



**San Juan Unified School District
Bridges After-School Summer Program
Application for Registration 2024**



Please select a summer program below:

June 12 – July 3 Monday - Friday
 ___ Carmichael Elementary 12:00 pm – 6:00 pm

June 13 – July 12 Tuesday - Friday
 ___ Dyer-Kelly Elementary 12:00 pm – 6:00 pm

June 24 – July 12 Monday - Friday
 ___ Deterding Elementary 12:00 pm – 6:00 pm

June 17 – July 18 Monday – Thursday (Closed 7/1 – 7/4)
 ___ Thomas Edison 12:00 pm – 6:00 pm

June 17 – July 12 Monday – Friday
 ___ Charles Peck Elementary 12:00 pm – 6:00 pm

___ Cowan Elementary 12:00 pm – 6:00 pm

___ Grand Oaks Elementary 12:00 pm – 6:00 pm

___ Kingswood Elementary 12:00 pm – 6:00 pm

___ Ottomon Elementary 12:00 pm – 6:00 pm

___ Whitney Elementary 11:30 am – 6:00 pm

July 8 – July 26 Monday - Friday
 ___ Pasadena Elementary 12:00 pm – 6:00 pm

All sites will be closed on Wednesday, June 19th and Thursday, July 4th.

Please return the application packet to the Bridges Site Facilitator at your school, or to one of the Bridges After-School Regional offices:

- Arden Arcade Region 916-979-8324: General Davie Rm 20, 1500 Dom Way, Sacramento, CA 95864
- Carmichael Region 916-971-7386: Orange Grove Rm G3, 4640 Orange Grove Ave, Sacramento, CA 95841
- Citrus Heights Region 916-979-8399: Grand Oaks Elementary Rm H7, 7901 Rosswood Drive, Citrus Heights, CA 95621

Eligibility: Students currently attending San Juan Unified School District are eligible to apply for the Bridges After-School Summer Program at one of the participating schools. Enrollment is limited and determined on a first come, first served basis once priority has been applied. Priority is given to students who attend the site during the regular year, students qualified under the McKinney-Vento Homeless Assistance Act, Foster Youth, English Learners, and students eligible for free or reduced-price meals. Please indicate if your child qualifies for: McKinney-Vento **YES** ___ **NO** ___

Foster Youth **YES** ___ **NO** ___ Free or Reduced Meals **YES** ___ **NO** ___ English Learner **YES** ___ **NO** ___

Please indicate whether your child is attending Bridges After-School for the 2023-24 school year **YES** ___ **NO** ___

Confirmation: Enrollment confirmation will be provided via your preferred district communication method

Student Name	Last:	First:		
Student Address	Street address	City	State	Zip
Student ID Number				
Date of Birth				
School/Grade 2023-24	School:	Grade:		
School/Grade 2024-25	School:	Grade:		
Bilingual	Yes	No	Languages Spoken:	
List Any Special Needs				

Parent/Guardian: _____ Phone: _____ Relationship: _____

Email address: _____

Parent/Guardian: _____ Phone: _____ Relationship: _____

Email address: _____

Site to Site Transportation – available for Skycrest, Starr King, Carriage, and Mariposa Students: For the 2024 Bridges Summer Program, transportation is available only for Skycrest students attending the Kingswood summer program, Starr King students attending the Deterding summer program, and Carriage and Mariposa students attending the Grand Oaks summer program. Students are eligible for this limited transportation if they attend Skycrest, Starr King, Carriage, or Mariposa during the regular year. Transportation pick-up and drop-off times will be earlier than printed program times. A transportation schedule will be provided to participating families prior to the start of the summer program. If eligible, please indicate if transportation will be needed in the space below.

___ My **Skycrest** student will be attending the Kingswood summer program and will need transportation between Skycrest and Kingswood.

___ My **Starr King** student will be attending the Deterding summer program and will need transportation between Starr King and Deterding

___ My **Carriage or Mariposa** (*select one*) student will be attending the Grand Oaks summer program and will need transportation between their school and Grand Oaks



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



Child's Full Name _____ Birth date _____

Home Phone _____ Cell Phone _____ Other Phone _____

Address _____

Parent/Guardian _____ Relationship _____

Employer _____ Business Phone _____

Parent/Guardian: _____ Relationship _____

Employer _____ Business Phone _____

Parents/Guardians child lives with 1. _____ 2. _____

Emergency Information: If my child is ill or has an emergency and I cannot be reached, please call and release my child to:		
Name (two contacts required)	Telephone	Relationship
_____	_____	_____
_____	_____	_____

Physician's Name: _____ Phone: _____

Medical Coverage: _____ ID#: _____

Parent 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 received medical/hospital care, including necessary transportation, in accordance with their best judgment. I authorized the physician named above 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: _____

VISION: wears glasses wears contacts to be worn at all times requires preferential seating

Date of last eye exam _____ Under care of Dr. _____ Phone _____

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) heart condition migraines 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): _____

"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 *Summer* Program
Parent Partnership Agreement 2024



POLICIES AND GUIDELINES

- PARTICIPATION:** Bridges After-School is open to all students who would like to participate and is offered on a first come, first served basis. Program participation requires adherence to all policies and guidelines as described below.
- ATTENDANCE:** Regular attendance is important. Students are to attend Bridges After-School *Summer* Program on operating days for a minimum of three hours per day. If a student is absent, parents are expected to communicate, written or verbally, to the Bridges program staff. **Three cumulative unexcused absences can be considered excessive and a student’s enrollment in the program may be revoked.**
- STUDENT PICK-UP:** Students participating in Bridges After-School must be signed out by a parent/guardian or someone designated by a parent/guardian (at least 16 years of age) and permission must be received in writing. 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 try to contact the parent/guardian and/or those individuals designated as emergency contacts. **Three late pick-ups will result in dismissal from the Bridges After-School Program.**
- 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 or disrespectful behavior toward other students or staff 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.**
- PARENTAL SUPPORT & EMPOWERMENT:** Parents/guardians are important partners in the success of Bridges After-School Programs. We look forward to your parental participation.

I have read and understand all of the information above. 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. Your name, child’s name or 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 Parent Partnership Agreement, I acknowledge receipt of this document and give my consent to the confidential collection and reporting of this statistical information.

Student Name _____ School _____ Date _____

Parent/Guardian Signature _____ Relationship _____