



EASTSIDE STUDENT CENTER

www.eastsidestudentcenter.org | 162 W. Line Street | info@eastsidestudentcenter.org

2024-25 EASTSIDE STUDENT CENTER APPLICATION

7th - 12th Grade Program

Student Information:

| | | |
|---|---|--|
| Student Name: _____ <i>First Name</i> <i>Last Name</i> | Grade: _____ <i>2024-25 School Year</i> | Date of Birth: _____ <i>Month/Day/Year</i> |
|---|---|--|

Contact Information:

| | | | |
|-------------------------------|------------------------------|--------------------------------|---------------------|
| Primary Contact: _____ | | | |
| <i>First Name</i> | <i>Last Name</i> | <i>Relationship to Student</i> | <i>Home Address</i> |
| _____ | _____ | _____ | _____ |
| <i>Cell Phone</i> | <i>Work Name & Phone</i> | <i>Email</i> | |
| _____ | _____ | _____ | |

| | | | |
|---------------------------------|------------------------------|--------------------------------|---------------------|
| Alternate Contact: _____ | | | |
| <i>First Name</i> | <i>Last Name</i> | <i>Relationship to Student</i> | <i>Home Address</i> |
| _____ | _____ | _____ | _____ |
| <i>Cell Phone</i> | <i>Work Name & Phone</i> | <i>Email</i> | |
| _____ | _____ | _____ | |

| | | | |
|---------------------------------|------------------------------|--------------------------------|---------------------|
| Emergency Contact: _____ | | | |
| <i>First Name</i> | <i>Last Name</i> | <i>Relationship to Student</i> | <i>Home Address</i> |
| _____ | _____ | _____ | _____ |
| <i>Cell Phone</i> | <i>Work Name & Phone</i> | <i>Email</i> | |
| _____ | _____ | _____ | |

Transportation Information:

| | | | | | | | | | | |
|--|---|---|--|--------------------------------------|---|---|---|--|---|---|
| <p>Please select all that apply:</p> <p><input type="checkbox"/> Parent/Guardian Pick-up</p> <p><input type="checkbox"/> Walking</p> <p><input type="checkbox"/> School Transportation (Bus)</p> | <p>The following late bus stops are available for Eastside Student Center attendees. Please indicate the appropriate bus stop for your student (all BUSD transportation rules apply):</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> May/Hanby (4:50)</td> <td><input type="checkbox"/> Lazy A/Bar L (5:02)</td> <td><input type="checkbox"/> JKBS (5:16)</td> </tr> <tr> <td><input type="checkbox"/> Third/Short St. (4:53)</td> <td><input type="checkbox"/> Highlands (5:08)</td> <td><input type="checkbox"/> PaHa/Line (5:21)</td> </tr> <tr> <td><input type="checkbox"/> Mac Iver (4:55)</td> <td><input type="checkbox"/> W. Barlow Gym (5:12)</td> <td><input type="checkbox"/> Brookside (5:26)</td> </tr> </table> | <input type="checkbox"/> May/Hanby (4:50) | <input type="checkbox"/> Lazy A/Bar L (5:02) | <input type="checkbox"/> JKBS (5:16) | <input type="checkbox"/> Third/Short St. (4:53) | <input type="checkbox"/> Highlands (5:08) | <input type="checkbox"/> PaHa/Line (5:21) | <input type="checkbox"/> Mac Iver (4:55) | <input type="checkbox"/> W. Barlow Gym (5:12) | <input type="checkbox"/> Brookside (5:26) |
| <input type="checkbox"/> May/Hanby (4:50) | <input type="checkbox"/> Lazy A/Bar L (5:02) | <input type="checkbox"/> JKBS (5:16) | | | | | | | | |
| <input type="checkbox"/> Third/Short St. (4:53) | <input type="checkbox"/> Highlands (5:08) | <input type="checkbox"/> PaHa/Line (5:21) | | | | | | | | |
| <input type="checkbox"/> Mac Iver (4:55) | <input type="checkbox"/> W. Barlow Gym (5:12) | <input type="checkbox"/> Brookside (5:26) | | | | | | | | |

Please answer the following questions:

| | |
|---|---|
| <p>Does your student have any food or relevant allergies or medical conditions that the staff should be aware of?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", please explain: _____</p> <p>_____</p> | <p>Any special needs or behavioral concerns that staff should be aware of?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", please explain: _____</p> <p>_____</p> <p>_____</p> |
|---|---|

Behavior Expectations:

All Eastside Student Center attendees are expected to act in a respectful and responsible manner towards staff, peers, and property. Eastside Student Center is open to ALL students, and does not discriminate against students or families due to race or ethnicity, religion, sexual orientation, gender identity, socioeconomic status or any other reason, and we expect students in attendance to act accordingly. Failure to meet this expectation may result in your student losing the privilege of attending Eastside Student Center for a period of time, or permanently.

I/we have reviewed this document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parent(s) or legal guardian(s) of the student named on this form. Should this application be approved, I/we acknowledge that our students must follow the behavior expectations in order to continue enrollment at the Eastside Student Center.

| | | |
|-------------------------------|-------------------------|------------------------------------|
| Parent/Guardian: _____ | Print Name _____ | Date (Month/Day/Year) _____ |
| <i>Signature</i> | | |



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2024-25 EASTSIDE STUDENT CENTER PARTICIPANT WAIVER AND RELEASE FOR MINORS

_____ has my (our) permission to participate in/attend EASTSIDE STUDENT CENTER's drop-in
Name of Minor
after-school program at 162 W Line Street, Bishop, CA, 93514 for the 2024-25 school year (July 1, 2024 - June 30, 2025).

Please read and check the boxes below for your student to participate in Eastside Student Center:

- I hereby certify that the minor is my child or under my legal guardianship and that their date of birth is _____ and I do hereby certify that to the best of my knowledge and belief said minor is in good health.
- I (we), as parent(s) or guardian(s) of the minor, do hereby, for my child, myself, my heirs, executors and administrators, release and forever discharge EASTSIDE STUDENT CENTER and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation in the above noted event.
- In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.
- I (we), as parent(s) or guardian(s) of the minor, give permission for said minor to attend any field trips, ESC Youth Outdoor Club outings, and/or special activities off the premises named above, so long as I (we) are informed ahead of time.
- I understand and acknowledge that EASTSIDE STUDENT CENTER may pose risks to my child.
- I (we), as parent(s) or guardian(s) of the minor, hereby give permission for images of my child, captured during Eastside Student Center events, through video, photo and digital camera, to be used solely for the purposes of Eastside Student Center promotional material and publications (including social media), and waive any rights of compensation or ownership thereto.

Please advise if the above named minor has any **allergies, medicine reactions, or unusual physical conditions, which should be made known to a treating physician** (if none, please write the word "none"):

Parent/Guardian: _____
Signature *Print Name* *Date (Month/Day/Year)*