EduCare Foundation
High School Expanded Learning Program
Parent/Guardian Contract & Acknowledgment Form
2026-2027

Student Information

Student Name: _____ Grade (2026-2027): _____

Date of Birth: _____ School: _____

Session Selection

(Check all that apply)

☐ Summer 2026 ☐ 2026–2027 Before School Program ☐ 2026–2027 After School Program

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Parent/Guardian Acknowledgment & Agreement

I, _____ (Parent/Guardian Name),

Parents/guardians of the student listed above understand that student participation is a privilege.

Misconduct by a student or parent/guardian may result in removal from the program.

By signing below, I confirm that I have read and agree to the program terms and expectations.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

District: LAUSD School Site: _____

Date Packet Received: _____ ☐ Enrolled ☐ Waitlisted

Site Coordinator Name: _____

Site Coordinator Signature: _____ Date: _____

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For Staff Use Only

STUDENT DISTRICT ID NUMBER

2026 - 2027

SCHOOL YEAR

BEFORE AND AFTER SCHOOL PROGRAM APPLICATION

SCHOOL OF ATTENDANCE: _____

Program Applying for: (check one)

☐ BEFORE-SCHOOL	☐ AFTER-SCHOOL	☐ OTHER PROGRAM
Name of Program **EduCare Foundation**	Name of Program **EduCare Foundation**	Name of Program

STUDENT APPLICANT INFORMATION (print clearly)

LEGAL NAME: FIRST NAME MIDDLE NAME LAST NAME _____ DATE OF BIRTH: MONTH DAY YEAR _____ GRADE _____

STREET ADDRESS _____ APT # _____ CITY _____ ZIP CODE _____

PARENT(s)/GUARDIAN(s) INFORMATION

PARENT/GUARDIAN NAME: FIRST NAME LAST NAME _____

PHONE NUMBER (MAIN) _____ PHONE NUMBER (OTHER) _____

EMAIL ADDRESS _____

☐

PARENT/GUARDIAN NAME: FIRST NAME LAST NAME _____

PHONE NUMBER (MAIN) _____ PHONE NUMBER (OTHER) _____

EMAIL ADDRESS _____

EMERGENCY CONTACT/RELEASE INFORMATION (provide a minimum of two contacts)

#1: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)
#2: RELATIONSHIP	**NAME (FIRST LAST)**	**PHONE NUMBER(S)**	**ADDRESS (STREET CITY ZIP)**
#3: RELATIONSHIP	**NAME (FIRST LAST)**	**PHONE NUMBER(S)**	**ADDRESS (STREET CITY ZIP)**

• I understand the Beyond the Bell Before/After School Program is available to students currently attending an LAUSD school.

• I authorize the Beyond the Bell Before/After School Program to contact, and if necessary, release my child to any of the above individuals listed as an Emergency Contact/Release Information. The above-listed individuals must be 18 years or older.

• The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers, (2) increase public awareness and promote continuation and improvement of education programs, and/or (3) highlight accomplishments of students and educational programs including but not limited to honor roll, school/District awards, and graduation/culmination, through the use of mass media, displays, brochures, websites, social media, approved blogs, and related District publications. ☐ **Yes** ☐ **No**

• Priority enrollment is given to pupils who are identified by the program as homeless youth or as being in foster care (EC sections 8483[c][1][A] and 8483.1[d][1]A]). AB 1567, effective July 1, 2017, revised the Education Code to prioritize enrollment for students identified as homeless youth or in foster care, either at the time of application or during the school year. It also gives second priority to middle or junior high school students who attend daily. Additionally, programs that charge family fees are prohibited from charging fees for students who are identified as homeless or in foster care.

Pupil designation (please check where applicable)**:** ☐ **Homeless Youth** ☐ **Foster Youth Care** ☐ **Not Applicable**

• Is there a court order on file with the school office? ☐ **Yes** ☐ **No**

ACKNOWLEDGEMENT

PARENT/GUARDIAN NAME (PRINT) _____ PARENT/GUARDIAN SIGNATURE _____ DATE _____

RECEIVED/REVIEWED BY:

SITE COORDINATOR NAME (PRINT) _____ SITE COORDINATOR SIGNATURE _____ DATE _____

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BEFORE AND AFTER SCHOOL STUDENT SUPPORT QUESTIONNAIRE

For Staff Use Only

STUDENT DISTRICT ID NUMBER

2026 - 2027

SCHOOL YEAR

SCHOOL OF ATTENDANCE: _____

STUDENT APPLICANT INFORMATION (print clearly)

LEGAL NAME: FIRST NAME MIDDLE NAME LAST NAME _____ DATE OF BIRTH: MONTH DAY YEAR _____ GRADE _____

STREET ADDRESS _____ APT # _____ CITY _____ ZIP CODE _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: FIRST NAME LAST NAME _____ PHONE NUMBER (MAIN) _____ PHONE NUMBER (OTHER) _____

STUDENT EDUCATION INFORMATION

Does the student have a current Section 504 or Individualized Education Program (IEP)? ☐ Yes ☐ No

STUDENT HEALTH INFORMATION

Does your child have any physical, emotional, and/or learning difficulties?
If yes, please specify below ☐ Yes ☐ No ☐ Decline to Answer

Does your child have any allergies or asthma?
If yes, please specify below. ☐ Yes ☐ No

ACKNOWLEDGEMENT

PARENT/GUARDIAN NAME (PRINT) _____ PARENT/GUARDIAN SIGNATURE _____ DATE _____

RECEIVED/REVIEWED BY:

SITE COORDINATOR NAME (PRINT) _____ SITE COORDINATOR SIGNATURE _____ DATE _____

Los Angeles Unified School District
Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means educational program activities in which your pupil has participated. Your authorization will enable us to use specially prepared materials to (1) train teachers, (2) increase public awareness and promote continuation and improvement of education programs, and/or (3) highlight accomplishments of students and educational programs including but not limited to honor roll, school/District awards, and graduation/culmination, through the use of mass media, displays, brochures, websites, social media, approved blogs, and related District publications.

1. Name of Pupil (please print)

2. Birthdate (please print)

3. Name of Parent (please print)

a. I, as a parent or guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.

b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.

c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.

e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Signature of Parent/Guardian

5. Date Signed

6. Address (Number, Street, Apartment Number)

7. City

8. State

9. Zip Code

10. Telephone

Granting of permission is voluntary. Please return completed form to school.

11. Principal

12. School

Approved as to form by the Office of the General Counsel.

This form shall not be amended without written approval of both the Office of the General Counsel and the Office of Communications/Public Information