

PLEASE BRING:

- Birth Certificates of ALL your children
- Proof of Residence (PG&E Bill, Phone Bill, etc.)
- Last 2 Paycheck Stubs

OFFICE USE ONLY:

Date Received: _____
 Called for Appointment: Circle: YES NO
 Accepted: YES NO

BEARS APPLICATION

PLEASE COMPLETE ALL INFORMATION

Today's Date: _____ Child's name: _____ Sex (M/F) _____

Current Grade Level _____ School ID # _____

What BUSD school does your child currently attend? _____

Have you also enrolled your child in the LEARNS program? Yes No

List other children in the home below.

Student Name	Grade	Age	Ethnicity	School	School ID #	Will he/she attend BEARS?

Adults Assuming Responsibility and Care of Dependents:

Parent /Guardian Name A	Phone No.:	Cell No.:
Parent/Guardian Name B	Phone No.:	Cell No.:
Street Address:	City:	Zip:
Estimated Gross Monthly Income (before taxes):	Family Size:	
	Adults:	Children:

When will you need your student(s) in the BEARS program? (Check all that apply)

- Before School (7am-9am) Holiday Breaks (Winter 5 days/Spring 4 days)
 After School (_____ pm - _____ pm) Summer

How many days per week will you need services? Monday through Friday
 Less than five days per week (check all that apply)
 Monday Tuesday Wednesday Thursday Friday

In order to enroll in the BEARS program, the California Department of Education's Child Development Division requires that there first be a need for services. All adults in the household **MUST** meet one of the following requirements below. Please check what applies:

- Child is under Protective Services Parent(s) are employed or self-employed In School
 Parent is seeking employment Parent has a disability Family is homeless

Additional Information. Please check all that applies:

- English is your second language Cal WORKS Recipient: _____ SSI Recipient
 Case No.: _____

- Child is in IEP special program

BEARS



Parent - Application Checklist

Date: _____ Child's Name _____ BUSD School _____

A. Application Form

B. Need:

Please provide **ONE** of the following six documents **per parent** in the home to verify a need for care:

1) **Working** parents need to provide **both**:

- ___ Income Verification (tax records or 2 consecutive original check stubs) **and**
- ___ A completed and signed Employee Verification Form (Attachment A) **or**
- ___ A completed and signed Declaration of Self Employment Form

2) Parents attending **school or receiving training** need to provide:

- ___ Current class schedule

3) Parents who are **medically incapacitated** need to provide:

- ___ A completed and signed Statement of Parental Incapacity Form (Attachment C)

4) Parents who are **homeless** need to provide:

- ___ A completed and signed Student Residency Affidavit (Attachment D) **and**

5) Parents with children enrolled in **Child Protective Services** need to provide:

- ___ A completed and signed letter from a social worker declaring that child care would be in the best interest of the child.

C. Birth Certificates:

Please provide copies of birth certificates for **all** of the dependents in the household - **Including children who are not planning to attend.**

D. Residency:

Please provide a copy of **ONE** of the following to confirm residency within the state of California:

- ___ Bill (PGE, EBMUD, telephone bill)
- ___ Rental Agreement
- ___ Bank Statements

E. Information and Permission Forms:

Please complete **ALL** of the following documents:

- ___ Emergency and Identification Information (Attachment E)
- ___ Medication Information (Attachment F)
- ___ Field Trip Permission Form (Attachment G)
- ___ Publicity Permission Form (Attachment H)

F. Single Parents:

G. Please provide the following:

- ___ Declaration: Single Parent
- ___ Any Legal Document of Separation (e.g. divorce papers, etc.)

H. Other Sources of Income:

I. Please provide the following documentation, if applicable:

- ___ Child Support
- ___ Public Assistance: Cal WORKS, Cal Fresh, etc.
- ___ SSI
- ___ Other

J. After all forms are completed and signed, please send to ATTENTION BUSD BEARS: 1939 Ward Street, Berkeley, CA 94703,

K. Please call 644-8938 or email sheritamiller@berkeley.net to schedule an appointment with the BEARS office staff to complete the registration forms and to review the program policies. During this meeting, you will be informed if your application is **accepted or placed on the waiting list.**

Attachment A

Berkeley Unified School District

OFFICE OF EXTENDED LEARNING PROGRAMS

1939 Ward Street, Berkeley, California 94704

Phone: (510) 644-7770 Email: zacharypless@berkeley.net

EMPLOYEE VERIFICATION FORM

Name of Employee _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip code: _____ Employer Phone _____

Child's Name: _____ School: _____

Date of Hire: _____

Days and Hours of Employment

	Monday	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
AM							
PM							

If flexible schedule, please list: Minimum hours per week _____

Maximum hours per week _____

Salary information: Gross monthly salary _____

How often is the employee Paid? Monthly ___ Semi-monthly ___ Bi-weekly ___ Weekly ___

Does the employee receive any other form of payment (overtime, bonus, commission, incentive, tips, etc)? Yes ___ No ___

If yes, what type? _____ How much? _____

How often _____

The above information pertains to the employee's eligibility for child care benefits and is subject to review by State of California representatives.

I affirm that to the best of my knowledge, the above information is true and correct.

Authorized Employer Representative

Date

By my signature, I hereby authorize my employer to release the requested information to BUSD.

Parent/Guardian Signature

Date

Berkeley Unified School District
Early Childhood Education
1939 Ward Street
Berkeley, CA 94704
(510) 644-6358

Self Employment Declaration

Date: _____

I, _____ am declaring under penalty of perjury
that I am self-employed. I work as a (job description/title)

Days and Hours of Employment

	Monday	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
AM							
PM							

Name of Business _____

Address _____

My gross monthly income is _____. If you have any questions please call me at _____

Signature _____

Attachment E

To be completed by parent or guardian and updated at recertification and as changes occurs.

Emergency and Identification Information

I. Family Information

Child's name (Last, First, Middle): _____ Birth Date: _____

Mother's name: _____

Father's name: _____

Child's Address: _____ Phone: _____

Mother's business address: _____ Phone: _____

Father's business address: _____ Phone: _____

II. Names of Persons Authorized to Take Child from the Facility (This child will not be allowed to leave with any other person without written authorization from parent or guardian.)

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____

III. Additional Persons Who May Be Called in an Emergency to Take Child from the Facility

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

IV. Physician to Be Called in an Emergency

Name _____ Telephone _____

Address _____

V. Medi-Cal Number _____ Medical Insurance _____

Insurance Number _____

VI. Allergies or Other Medical Limitations _____

VII. **Permission for Medical Treatment** Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

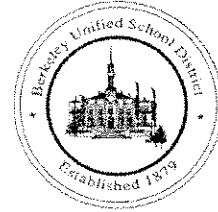
In case of an accident or an emergency, I authorize a staff member of the child development agency to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Signature _____ Date _____
Parent or Guardian

Attachment F

Berkeley Unified School District

OFFICE OF EXTENDED LEARNING PROGRAMS
1939 Ward Street, Berkeley, California 94704
Phone: (510) 644-7770 Email: zacharypless@berkeley.net



Zachary Pless
Program Supervisor

Dear Parent or Guardian:

Before medication can be given to your child at school, a written statement from your physician is required indicating the name of the medication, the method, the amount to be given, and the time it is to be given. This statement needs to be brought in with the medication.

Thank you for your cooperation.

Sincerely,

Zachary Pless
Program Supervisor of Extended Learning

Health Form #20

I understand the above policy and will comply with it when my child needs to have medication administered at school.

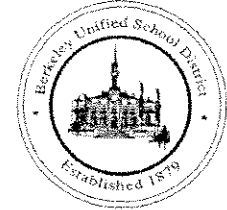
Child's Name

Parent or Guardian Signature

Date

Berkeley Unified School District

OFFICE OF EXTENDED LEARNING PROGRAMS
1939 Ward Street, Berkeley, California 94704
Phone: (510) 644-7770 Email: zacharypless@berkeley.net



FIELD TRIP PERMISSION

BEARS Summer Program

My child _____, may go on short walking trips, bus trips, and trips utilizing other forms of public transportation as planned by the teacher for the duration that he/she is re-enrolled in the BEARS Program.

I, hereby release, and discharge the Berkeley Unified School District, its officers, employees, agents servants (herein collectively referred as "District") from all liability arising out of or in connection with the above described field trip. For the purposes of this statement liability means all claims, demands losses, causes of action, suites, or judgments of any and every kind that I, my child, my heirs, executors, administrators or as assignees may have against the District because of any loss or damage to property that occurs during the above described field trips.

In the event of any illness or injury, I here by consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child.

Signature of Parent of Guardian Date

Address Phone

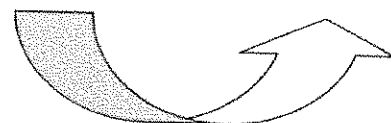
Health Insurance Plan Policy Number

In the event of illness or accident from above please contact:

Name Address Phone

If there are any special medical concern? If yes, please complete the back of this form.

Thank you



Special Medical Concerns/Restrictions:

Special Diet:

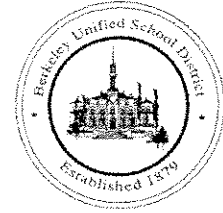
Strenuous Activity:

Additional Special Instructions:

Attachment H

Berkeley Unified School District

OFFICE OF EXTENDED LEARNING PROGRAMS
1939 Ward Street, Berkeley, California 94704
Phone: (510) 644-7770 Email: zacharypless@berkeley.net



PARENT/GUARDIAN PERMISSION SLIP FOR PUBLICITY - PROMOTION

Dear Parent or Guardian:

Your child's class or a portion thereof may be interviewed, photographed, filmed, taped or recorded for school related television or radio programs or articles in newspapers and other publications of interest to students, their parents and the public. In this connection, we may wish to also use your child's name, grade and name of the school. No compensations will be made to you or your child.

In addition, we may use photographs or videotape of class projects, concerts or theatrical productions on our Internet World Wide Web page, without attributing any names to the faces.

Please read the bottom portions of this letter very carefully and check those boxes which express your desires. This will be kept in your child's folder for the duration of his/her enrollment in BEARS Program. If you should change your mind about any item you have checked, please notify the BEARS Registration Office immediately.

Sincerely,

Zachary Pless
Program Supervisor

I approve use of photographs and videos of my child for the purposes listed above.

I do not want photographs or videos of my child used on the INTERNET.

I do not want any photographs or videos of my child used for any reason.

Student's Name (please print)

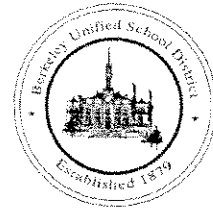
Signature of Parent or Guardian

Date

Revised 03/2011

Berkeley Unified School District

BEARS Office at
King Child Development Center
1939 Ward Street, Berkeley, CA 94703
Phone: (510) 644-8938
FAX: (510) 644-7711



Zachary Pless
Extended Learning
Program Supervisor

DECLARATION SINGLE PARENT

I declare under Penalty of Perjury that I am a single parent/ guardian of

_____ (name of child)

and that my spouse does not reside in my home. I also state that I am sole financial supporter of my child(ren).

I understand that if my family status or income changes, I am obligated to inform the office immediately, which may affect my eligibility and I will be liable for reimbursing Berkeley Unified School District for any program fees incurred.

Parent Signature

Date