



**Give Every Child A Chance**  
322 Sun West Place, Manteca, CA 95337  
Office: (209)825-7003 / Fax: (209)823-6255

*For Office Use Only:*  
Date Stamp Received

**After School Advantage Program (ASAP) Application Form**

1. Fill out entire application with as much information as possible.
2. Must include parent signature.
3. Turn in, mail or fax completed application with a copy of your child's most recent report card or progress report to the Program Office. Office information listed above.

**STUDENT INFORMATION**

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Male Female  
Parent/Guardian's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Grade: \_\_\_\_\_ Parent/Guardian Email Address: \_\_\_\_\_

Special Education/IEP (circle one): NO YES (if yes, attach copy of IEP or other support documents) Foster Child (circle one): NO YES

Child lives with (circle all that apply): Mother Father Legal Guardian Other: \_\_\_\_\_

**List all adults, over 18, authorized to pick child up. (It is mandatory to add a working phone number with each name on this list.)**

FIRST & LAST NAME	RELATIONSHIP	DAYTIME PHONE	EVENING PHONE	ALTERNATE

**EMERGENCY CONTACT** (other than parent/guardian)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Insurance (circle one): NO YES Carrier Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Health Concerns, Allergies, or Disabilities (circle one): NO YES if yes, please list: \_\_\_\_\_

**The following information is MANDATORY!** It is for grant funding purposes only and has no bearing in your student's registration. All information is strictly confidential.

**IS YOUR FAMILY RECEIVING** (check all that apply): **If not receiving any of the below check here:** \_\_\_\_\_

TANF  Food Stamps  Social Security  Free/Reduced Lunch  Cal Works  Other \_\_\_\_\_

**ANNUAL HOUSEHOLD INCOME** (check one): **TOTAL NUMBER LIVING IN HOUSEHOLD:** \_\_\_\_\_

\$0-\$37,700  \$37,701-\$42,400  \$47,101-\$50,900  \$50,901-\$54,650  \$54,651-\$58,450  Over \$58,451

**ETHNIC BACKGROUND** (check all that apply): **ARE YOU HISPANIC/LATINO?** (check one)  NO  YES

Black/African American  White  Asian  Am. Indian/Alaskan Native  Native Hawaiian/Other Pacific Islander

Black/African Am. & White  Asian & White  Am. Indian/Alaskan Native & White

Am. Indian/Alaskan Native & African Am.  Other Multi-Racial \_\_\_\_\_

**I certify under penalty of perjury that income and household statements made on this form are true and I have read and agree with the statements located on the back of application.**  
(Please sign only after you have read the back page in its entirety)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, visit  
[WWW.GECAC.NET](http://WWW.GECAC.NET)

**Incomplete applications will result in a delay in your child receiving service.**

MORE INFORMATION NEEDED ON BACK OF SHEET

**CONFIDENTIALITY AND RELEASE OF INFORMATION:**

I \_\_\_\_\_ hereby authorize *Give Every Child A Chance (GECAC)* to release or disclose information in order to coordinate services, advocate, and/or facilitate service delivery to my child. In order to insure my child qualifies for service, I give permission for my child's school and/or Manteca/Ripon/Tracy/River Island/Banta School District to provide copies of report cards or any other grading information needed for delivery of services. As the parent/guardian of the applicant, I also understand the following to be true: **(Please initial only after you have read each bullet point)**

- \_\_\_\_\_ 1. *It is a privilege and not a right for my son/daughter to be involved in Give Every Child A Chance's ASAP program. Any misconduct or disobedience will result in immediate dismissal from the program.*
- \_\_\_\_\_ 2. *I will notify the GECAC Program Office when my child is unable to attend the scheduled ASAP session. After 2 unexcused absences, parents/guardians will receive a phone call notifying them the next time their child has an unexcused absence they will be released from our program. If your child has excessive excused absences, their participation in the program will be reevaluated and may result in immediate dismissal from the program*
- \_\_\_\_\_ 3. *All students who attend the after school program are required to stay until at least 6pm unless they have met the requirements of the GECAC early release agreement. NOTE: The early release agreement is attached to the application, and must be returned with your application. If you have any further questions, please call the program office at 209-825-7003.*
- \_\_\_\_\_ 4. *It is the parent's responsibility to make sure all students are picked up on time. If there is an excessive failure to pick up your student on time, it will result in immediate dismissal from the program.*
- \_\_\_\_\_ 5. *GECAC is not responsible for any damaged, mistreated, lost, or stolen items brought into program. By initialing, the parent and student recognize that personal and/or school devices brought into ASAP is the sole responsibility of the student.*
- \_\_\_\_\_ 6. *I agree to indemnify and hold harmless Manteca, Ripon, Banta, River Island and Tracy School Districts, GECAC, board of directors, employees/volunteers and all presenters and parties affiliated with the organization/program of any incident occurrence, injury or loss of property while attending and participating in GECAC programs no matter how the injury or loss was occurred. The aforementioned shall not be held responsible for the liability or expense for legal cost or medical treatment for my child; however, I do authorize the organizers, staff, EMT, physician, or hospital to administer emergency treatment or transport to a medical facility in the event of accident, illness, or injury. I understand that every attempt will be made to contact the parents in case of treatment. I give permission for my child's photo to be used in any promotion or advertisement in relation to the event. I am solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.*
- \_\_\_\_\_ 7. *All authorized persons listed to pick up my child(ren) are **18 years of age or older** and listed on the application. I understand whomever is to pick up my child has to show identification. (Note: Students are not permitted to leave with anyone who is not clearly identified as the student's legal parent or guardian or a person authorized to act on their behalf.)*
- \_\_\_\_\_ 8. *GECAC must remain neutral in child custody issues. We must go by the information listed on the application at the time of enrollment.*
- \_\_\_\_\_ 9. *My child may be photographed/filmed and published in material approved by Give Every Child A Chance while participating in a sponsored activity or event, including organizations website and social media sites.*
- \_\_\_\_\_ 10. *Information on this application will be used to place your student. All students will be processed by **date the application was/is received!** No exceptions. In case we are unable to place your student in ASAP immediately, he/she will be placed on our waiting list until space becomes available. **WE DO NOT GUARANTEE PLACEMENT WILL BE MADE!***

*Give Every Child A Chance believes that to provide quality services, the parents' and child's right to privacy shall be considered paramount and shall be assured to the greatest possible extent. Therefore, all interactions between staff, volunteers and children will be considered confidential and privileged. The undersigned agrees to consent in advance to the use of surveys, questionnaires, charts, work samples, and other assessment tools for the purpose of program evaluation, development, tracking, and needs assessment. Public disclosure of a child's personal, financial or grading information for any purpose other than grant funding or general statistical reasons is forbidden unless expressly allowed in writing by the parent. Staff and volunteers of Give Every Child A Chance are required by law to report the following:*

- 1. CHILD ABUSE OR NEGLECT:** *Any incident or suspected child abuse will be immediately reported to the appropriate agency. Contact the Program Director.*
- 2. POTENTIAL HARM TO SELF OR OTHERS:** *Any case where a child is threatening harm to himself/herself or others will be immediately reported to the appropriate agency. Contact the Program Director.*

I certify under penalty of perjury that income and household statements made on this form are true, and I have read the above statements and find them to be true. *(Please sign only after you have read this page in its entirety)*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **After School Advantage Program (ASAP) Early Release Policy**

It is our intent and we encourage that all of our students attend the ASAP for the full duration of the program each day. A child will only be released early from ASAP prior to the end of program time based on the following conditions:

It will be the parent's responsibility to ensure the agreement provided by Give Every Child A Chance (GECAC) is returned with appropriate signatures within 5 school days of receipt. Failure to return the signed document within the time frame may result a delay in enrollment and could result in being placed on the waiting list.

Early release is allowable in the following cases:

1. Family Emergencies.
2. Medical appointments.
3. Student safety issues (weather or time change conditions where the student may walk home). Student safety is always a priority.
4. Student accidents that occur during program hours (program staff will call parents or guardians).
5. To attend a parallel program or other activity (programs in the school or community such as soccer, baseball, basketball, etc.).
6. Other conditions especially on safety as prescribed by the school.

In all early release cases, parent, guardian or those registered on the application must sign out the student. Staff must be sure to have a signed document on file for each student if attending a parallel program.



## After School Advantage Program (ASAP) Early Release Agreement

Give Every Child A Chance receives funding that requires each participating student in ASAP to participate in both academic and enrichment activities daily. Regular attendance is critical since this is how the program is funded and allows us to offer free after school activities.

Student Name: \_\_\_\_\_ ASAP Site: \_\_\_\_\_

### Parallel or Other Activity Signed Statement/Agreement

As a parent/representative (coach, official, etc.) I certify that \_\_\_\_\_  
Students Name  
is attending the following: \_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Parent/ Representative

\_\_\_\_\_  
Signature of Parent / Representative

### Parent Statement

**This statement must be returned within 5 school days of receipt**

My signature below certifies that the above is accurate. I also understand that my child must attend ASAP on a daily basis for the full program.

\_\_\_\_\_  
Parent printed name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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Office Use Only

Date Parent Read: \_\_\_\_\_ Date Parent Returned: \_\_\_\_\_ Staff Int: \_\_\_\_\_

Place in student's permanent file

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