

Berkeley's Excellent Academic Road to Success

B.E.A.R.S. 4-Week Summer Enrichment Program 2014

June 23—July 18 (closed for July 4th)

Available Monday through Friday between 7:30 am—5:30 pm at LeConte & Malcolm X

DEADLINE TO SUBMIT YOUR APPLICATION IS MAY 16TH!

The BEARS Summer Enrichment Program is proud to offer another year of stimulating academic experiences and fun activities! We offer a wide array of curriculum to strengthen students' academic skills. We also provide them with breakfast, lunch, snacks, fun, and a memorable summer experience!

To partake in this awesome opportunity, our department must determine your need and eligibility before your child can begin. On the reverse side, review the parent checklist and submit your application and documentation for the situation that applies to you and your family.

Q: Am I Eligible?

A: Maybe. Consider the following requirements:

- Child attends the Berkeley Schools
- Child is currently in grade K-5
- Parents are working, attending school, seeking work, incapable of providing supervision to children due to mental or physical health condition, homeless, or child is with Child Protective Services
- Gross income is 70% or below the State Median Income (please refer to the Family Fee Schedule on the back of this letter)

Q: But my gross income exceeds the income requirement. What do I do?

A: You can still apply. Enroll as a full cost family for \$600 part-time or \$800 full-time per child.

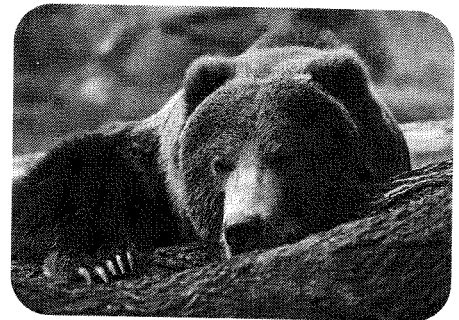
Our program offers credentialed teachers and instructional assistants: two sets of instructors per class for mornings and afternoons. Morning teachers hold a Multiple-Subject Teaching credential and the afternoon teacher holds a Child Development Teacher Permit or Multi-

Drop-off your application at King CDC, Hopkins CDC, Franklin CDC or District Office

ple Subject credential. Twenty-four children will be in each class and grouped by grade level.

Not everyone may get an opportunity to experience this, so it is important to register early and be present each day.

BEARS will also be available at the end of July and August for additional services, but space may be limited. Contact us for more details.



BEARS Daily Schedule

Monday—Friday

Breakfast with reading, games or free play,
7:30—8:30

One (1) hour of Language Arts with a 15-minute recess and One (1) hour of Math with a 45-minute guided reading time in small groups, 8:30 -11:30

Lunch & Recess, 11:30 - 12:30

One (1) hour of enrichment (art, drama, cooking, etc.) with 15-minute recess and One (1) hour of recreation (sports),

12:30 -4:00

Reading, games, or free play, 4:00—5:30

Submit applications to:

Hopkins CDC, 1810 Hopkins Street, 644-8938
King CDC, 1939 Ward Street—644-6358
Franklin CDC, 1460 Eighth Street, -644-6339
District Office, 2020 Bonar, Ste. 312 —644-7770

Program Supervisor Zachary Pless
zacharypless@berkeley.net, 644-7770

BEARS Secretary, Sherita Miller
sheritamiller@berkeley.net, 644-8938

Office Hours: 9 am—5 pm

You will be called for an appointment.

Berkeley
PUBLIC SCHOOLS
Berkeley Unified School District

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.

BEARS APPLICATION

BUSD Berkeley's Excellent Academic Road to Success Summer Enrichment Program/ Extended Care Program 2014

Please Complete All Information and Write Legibly. Thank you.

Today's Date: _____
 Child's name: _____ Current Grade Level _____

What BUSD school does your child currently attend? _____

Has your child ever attended the BEARS Program in the past? Please circle one. Yes No

List names of other children in the home who will be attending the program:

Name:		Current Grade Level:	
Name:		Current Grade Level:	
Parent /Guardian Name A	Relationship to Child	Phone No.:	Cell No.:
Parent/Guardian Name B	Relationship to Child	Phone No.:	Cell No.:
Mailing Address:		City:	Zip:
Estimated Gross Monthly Income (before taxes):		Family Size:	
		Adults:	Children:

Which school do you prefer your child to attend for Summer Enrichment (June 23 - July 18)?

Malcolm X

LeConte

Do you want your child to attend our Extended Care Program (July 21 - August 23)? Yes No

Which school do you prefer your child to attend for the Extended Care Program (July 21 - August 23)? Please check all that apply.

Berkeley Arts Magnet Jefferson John Muir LeConte Malcolm X Rosa Parks
 Washington

Will your child(ren) be attending the Special Education ESY program during the summer? Yes No

Would you like your child to attend BEARS After School Program for the 2014 – 2015 school year?
 Please circle one. Yes No

In order to enroll in the BEARS program, the California Department of Education's Child Development Division requires that each parent be eligible and meet need criteria. Please check all that apply and attach documentation along with proof of income:

Employed or Self Employed Seeking Employment Engaged in Vocational Training/Education

Child(ren) Identified as At Risk of Being Abused, Neglected, or Exploited/Child Protective Services

Incapacitated/Disabled Seeking Permanent Housing TANF/CALWorks Cash Aid Recipient

Homeless

Please check the box if it applies to you.

Child(ren)'s Primary Language is Not English Child Has Exceptional Needs

OFFICE USE ONLY: Date Received: _____ Ranking #: _____



**Berkeley's Academic Road to Success (BEARS) Program
Parent Checklist**

Date: _____ Child's Name _____ School: _____

YOUR SITUATION (To show need for services)	WHAT TO BRING WITH YOUR APPLICATION – <i>must include at least one of the following</i>
-----------------------------------------------	--------------------------------------------------------------------------------------------

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Family is <u>employed or self-employed</u></p> | <ul style="list-style-type: none"> <input type="checkbox"/> Two Consecutive pay stubs if paid monthly, bi-weekly, or twice per month or <input type="checkbox"/> Four Consecutive pay stubs if paid weekly <input type="checkbox"/> OR Tax Returns <input type="checkbox"/> A completed and signed Employee Verification Form (Attachment A) <input type="checkbox"/> A completed and signed Declaration of Self Employment Form and documentation (See Attachment A-1 and A-2) |
| <p>2. Family is participating in <u>vocational training</u> leading directly to a recognized trade, paraprofession or profession</p> | <ul style="list-style-type: none"> <input type="checkbox"/> A current class schedule <input type="checkbox"/> A statement of vocational goals with anticipated completion date |
| <p>3. Family is <u>incapable</u> of providing care and supervision for the child for part of the day or most of the day due to a physical or mental health condition</p> | <ul style="list-style-type: none"> <input type="checkbox"/> A Parental Incapacity Statement completed and signed by a legal health professional |
| <p>4. Family has a child who is at risk of abuse, neglect, or exploitation, or receiving <u>child protective services</u> through the county welfare department</p> | <ul style="list-style-type: none"> <input type="checkbox"/> A written referral with the signature of the legally qualified professional from the legal, medical, or social services agency, or emergency shelter declaring that child care would be in the best interest of the child |
| <p>5. Family is <u>seeking permanent housing, or homeless</u></p> | <ul style="list-style-type: none"> <input type="checkbox"/> A written referral from an emergency shelter or other legal, medical or social service agency <input type="checkbox"/> OR a completed and signed parental self-declaration of homelessness or completion of Attachment D <input type="checkbox"/> <i>This form is accepted only during the summer unless accompanied by one of the other forms listed above (1-4).</i> |
| <p>6. Family is <u>seeking employment</u></p> | <ul style="list-style-type: none"> <input type="checkbox"/> A completed and signed Declaration of Seeking Employment Form (Attachment B) <input type="checkbox"/> <i>This form is accepted only during the summer.</i> |

Family size includes dependents - Please bring ONE of the following:

- | | |
|------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Birth certificates (all children) | <input type="checkbox"/> Court orders regarding child custody |
| <input type="checkbox"/> Adoption documents | <input type="checkbox"/> Records of Foster Care placements |
| <input type="checkbox"/> School or medical records | <input type="checkbox"/> County welfare department records |

Family Size includes only one adult (parent) – Please bring ONE of the following:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Records of marriage, divorce, domestic partnership or legal separation | <input type="checkbox"/> Court-ordered child custody arrangements |
| <input type="checkbox"/> Evidence that the parent signing the application is receiving child support payments from that person, has filed for child support with the appropriate local agency, or has executed documents with that agency declining to file for child support; | <input type="checkbox"/> Rental receipts or agreements, contracts, utility bills or other documents for the residence of the family indicating that the parent is the responsible party |

Family Size includes grandparent(s) and excludes biological parents – Please bring the following:

- A written statement describing why the biological parents are unable to care for children
- Provide documentation of employment, disability, school registration, seeking employment (*accepted only during summer months*), or seeking permanent housing (*accepted during summer months; service limited to 60 days*)

**Berkeley's Academic Road to Success (BEARS) Program
Parent Checklist**

Date: _____ Child's Name _____ School: _____

Family has countable income – Please provide ALL that apply

- Gross wages, salary, advances, commissions, overtime, tips, bonuses, gambling or lottery winnings
- Wages for migrant, agricultural, or seasonal work
- Public cash assistance (CalWORKS or TANF)**
- Survivor (e.g., SSA) and retirement benefits
- Gross income from self-employment less business expenses with the exception of wage draws
- Disability or unemployment compensation
- Workers compensation
- Spousal support and/or child support from the former spouse or absent parent, or documented financial assistance for housing costs, car payments, health insurance, etc...
- Dividends, interest on bonds, income from estates or trusts, net rental income or royalties
- Foster grants, payments or clothing allowance for children placed through child welfare services
- Financial assistance received for the care of a child living with an adult who is not the child's biological or adoptive parent
- Veterans pension
- Pension or annuities
- Inheritance
- Portion of student grants or scholarships not identified for educational purposes as tuition, books, or supplies
- Income from other enterprise for gain
- Allowances for housing or automobiles provided as part of compensation
- Net proceeds from the sale of real property, stocks or inherited property
- Rent for room within family's residence
- Insurance or court settlements for lost wages and/or punitive damages

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

- A Utility Bill
- Rental Agreement
- Bank Statement

Information and Permission Forms – Please sign and complete all forms

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

Please submit your application by mailing or hand-delivering your application and documents to one of the following locations:

ATTENTION BUSD BEARS:

**1810 Hopkins Street, Berkeley, CA 94707
1939 Ward Street, Berkeley, CA 94703
1460 Eighth Street, Berkeley, CA 94704
2020 Bonar Street, Ste. 312, Berkeley, CA 94702**

After you have submitted your application, it will be reviewed for need and eligibility. We will follow up with you by contacting you and scheduling you for a certification meeting that may take approximately 30 minutes. During the meeting, you will be informed whether your application is accepted or if you will be placed on a waiting list. If all forms and documentation are not received with your application, this will delay the process. **If you have questions, please call (510) 644-8938 or email sheritamiller@berkeley.net.**

Berkeley Unified School District

Attachment A

Berkeley's Excellent Academic Road to Success (B.E.A.R.S.) Program
Fax Number: 510-644-6715

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 _____

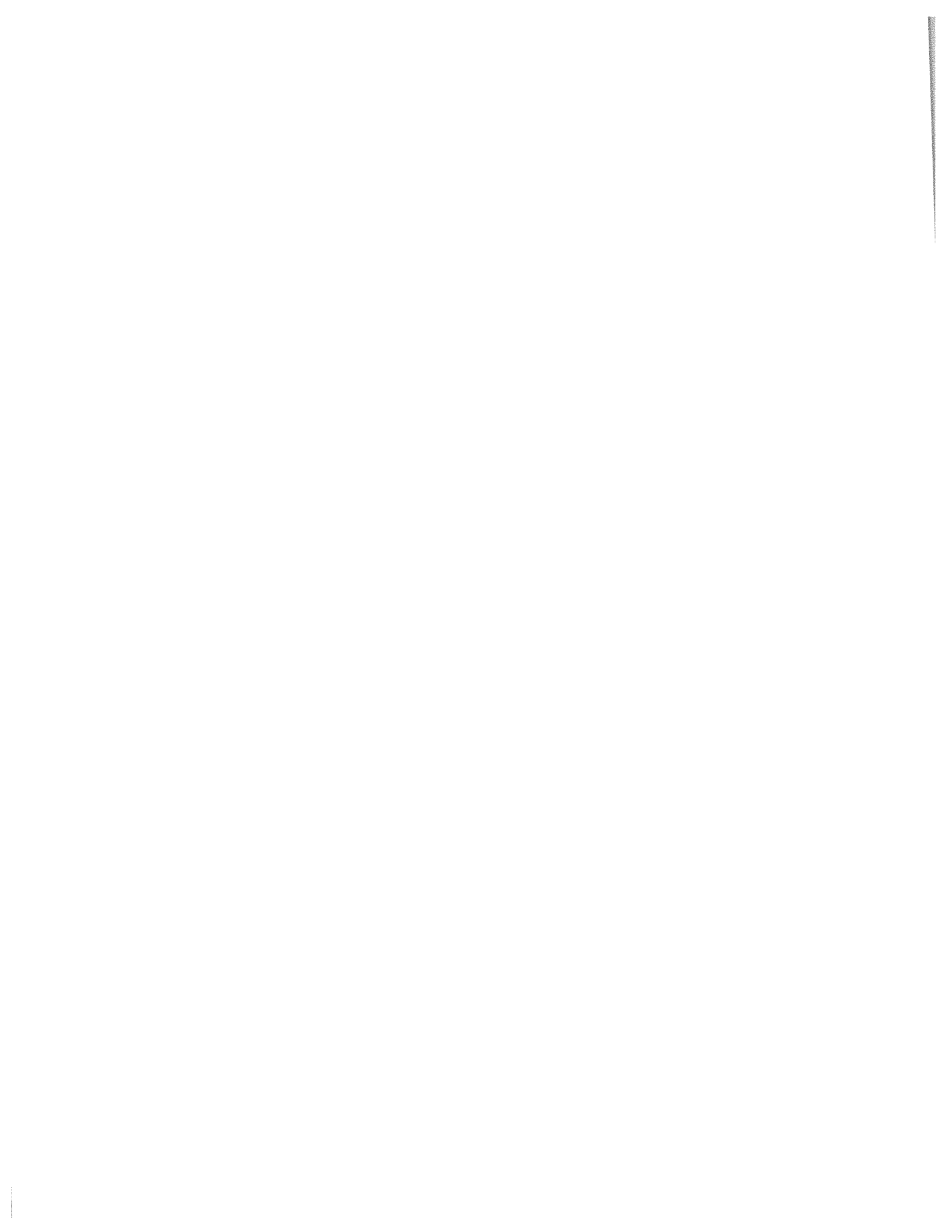
The above information pertains to the employee's eligibility for child care benefits and is subject to review by State of California representatives.

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



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

Berkeley's Excellent Academic Road to Success (B.E.A.R.S.) Program
Fax Number: 510-644-6715

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: 1810 Hopkins Street, Berkeley, CA 94707

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 _____



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 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 Berkeley Unified School District - BEARS		AUTHORIZED AGENCY REPRESENTATIVE (Please print.) Sherita Miller	
		TELEPHONE NUMBER (510) 644-8938	
ADDRESS 1810 Hopkins Street		CITY Berkeley	
		ZIP CODE 94707	

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 a <input type="checkbox"/> physical condition or 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.	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).							
	Child care	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	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 From: To:		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.						

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



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 _____



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



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 hereby 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/Guardian	_____ Date	_____ Address	_____ Phone #
_____ Health Insurance Plan	_____ Policy Number	_____ Name of Emergency Contact	_____ Phone #
Special Medical Concerns: _____	Special Diet: _____		
Strenuous Activity: _____	Special Instructions: _____		

Attachment G

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	_____ Signature of Parent/Guardian	_____ Date
-------------------------	---------------------------------------	---------------



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

