



Los Angeles Unified School District
 Porter Ranch Community School
Coyote Kids Club Before and After School Care 2018
Student Application



Choose Type of Care	<input type="checkbox"/> Before School (*\$200) *Per Month	<input type="checkbox"/> Request Unassigned & Pupil Free Day Care
	<input type="checkbox"/> After School (*\$401) *Per Month	<input type="checkbox"/> (Only incl. with enrollment of BOTH Before & After School Care)
	<input type="checkbox"/> Before and After School (*\$420) *Per Month	<input type="checkbox"/> 3 Day After School Care (indicate which days) M T W TH F (*\$320) *Per Month

Applicant

Last Name		First Name		Middle Name	
Date of Birth		What grade will your child be this year? (Circle one) TK K 1 2 3 4 5 6 7 8			
Home Address					
Home Phone			Email Address		

Parent

Parent(s)/Guardian(s) Name	Phone
Parent(s)/Guardian(s) Name	Phone

Emergency/Authorized Release Contact

#1 Relationship	Name	Phone	Address
#2 Relationship	Name	Phone	Address
#3 Relationship	Name	Phone	Address

Medical Provider

In the event of an emergency, the supervising adults may seek any medical treatment or surgery needed for my child(ren) without further approval.

Parent Initial: Yes _____ No _____

Doctor's Name	Name of Medical Facility	Phone
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- I/We authorize the Coyote Kids Club to contact, and if necessary, release my child to any of the above individuals listed as an Emergency/Authorized Release Contact. Each above listed individual is 18 years old or older. LAUSD WILL NOT RELEASE TO RIDE SERVICE (UBER, LYFT, etc.)
- I authorize Coyote Kids Club to release my child to attend other program. ___YES ___NO Name of Program _____
- Is there anything that you feel our program needs to know about your child to better support him/her? If so, please specify: _____
- Does your child have any food allergies? If so please specify: _____

Acknowledgement

By signing below, you agree to waive any and all claims against and to hold harmless the Los Angeles Unified School District and/or its officers, agents, employees, or volunteers arising from or relating to the participation of your child, _____, in the Coyote Kids Club at Porter Ranch Community School.

Parent/Guardian Name (PRINT)	Parent/Guardian Name (SIGN)	Date
Parent/Guardian Name (PRINT)	Parent/Guardian Name (SIGN)	Date
Site Coordinator (PRINT)	Site Coordinator (SIGN)	Date