but not limited to honor roll, school/District awards, and graduation/culmination, through the use of mass media, displays, brochures, websites, social media, approved blogs, and related District publications.  Yes  No
- 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
_____	_____	_____