ENROLLMENT 2026-2027

RIVERSIDE DRIVE CHARTER

TEAM PRIME TIME

BEYOND THE BELL

After School Program

ACADEMICS

ENRICHMENT

SPORTS & RECREATION

FREE EVERY DAY AFTER SCHOOL!

- **Open Enrollment**
- **Application attached**
- **Open to all TK-5th graders**
- **Monday - Friday from dismissal until 6:00pm**
- **Professional staff at a 20:1 ratio (TK-K is 10:1)**
- **Includes daily meal**

Program Features

- **Academics**
  - Homework assistance offered every day
- **Enrichment**
  - STEM Academy
  - ART Academy
  - And More!
- **Sports & Recreation**
  - Prime Time Games
  - Prime Time Cup Sports League
  - LA84 Regional Sports

CONTACT INFORMATION

(818)383-8010 (Site Phone)

(310) 838-7872 (Office Phone)

riverside@teamprimetime.org

P.O. Box 341848
Los Angeles, CA 90034

After School is Prime Time! Enroll Today!

BTB | LAUSD UNIFIED
Beyond the Bell

For Staff Use Only

STUDENT DISTRICT ID NUMBER

SCHOOL YEAR

BEFORE AND AFTER SCHOOL PROGRAM APPLICATION

SCHOOL OF ATTENDANCE: _____

Program Applying for: (check one)

☐ BEFORE-SCHOOL	☐ AFTER-SCHOOL	☐ OTHER PROGRAM
Name of Program	Name of Program	Name of Program

STUDENT APPLICANT INFORMATION (print clearly)

LEGAL NAME: FIRST NAME MIDDLE NAME LAST NAME

DATE OF BIRTH: MONTH DAY YEAR

GRADE

STREET ADDRESS

APT #

CITY

ZIP CODE

PARENT(S)/GUARDIAN(S) INFORMATION

PARENT/GUARDIAN NAME: FIRST NAME LAST NAME

PHONE NUMBER (MAIN)

PHONE NUMBER (OTHER)

EMAIL ADDRESS

PARENT/GUARDIAN NAME: FIRST NAME LAST NAME

PHONE NUMBER (MAIN)

PHONE NUMBER (OTHER)

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

• I 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**

• Priority enrollment is given to pupils who are identified by the program as homeless youth or as being in foster care (EC sections 8483[c][1][A] and 8483.1[d][1]A]). AB 1567, effective July 1, 2017, revised the Education Code to prioritize enrollment for students identified as homeless youth or in foster care, either at the time of application or during the school year. It also gives second priority to middle or junior high school students who attend daily. Additionally, programs that charge family fees are prohibited from charging fees for students who are identified as homeless or in foster care.

Pupil designation (please check where applicable)**:** ☐ **Homeless Youth** ☐ **Foster Youth Care** ☐ **Not Applicable**

• Is there a court order on file with the school office? ☐ **Yes** ☐ **No**

ACKNOWLEDGEMENT

PARENT/GUARDIAN NAME (PRINT)

PARENT/GUARDIAN SIGNATURE

DATE

RECEIVED/REVIEWED BY:

SITE COORDINATOR NAME (PRINT)

SITE COORDINATOR SIGNATURE

DATE

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STUDENT DISTRICT ID NUMBER

SCHOOL YEAR

BEFORE AND AFTER SCHOOL STUDENT SUPPORT QUESTIONNAIRE

SCHOOL OF ATTENDANCE: _____

STUDENT APPLICANT INFORMATION (print clearly)

LEGAL NAME: FIRST NAME MIDDLE NAME LAST NAME | DATE OF BIRTH: MONTH DAY YEAR | GRADE

STREET ADDRESS | APT # | CITY | ZIP CODE

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: FIRST NAME LAST NAME | PHONE NUMBER (MAIN) | PHONE NUMBER (OTHER)

STUDENT EDUCATION INFORMATION

Does the student have a current Section 504 or Individualized Education Program (IEP)? ☐ Yes ☐ No

STUDENT HEALTH INFORMATION

Does your child have any physical, emotional, and/or learning difficulties?
If yes, please specify below. ☐ Yes ☐ No ☐ Decline to Answer

Does your child have any allergies or asthma?
If yes, please specify below. ☐ Yes ☐ No

ACKNOWLEDGEMENT

PARENT/GUARDIAN NAME (PRINT) | PARENT/GUARDIAN SIGNATURE | DATE

RECEIVED/REVIEWED BY:

SITE COORDINATOR NAME (PRINT) | SITE COORDINATOR SIGNATURE | DATE

BTB Beyond the Bell | LAUSD UNIFIED

SCHOOL YEAR: _____

Los Angeles Unified School District
Beyond the Bell

ELEMENTARY AND MIDDLE SCHOOL AFTER SCHOOL EARLY RELEASE POLICY

The Los Angeles Unified School District's (the District) Beyond the Bell Expanded Learning Program is required to have a procedure for documenting student attendance. This procedure must comply with the Early Release Policy for after school programs.

The purpose of the Early Release Policy is to identify the reason(s) as to why students leave prior to the end of the after school program. It is the intent of the Legislature that students participate in the full day of the program every day, except when picked up early in accordance with the Early Release Policy (Education Code Section 8483(a)(2)).

Early Release Policy
The District requires a documented reason for early release. A student may leave before the close of the program under the following conditions, which must be indicated by the parent/guardian or an authorized person (18 years or older) listed on the student's application under emergency contact/release information. At the time of sign-out, the parent/guardian, authorized person, or student (when permitted) will be prompted to select the reason for early release if the sign-out time is 15 minutes or more prior to the end of the program.

A. Participation in extracurricular activities or recreational team sports
B. Student health and well-being (examples: medical appointment, student injury, etc.)
C. Transportation constraints
D. Late bus pick-up
E. Safety issues (example: extreme weather conditions)
F. Release due to early darkness (generally occurring November through mid-March)
G. Court-ordered mandate (A copy of the court order must be on file with the school)
H. Family emergency
I. Other circumstances

I have read, understand, and agree to the Early Release Policy.

School Site: _____ **Grade Level:** _____

Student Name: _____ **Date of Birth:** _____

Parent/Guardian Name (Print): _____ **Ph#:** _____

Parent/Guardian Signature: _____ **Date:** _____

Check and sign all that apply:

APPLICABLE TO STUDENTS IN GRADES 4-8 ONLY
Student Self Sign-Out Authorization

☐ I authorize my child to sign themself out of the program and will ensure they select the appropriate reason when prompted for leaving prior to the end of the program. I understand that neither the program provider nor the Los Angeles Unified School District is liable for any incidents involving my child that occur after my child leaves the campus.

My child may sign themself out of the program no earlier than: _____ p.m.

Parent/Guardian Signature: _____ Date: _____

APPLICABLE TO STUDENTS USING LATE BUS TRANSPORTATION
Student Self Sign-Out Authorization

☐ I authorize my child to sign themself out of the program as they will be utilizing late bus transportation provided by Transportation Services.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY: Authorization verified by: _____ on _____