



**SOAR Expanded Learning Program
428 Norman Road, Princeton CA 95970
General Information**

Contact Information:

Program Lead: Sandy Houtman

Program Aides: Amy Flemming and Kelby Jordan

Email: soar@pjusd.org

SOAR Room Phone: 530-439-2333

Cell Phone: 530-431-8269

Transportation:

Pick-up at 428 Norman Road at 6:00pm Monday-Friday (except holidays or emergency closures)

Routh 1: Drop off at 100 North Tehama Street, Willows, CA (at the park next to Tri Counties Bank) at 6:25pm

Routh 2: Drop off at 1031 Bridge Street, Colusa, CA (in the parking lot near Round Table Pizza) at 6:20pm.

SOAR: Student Outreach Academics and Resources
Princeton Joint Unified School District Expanded Learning Program
2021-2022 Enrollment Form

FOR OFFICE USE ONLY
Payment recvd \$ _____
Cash <input type="checkbox"/> check # _____
MO <input type="checkbox"/>
Date received _____
Remind101 _____

Student Name: _____ Grade in 2021-22 _____ Birth Date: ___/___/___

Home Address: _____ City: _____ Zip Code _____

Parent/Guardian: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Are you interested in volunteering? Yes No

Name of Person to call in case of Emergency (other than parent/guardian): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Student: _____ Permission to pick-up student: yes no

Secondary Person to call in case of Emergency (other than parent/guardian): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Student: _____ Permission to pick-up student: yes no

Student Background:

Does your child have any type of disability? No Yes If yes, then describe: _____

Does your child have any allergies (food or other): No Yes If yes, then describe: _____

Does your child have any specific medical needs? No Yes If yes, then describe: _____

Does your child participate in: bilingual education ESL/LEP Special Education None of these

How will your child get home from the after school program?

My child will walk/ride bike home each day I will pick my child up from the program

The following people are authorized to pick up my child. I understand this person must be 18 years or older and **MUST** sign the student out every day:

Name: _____ phone # _____ relationship to child _____

Name: _____ phone # _____ relationship to child _____

Name: _____ phone # _____ relationship to child _____

Name: _____ phone # _____ relationship to child _____

Name: _____ phone # _____ relationship to child _____

Name: _____ phone # _____ relationship to child _____

SOAR: Student Outreach, Academics and Resources
Princeton Joint Unified School District Expanded Learning Program
Insurance/Medical Release Information

My Child _____ has permission to attend the SOAR Expanded Learning Program located at Princeton Elementary School, 428 Norman Road, Princeton CA, 95970.

Insurance carrier name and phone number: _____

Insurance Policy Number: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Does your child take any medication? _____ Name of Medication and Dosage Frequency: _____
(All drugs must be registered on this form. All drugs, except those which must be kept on the student's person for emergency use, must be kept and dispersed by staff.)

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care are considered necessary in the best judgment of the medical staff of the hospital or facility furnishing medical or dental services. As stated in the California Education Code Section 35330, I understand that I hold Princeton Joint Unified School District, its officers, agents, and employees harmless from any and all liability or claims, which may arise of or in connection with my child's participation in this activity. I fully understand that students are to abide by all rules and regulations governing conduct during the program. Any violation of these rules and regulations may result in that student being sent home at the expense of his or her parents or guardian.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Initial each statement below showing you agree and approve (or write "NO" and initial)

- i. _____ Due to State funding students who are registered in the SOAR Expanded Learning Program have minimum attendance requirements. Students not meeting these guidelines may be dropped from the program.
 - a. Elementary students (K-6th grade) are required to attend the full day of the Expanded Learning Program on a daily basis
 - b. Any exceptions must be in compliance with the established Early Release Policy stated in the Parent Handbook.
2. _____ I have the Parent Handbook and agree to comply with the program policies and fees and give my child permission to participate fully in the program.
3. _____ I give my permission for my child to be filmed and photographed during the SOAR Expanded Learning Program activities for newspaper articles, SOAR social media websites, and program activities.
4. _____ I give my permission for my child to have access to the Internet with the understanding that inappropriate use will result in his/her being denied access at the discretion of the program staff.

Princeton Elementary School SOAR After School Program

Master Student Permission Slip

Name of Student: _____ has my permission to participate in and walk to the following off-campus supervised activities and applications.

- Walk to Princeton Library**
- Walk to Princeton Jr./Sr High School for supervised interactive activities with Athletics, Ag, and Science programs.**
- Walk around Princeton (West of Hwy 45) to exercise and explore.**
- Sunscreen**
- Mosquito Spray**

I understand the nature of the school activity in which my child will be participating in and that they are expected to abide by all the PES SOAR After School Program regulations during the course of the activity.

I understand that pursuant to Education code 44808. SOAR is liable or responsible for the conduct and safety of my child only while they are under the immediate and direct supervision of an employee of the PES SOAR After School Program.

I hereby give my permission for my child to participate in the activities described above.

I further agree that in the event of an accident, illness, or any other circumstance requiring medical treatment, such treatment may be procured for my child without financial obligation to Princeton Joint Unified School District or its employees.

Date: _____ Signature of Parent/Guardian: _____

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW:

EMERGENCY TELEPHONE NUMBERS:
