



**San Juan Unified School District  
Bridges After-School Program  
Application for Enrollment 2024-25**



<b>School Attending</b>	School:			
<b>Child's Name</b>	Last:		First:	
<b>Child's Address</b>	Street Address	City	State	Zip
<b>Date of Birth</b>				
<b>Gender</b>	Male	Female	Non-Binary	
<b>Grade/Teacher</b>				
<b>Bilingual</b>	Yes	No	Languages Spoken:	
Parent/Guardian:			Relationship:	
Phone:			Email:	
Parent/Guardian:			Relationship:	
Phone:			Email:	

**PARTICIPATION:** Bridges After-School is open to all students who would like to participate and is offered on a first come, first served basis after priority is applied. Priority will be given to students who qualify under the McKinney-Vento Homeless Assistance Act, Foster Youth, English Learners, and students eligible for free or reduced-price meals. Program participation requires adherence to all policies and guidelines as described below. Parents/Guardians are required to attend a parent orientation at the beginning of the school year.

**ATTENDANCE:** The program operates from the end of the school day until at least 6:00 PM. If a student is absent, parents are required to notify the Bridges program staff, in addition to the traditional school day staff. An accumulation of 10 unexcused absences can be considered excessive. Students may only be picked up before the end of program time if in accordance with the Bridges After-School Early Release Policy.

**STUDENT PICK-UP:** Students must be picked up promptly at the end of Bridges After-School daily. If a student has not been picked up by the end of the program, Bridges staff will contact the parent/guardian and individuals designated as emergency contacts. Bridges After-School may dismiss a student from the program after 3 late pick-ups.

**STUDENT BEHAVIOR:** All students must follow San Juan Unified School District's school rules and any additional policies of the Bridges After-School Program. **Disruptive behavior, disrespectful behavior toward other students or staff or behavior that creates a safety concern is a reason for dismissal.** Bridges After-School staff will notify and/or involve parents/guardians in behavior interventions that occur. It is encouraged that parents/guardians discuss concerns about any behavior with the Bridges After-School Site Coordinator. **\*THE BRIDGES AFTER-SCHOOL PROGRAM WILL NOT TOLERATE VIOLENCE, DRUGS, RACIAL SLURS, SEXUAL HARASSMENT, INAPPROPRIATE TOUCHING OR PERSONAL PUT-DOWNS TOWARD OTHERS. IF ANY OF THESE INCIDENTS OCCUR, DISCIPLINARY ACTION WILL BE TAKEN IMMEDIATELY AND COULD RESULT IN TERMINATION FROM THE PROGRAM.**

I have read and understand all of the information above. With my signature on this document, I agree to adhere to all of the Bridges After-School Policies and Guidelines and help my student understand and follow Bridges After-School guidelines.

Funding for the Bridges After-School program requires that statistical information for participating students is collected and reported. Evaluators keep the information confidential and no information is reported on individual children. Parent names, student names and all identifying information will be kept anonymous and will not appear in any printed report from the study.

With my signature on the Bridges After-School Application for Enrollment, I acknowledge receipt of this document and agree and give my consent to the confidential collection and reporting of statistical information.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BRIDGES STAFF USE ONLY**

Returning Bridges student Y \_\_\_ N \_\_\_ If yes, from what school? \_\_\_\_\_ Student ID Number \_\_\_\_\_

Date application was received \_\_\_/\_\_\_/\_\_\_ Time application was received \_\_\_\_\_ Student's start date \_\_\_/\_\_\_/\_\_\_

HS/FY Verified Y\_\_\_\_\_ N\_\_\_\_\_ Initials \_\_\_\_\_



San Juan Unified School District
Bridges After-School Program
Emergency Information 2024-25



Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Address \_\_\_\_\_ Child resides with: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Information: Students will only be released from the program with a parent/guardian signature or that of an individual designated below. If your child is ill or has an emergency and a parent/guardian cannot be reached, your child may be released to a designated emergency contact. Emergency contacts must be 16 years or older. Parents/Guardians are required to update emergency information as changes occur.

EMERGENCY CONTACTS: (minimum of two required)

Table with 4 columns: NAME, RELATIONSHIP, HOME PHONE, CELL PHONE. Includes three rows of blank lines for entry.

Parent/Guardian Must Check One

1. In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I authorized the physician named below to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

2. I do not choose the above statement and desire the following action in the event of an emergency:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Coverage: \_\_\_\_\_ ID#: \_\_\_\_\_

VISION: [ ] wears glasses [ ] wears contacts [ ] to be worn at all times requires preferential seating Date of last eye exam \_\_\_\_\_

HEARING: [ ] has a hearing problem [ ] has tubes in ears [ ] uses hearing aid [ ] requires preferential seating

GENERAL HEALTH: 1. Has the following condition(s): [ ] asthma [ ] epilepsy [ ] fainting spells [ ] diabetes [ ] hyperactive (ADHD) [ ] migraines

[ ] heart condition [ ] allergies \_\_\_\_\_ allergic reaction to bee stings (describe): \_\_\_\_\_ [ ] Other \_\_\_\_\_

2. List Medications Prescribed: \_\_\_\_\_ Current Dosage: \_\_\_\_\_

For (diagnosis) \_\_\_\_\_ Prescribed by Dr. \_\_\_\_\_ Phone \_\_\_\_\_

3. Has a physical condition which limits participation [ ] no [ ] yes (explain): \_\_\_\_\_

4. Has Special Needs [ ] no [ ] yes (explain): \_\_\_\_\_

"I authorize the release of my child's medical information 1. by the school district and the provider of services to the billing agent and 2. by the school district to my insurance carrier as necessary to process a claim or to request payment of Medical Assistance Benefits. Shared information will be limited to health service documentation only."

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship \_\_\_\_\_



**San Juan Unified School District  
Bridges After-School Program  
Fee Policy and Agreement 2024-25**



<b>School Attending</b>	<b>School:</b>	<b>Grade:</b>	<b>Student ID Number:</b>
<b>Child's Name</b>	<b>Last:</b>	<b>First:</b>	

**Program Fees:**

- A \$30 nonrefundable registration fee is due at the time of confirmed enrollment.
- All fee rates include early release Thursdays and all other scheduled minimum days.
- Fees are calculated with all non-school days during the school year (including holidays) considered.
- Payments are due by the 10<sup>th</sup> day of each month (September – May).
- Monthly fees are determined using a sliding scale based on a family's income and ability to pay.

Please select the appropriate payment on the sliding scale below by considering your family income and ability to pay. Fees are waived if qualified under the McKinney-Vento Homeless Assistance Act, Foster Youth or eligible for free/reduced price meals which can be determined at <https://www.cde.ca.gov/ls/nu/rs/scales2324.asp> Full or partial scholarships are available upon request.

	Select Eligible Rate	Scholarship Request
<b>Fee Sliding Scale</b>	<input type="checkbox"/> <b>\$50 per month</b> - I am able to pay the full rate. <input type="checkbox"/> <b>\$40 per month</b> – I am able to pay the reduced rate. <input type="checkbox"/> <b>\$30 per month</b> - I am able to pay the low rate. <input type="checkbox"/> <b>Fees waived</b> - My student is qualified McKinney-Vento, Foster Youth, or is eligible for free/reduced price meals.	<input type="checkbox"/> I am unable to pay all or part of the lowest rate tier. <b>I will call (916) 971-5933 within 5 days of submitting this application to set up a scholarship agreement.</b>  <input type="checkbox"/> I established a scholarship agreement for the 2023-24 program year fees and would like to continue this scholarship agreement for the 2024-25 program year fees.

**Payments by check or money order:**

- Checks and money orders are made payable to San Juan Unified School District with your student's name and school in the memo line. Please mail to:  
Bridges After-School Programs/San Juan Unified School District, 3738 Walnut Ave., Carmichael, CA 95608
- Payments may be dropped off at one of the Bridges After-School regional offices:
  - Arden Arcade Region – 1500 Dom Way, Sacramento 95864/ Room 20, (916) 979-8324
  - Carmichael Region – 4640 Orange Grove Ave, Sacramento 95841/ Room G3, (916) 971-7386
  - Citrus Heights Region - 7901 Rosswood Drive, Citrus Heights 95621/ Room H7, (916) 979-8399
- Payments may not be dropped off at program sites.

**Payments by credit card:**

- Visa and MasterCard payments are accepted online at [www.myschoolbucks.com](http://www.myschoolbucks.com).

**Non-Sufficient Funds (NSF):**

- Checks returned by the bank will incur an additional \$25 charge. A money order is required for replacement of NSF check.
- Checks will not be accepted as form of payment after the bank has refused a second check.

**Students who qualify under the McKinney-Vento Homeless Assistance Act, Foster Youth, English Learners, and students eligible for free or reduced-price meals will receive priority enrollment.**

I have read and agree to the Bridges After-School Program fee policies.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**White copy for office, Yellow copy for parent**