

BEARS

SUMMER ENRICHMENT PROGRAM

June 24 - July 26, 2013

(5 weeks)

Monday through Friday

Available between 7:30 AM – 5:30 PM

(No class on July 4th)

Dear Parent or Guardian:

Thank you for showing an interest in the BEARS Summer Enrichment Program (SEP). The BEARS SEP is proud to offer another year of stimulating academic experiences and fun activities. Our SEP is designed to offer students a wide array of curriculum and experiences to strengthen academic skills and to provide them with a fun and memorable summer experience. Please read this letter carefully to help you determine if this program is for your student.

Who is eligible?

BUSD students who are currently in grades K-5 and whose families meet the Child Development Program guidelines for *need* and *income eligibility*.

Need

All adults in the home must be working, attending school, seeking work, disabled, homeless, or the child is in Child Protective Services.

Income Eligibility

Families must have a gross income of 70% or below the State Median Income (please refer to the Family Fee Schedule on the back of this letter).

What if my family only meets one of the state guidelines, but not the other?

All families must meet the need requirement. If a family does not meet the income requirement, the family could enroll as a full cost family. However, state guidelines require our program to enroll all subsidized families before we accept any full cost families. Last summer, we were unable to enroll full cost families. If we are able to place full cost families this summer, the cost to participate in the BEARS SEP is \$1,000 for all five weeks.

How do I apply?

- 1—Complete the attached packet (use checklist)
- 2—Return the completed application packet and the required documents to the BEARS office by **May 10th**
- 3—Meet with the registration secretary to finalize the application and determine placement

Who are the teachers and how are classes structured?

BEARS SEP classes are taught by two sets of instructors; one Teacher (who holds a Multiple-subject Teaching Credential or a Child Development Teacher Permit) and one Instructional Assistant. One set teaches in the morning, the other set teaches in the afternoon and both sets of teachers co-teach the students during the middle of the day.

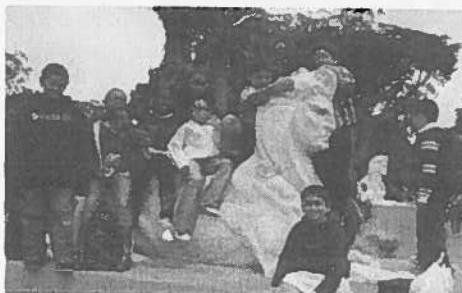
BEARS students are grouped by grade levels into classrooms of a maximum of 28 students.

Where are the classes located?

BEARS classrooms are located at Rosa Parks Elementary and BAM Elementary (no class July 4). *There is a potential to continue care through the month of August, however space will be limited.*

If my child is accepted, should he/she attend class every day?

Yes. Although we understand that children do get sick or may miss a day here or there to take a family trip, it is important that your student attends class on a regular basis. Our goal is to ensure that each student benefits from this memorable and meaningful experience.



Additionally, space is limited and if your student is not attending on a regular basis he/she may miss something important on that day as well as the possibility of this being a **missed opportunity for another student who could have attended the BEARS SEP.**

What does an average day/week for BEARS students look like?

Monday thru Thursday:
7:30 - 9:00 am

Breakfast and the teacher's choice of reading, games or free play

9:00 am – 12:00 pm

One (1) hour of Language Arts
15 minute Recess

One (1) hour of Math

45 minutes of guided reading in small groups

12 - 1:00 pm

Lunch/Recess

1:00 - 4:15 pm

One (1) hour of enrichment (art, drama, cooking, etc.)

15 minute Recess

One hour of recreation (sports)

4:15 - 5:30 pm

Teacher's choice (reading, games, free play)

Friday - field trips or special events

No class July 4

If you need more information, call or email zacharypless@berkeley.net
Zachary Pless, Program Supervisor
(510) 644-7770

BEARS

Summer Enrichment Program 2013



Parent - Application Checklist

Thank you for showing an interest in the BEARS Summer Enrichment Program. Please refer to the introduction letter to assure that your family meets the state requirements for the program. The BEARS SEP requires families to demonstrate both a need for care as well as meeting the income requirements for subsidized care.

Date: _____ Child's Name _____ BUSD School _____

A. Application Form (back side of this 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)
- ___ A completed and signed Declaration of Self Employment Form (Attachment A-1) and documentation

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

- ___ Current class schedule

3) Parents seeking work or school need to provide:

- ___ A completed and signed Self Declaration of Seeking Employment Form with description of how you are seeking work (Attachment B)

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

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

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

- ___ A completed and signed Student Residency Affidavit or (Attachment D)
- ___ A completed and signed parental self-declaration of homelessness (Attachment D-1)
- ___ A completed and signed parental self-declaration of seeking housing (Attachment D-2)

6) 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 dependants in the household. **Including children who are not planning to attend.**

ATTENTION: IF you are a single parent, please show legal documentation. If you do not have this, please call (510) 644-8938.

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

F. Information and Permission Forms: Please complete **ALL** of the following documents:

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

E. Other Sources of Income: Please provide the following documents, if necessary:

- ___ Child Support, Public Assistance, SSI,

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

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

The Family Fee Schedule: MB 06-19 & Income Ceilings: MB 07-13*

Family Pays		Family Size and Goss Monthly Income Level		
Hourly	Summer Daily Rate	1 or 2	3	4
\$0.20	\$2.00	\$1,820 - 1,892 ^a	\$1,950 - 2,027	\$2,167 - 2,252
\$0.25	\$2.50	\$1,893 - 1,964	\$2,028 - 2,105	\$2,253 - 2,339
\$0.30	\$3.00	\$1,965 - 2,037	\$2,106 - 2,183	\$2,340 - 2,425
\$0.35	\$3.50	\$2,038 - 2,110	\$2,184 - 2,261	\$2,426 - 2,512
\$0.40	\$4.00	\$2,111 - 2,183	\$2,262 - 2,339	\$2,513 - 2,599
\$0.45	\$4.50	\$2,184 - 2,256	\$2,340 - 2,417	\$2,600 - 2,685
\$0.53	\$5.30	\$2,257 - 2,328	\$2,418 - 2,495	\$2,686 - 2,772
\$0.61	\$6.10	\$2,329 - 2,401	\$2,496 - 2,573	\$2,773 - 2,959
\$0.69	\$6.90	\$2,402 - 2,474	\$2,574 - 2,651	\$2,860 - 2,945
\$0.77	\$7.70	\$2,475 - 2,547	\$2,652 - 2,729	\$2,946 - 3,032
\$0.85	\$8.50	\$2,548 - 2,620	\$2,730 - 2,807	\$3,033 - 3,119
\$0.93	\$9.30	\$2,621 - 2,682	\$2,808 - 2,885	\$3,120 - 3,205
\$1.01	\$10.10	\$2,693 - 2,765	\$2,886 - 2,963	\$3,206 - 3,292
\$1.09	\$10.90	\$2,766 - 2,838	\$2,964 - 3,041	\$3,293 - 3,379
\$1.17	\$11.70	\$2,839 - 2,911	\$3,042 - 3,119	\$3,380 - 3,465
\$1.25	\$12.50	\$2,912 - 2,984	\$3,120 - 3,197	\$3,466 - 3,552
\$1.33	\$13.30	\$2,985 - 3,056	\$3,198 - 3,275	\$3,553 - 3,639
\$1.41	\$14.10	\$3,057 - 3,129	\$3,276 - 3,353	\$3,640 - 3,725
\$1.49	\$14.90	\$3,130 - 3,202	\$3,354 - 3,373	\$3,726 - 3,748
\$1.52	\$15.20	\$3,203 - 3,275	\$3,374 - 3,392	\$3,749 - 3,769
\$1.55	\$15.50	≥ \$3,276 - 3,283	\$3,393 - 3,412	\$3,770 - 3,791
\$1.58	\$15.80		\$3,413 - 3,431	\$3,792 - 3,812
\$1.61	\$16.10		\$3,432 - 3,509	\$3,813 - 3,834
\$1.65	\$16.45		≥ \$3,510 - 3,518	\$3,835 - 3,855
\$1.69	\$16.85			\$3,856 - 3,879
\$1.73	\$17.25			\$3,880 - 3,899
\$1.78	\$17.75			≥\$3,900 - 3,909
\$1.84	\$18.40			
\$1.92	\$19.20			
Monthly Income Ceilings (Above use Full Fee Schedule)		\$3,283	\$3,518	\$3,909

a. For a family size of 2 whose adjusted gross monthly income is from \$1,820 to \$1,892, the full time daily fee applied is \$2.00. For a family size of 2 whose adjusted gross monthly income is from \$1,893 to \$1,964, the full time daily fee applied is \$2.50.

* The State of California is expected to issue a new Family Fee Schedule that will go into effect July 2012. This could change both the eligibility levels and the daily rates.

PLEASE BRING:

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

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	School	Will he/she attend BEARS?

Adults Assuming Responsibility and Care of Dependents:

Parent /Guardian Name A	Relationship to Child	Phone No.:	Cell No.:
Parent/Guardian Name B	Relationship to Child	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 parents be eligible and meet need criteria. Please check all that apply and attach documentation:

- TANF/CALWorks Cash Aid Recipient Employed or Self Employed Homeless
- Child(ren) Identified as At Risk of Being Abused, Neglected, or Exploited/Child Protective Services
- Incapacitated/Disabled Seeking Employment Engaged in Vocational Training/Education
- Seeking Permanent Housing

Additional Information. Please check all that apply and attach documentation:

- Child(ren)'s Primary Language is Not English Child Has Exceptional Needs Child(ren) Live in Assisted Units with Housing Development

Berkeley Unified School District

Attachment A

OFFICE OF EXTENDED LEARNING PROGRAMS

1939 Ward Street, Berkeley, California 94704

Phone: (510) 644-7770 Email: sacharypless@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

BEARS

Summer Enrichment Program 2013



Parent - Application Checklist for the Self-Employed

Thank you for showing an interest in the BEARS Summer Enrichment Program. Please complete the Declaration of Self-Employment Form and one item from each section.

Date: _____ Parent's Name: _____

A. Declaration of Self-Employment Form

B. Section: Documentation for Self-Employment

Please provide a copy of at least **ONE** or more of the following five documents to verify a need for care:

1. _____ Appointment Logs
2. _____ Client Receipts
3. _____ Job Logs
4. _____ Mileage Logs
5. _____ A list of clients with contact information

C. Section: Documentation of Income

Please provide a copy of at least **ONE** or more of the following five documents to verify income:

1. _____ A letter from the source of income
2. _____ A tax return
3. _____ Ledgers
4. _____ Receipts
5. _____ Business Logs

D. Section: Documentation of Business Existence

Please provide a copy of **ONE** or more of the following:

- _____ Rental Space/ Booth Rental Agreement
- _____ Workspace Lease
- _____ Bank Statements
- _____ Business License

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

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

OFFICE OF EXTENDED LEARNING PROGRAMS

1939 Ward Street, Berkeley, California 94704

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

Self Employment Declaration Form

Date: _____

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

Days and Hours of Self-Employment:

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

Name of Business: _____

Address: _____

My gross monthly income (before deductions) is : _____

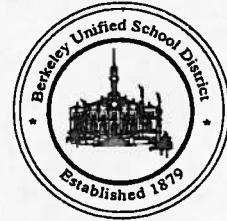
If you have any questions, please call me at: _____

Parent/Guardian Signature

OFFICE OF EARLY CHILDHOOD EDUCATION

1939 Ward Street, Berkeley, California 94704

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



Self Declaration of Seeking Employment

I _____, the parent of _____, am
(Parent, Guardian) (Name of all children that would be enrolled in the child development programs)
seeking care for my children from the BUSD Child Development Department in order to seek employment. I understand that this care is limited to a maximum sixty (60)* consecutive working days (excluding federal holidays). I also understand that the care is limited to five (5) days per week and for less than thirty (30) hours per week. My plan to secure, change or increase employment is as follows:

I understand that the contactor (BUSD Child Development Department) may request me to provide, no more than once per week, a description of the activities I have undertaken during the previous week to seek employment and, as appropriate, may require additional documentation.

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____

Date _____

* If the parent has concurrently received services based on employment or vocational training for at least twenty (20) working days while receiving services for seeking employment, eligibility for seeking employment may be extended for an additional twenty (20) working days. For such a parent, services for this purpose shall not exceed eighty (80) working days during the contract period.

For Office Use Only

Hours of Service _____

Monday through Friday

Last day of Seeking Employment _____

Reason _____

Attachment C

CALIFORNIA DEPARTMENT OF EDUCATION
Child Development Division
Form CD-9606, (Rev. June 2008)

NOTE: When applicable, this form is to be completed and used with form, CD-9600.

STATEMENT OF PARENTAL INCAPACITY

Please print or type information.

PART I – To be completed by the authorized agency representative and the incapacitated parent.			
By signing this form and for the purpose of verifying my incapacity to care for the family's children as it relates to the family's eligibility for subsidized child care and development services, I authorize and request the health professional named in Part II to release the information requested to the agency identified below. I further authorize the health professional to discuss this Statement of Incapacity with the agency in order for the agency to verify, clarify, or complete it. I understand the health professional may also require that I complete his or her own release form prior to providing the information requested below.			
NAME OF PARENT/CARETAKER		SIGNATURE OF PARENT/CARETAKER	
DATE			
FIRST NAME AND AGE OF THE CHILD(REN) FOR WHOM FINANCIAL ASSISTANCE FOR CHILD CARE IS BEING REQUESTED:			
1.	2.	3.	4.
AGENCY		AUTHORIZED AGENCY REPRESENTATIVE (Please print.)	
		TELEPHONE NUMBER ()	
ADDRESS		CITY	ZIP CODE

PART II – To be completed by the licensed health professional.									
For the family to be eligible to receive child care and development services under the category of incapacity, the California law requires verification, at least annually, of the physical or mental incapacity of the parent or caretaker that renders the person incapable of caring for or supervising the family's child(ren) without assistance. (See <i>California Code of Regulations, Title 5, §18088</i>) Your cooperation in completing and returning this form to the agency listed above within 15 days of receipt is requested.									
PATIENT _____ HAS		Please indicate the time in a day and the days of the week, not to exceed 50 hours in a week, that the parent is unable to care for or supervise the child(ren).							
a <input type="checkbox"/> physical condition or		Child care	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a <input type="checkbox"/> mental health condition									
that prevents him or her from providing care or supervision for the child(ren) listed above for at least part of the day.		Start Time:	am/ pm	am/ pm	am/ pm	am/ pm	am/ pm	am/ pm	am/ pm
		End Time:	am/ pm	am/ pm	am/ pm	am/ pm	am/ pm	am/ pm	am/ pm
PROBABLY DATES OF INCAPACITY		If the time of day cannot be easily identified in consultation with the patient, please identify the number of hours <input type="checkbox"/> and days of the week [M, T, W, T, F, S, S] that services are needed.							
From: _____ To: _____									

If the parent has a physical/medical condition, please identify the extent to which the parent is incapable of providing care and supervision.

Please sign and submit this form to the agency listed in Part I within 15 days of receipt of this form.

NAME OF LICENSED HEALTH PROFESSIONAL		LICENSE TYPE	LICENSE NUMBER
SIGNATURE OF LICENSED HEALTH PROFESSIONAL		DATE	TELEPHONE NUMBER ()
MEDICAL GROUP OR ORGANIZATION WITH WHICH THE PROFESSIONAL IS AFFILIATED, IF ANY			
ADDRESS		CITY	STATE ZIP CODE

OFFICE OF EXTENDED LEARNING PROGRAMS

1939 Ward Street, Berkeley, California 94704

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

Parental Self-Declaration of Homelessness

I _____, the parent of _____, am
(Parent, Guardian) (Name of all children that would be enrolled in the child development programs)
seeking care for my children from the BUSD Child Development Department because my family is in temporary housing or homeless.

Is your current address a temporary living arrangement?

Yes No Maybe

Is your temporary living arrangement due to loss of housing, economic hardship or similar circumstance?

Yes No

Where are the student/s and family presently staying?

- With more than one family in a house or an apartment
- In a shelter or transitional program
- In a motel or hotel
- In a car, trailer or outside
- other

My plan to secure permanent housing is as follows:

I understand that this care is limited to a maximum sixty (60) consecutive working days (excluding federal holidays). I also understand that the care is limited to five (5) days per week and for less than thirty (30) hours per week. I understand that the contactor (BUSD Child Development Department) may request me to provide, no more than once per week, a description of the activities I have undertaken during the previous week to seek housing and, as appropriate, may require additional documentation. I understand that if my eligibility status 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.*

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____

Date _____

* If the parent requests an extension for seeking housing in a declaration of need signed under penalty of perjury that includes an update of the parent's search plan and either a description of the activities undertaken during the previous week to seek permanent housing or a signed statement from the shelter, transitional housing agency, or homeless support program indicating the parent's continued need for services, search eligibility for seeking housing may be extended for an additional twenty (20) working days. For such a parent, services for this purpose shall not exceed eighty (80) working days during the contract period.

For Office Use Only

Hours of Service _____ Monday through Friday

Last day of Seeking Housing _____ Reason _____

Attachment E

State Department of Education
Child Development Division
CD-9607 (Rev 09/05)

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

Berkeley Unified School District

Attachment F

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

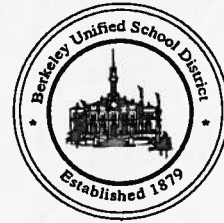
Berkeley Unified School District

Attachment G

OFFICE OF EXTENDED LEARNING PROGRAMS

1939 Ward Street, Berkeley, California 94704

Phone: (510) 644-7770 Email: acharypless@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:

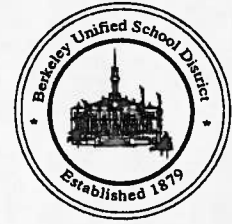
Strenuous Activity:

Additional Special Instructions:

Berkeley Unified School District

Attachment H

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