

Student Information:

www.eastsidestudentcenter.org | 205 N. Fowler St. | info@eastsidestudentcenter.org

2024-25 EASTSIDE STUDENT CENTER APPLICATION

5th & 6th Grade Program

Student Name:			Grade:			
First Name		Last Name	2024-25 Sch	ool Year	r Month/Day/Year	
ontact Information:						
Primary Contact:						
· · · · · · · · · · · · · · · · · · ·	First Name	Last Name	Relationship to Student	Home Address		
Cell Phone	Work	k Name & Phone		Email		
Alternate Contact:						
	First Name	Last Name	Relationship to Student	Home Address		
Cell Phone Work Name & Phone				Email		
Emergency Contact:	First Name	Last Name	Relationship to Student	Home Address		
Cell Phone Wo		Name & Phone		Email		
ransportation Inform	ation:					
Please select all that		The following late bus stops are	available for Eastside Stude	ent Center attendees	. Please indicate the	
Parent/Guardia	•••	appropriate bus stop for your st				
Walking		□May/Hanby (4:50)	🛛 Lazy A/Bar L (5:	:02)	DJKBS (5:16)	
School Transpo	rtation (Pus)	□Third/Short St. (4:53)	□Highlands (5:08	3)	□PaHa/Line (5:21)	
	rtativii (Dus)	□Mac Iver (4:55)	DW. Barlow Gym	(5:12)	□Brookside (5:26)	
lease answer the foll	owing question	<u> </u>				
Does your student have an		allergies or medical conditions that the	Any special needs or behavio	oral concerns that staf	should be aware of?	
staff should be aware of?			🗆 Yes 🛛 No			
l Yes l No If "Yes", please explain:			lf "Yes", please explain:			
-						

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.



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

after-school program at 205 N. Fowler St., 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 <u>allergies, medicine reactions, or unusual physical conditions, which should be made known to a</u> <u>treating physician</u> (if none, please write the word "none"):

Parent/Guardian:_

Name of Minor

Signature

Print Name

Date (Month/Day/Year)