



AFTER SCHOOL ACADEMY REGISTRATION FORM

Form must be completed and signed by a parent/guardian for each student prior to participating in the program. See fee schedule for program rates. **Low income families may be eligible for program fees to be waived—MUST COMPLETE ALTERNATIVE INCOME FORM AT www.fusdcafes.org.**

Return this form to: Fremont City Hall, 3300 Capitol Ave., Bldg. B., Fremont, CA 94538; Attn: Raquel Christopher or email to ASA@fremont.gov

PARTICIPANT INFORMATION

PARTICIPANT'S SCHOOL? BRIER CABRILLO GRIMMER

First Name: _____ Last Name: _____ Date of Birth: ___/___/___

Male Female Age: ___ Grade in 24/25: ___ Parent/Guardian Full Name: _____

Parent/Guardian Date of Birth: ___/___/___ Parent/Guardian Email Address: _____

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

Address: _____ City: _____ Zip Code: _____

Participant's Medical Insurance Provider (Kaiser, Blue Shield, Medicaid, etc.): _____

The following people are authorized to pick up my child (they may be called in case of emergency):

Name	Relationship to Child	Cell Phone	Home Phone	Work Phone

I am requesting to waive the sign out requirement for my child. My child will be departing on his/her own. As this child's parent/legal guardian, I have deemed them physically and mentally responsible enough to transport themselves. I do not put any responsibility or liability on City staff to monitor the departure of my child. PARENT/GUARDIAN INITIAL: _____

MEDICAL CONDITIONS

Food Allergies Skin/Sunscreen Allergies Environmental Allergies Other: _____

Please explain & list: _____



OTHER INFORMATION

Understanding a child's background and special needs helps staff provide the best program experience for all participants, including your child. Please list any information that is important. (e.g. ADD, ADHD, Autism, learning disabilities, noise sensitivity, etc.):

Acceptance into the program is determined by the following:

- Priority 1: Principal/Teacher recommendations
- Priority 2: Students currently enrolled in program (in good standing)
- Priority 3: Siblings of students enrolled under priority 1 & 2
- Priority 4: Open enrollment.

All balances must be paid before each payment deadline for students who are not eligible for program waiver. All priorities are determined on a first come, first serve basis.

ASA RETURNER? YES NO

LOW INCOME ELIGIBLE? YES NO

Parent/Guardian Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY

Received by: _____ Date Received: _____ Time Received: _____



CITY OF FREMONT RELEASE AGREEMENT FOR ALL PARTICIPANTS

IN CONSIDERATION OF PERMISSION TO PARTICIPATE IN OR USE ANY CITY OF FREMONT (hereinafter referred to as "City") FACILITIES IN CONNECTION WITH THIS ACTIVITY, THE PARTICIPANT AGREES TO THE FOLLOWING:

1. THE PARTICIPANT HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE CITY OF FREMONT, ITS EMPLOYEES, OFFICERS AND AGENTS (hereinafter referred to as "releasees") from all liability to the participant, his or her personal representatives, assigns, heirs, and next of kin, for any loss, damage, or claim therefore on account of injury to the person, participant's family member, or property of the participant, whether caused by any negligent act or omission of the releasees or otherwise, while the participant or participant's family member is participating in a City activity or using any City facilities in connection with the activity.

2. THE PARTICIPANT HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the releasees' right to indemnify incurred on appeal) resulting from involvement in this activity, whether caused by any negligent act or omission of the releasees or otherwise.

3. THE PARTICIPANT HEREBY ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to self or participant's family member while upon City property or participating in the activity or using any City facilities and equipment, whether caused by any negligent act or omission of releasees or otherwise. The participant expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk, are intended to be as broad and inclusive as permitted by California law and that if any portion thereof is deemed to be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING and I am aware of the legal consequences of this agreement, including the acknowledgement that it prevents me from suing the City or its employees, agents, or officers, if I or my family member is injured or my property is damaged for any reason as a result of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made.

IF THE PARTICIPANTS ARE MINORS his or her custodial parent or legal guardian must read and execute this agreement. I hereby warrant that I am the custodial parent or legal guardian of the participants listed on the registration form.

AFTER SCHOOL ACADEMY 2024/25

Parent/Guardian Name (print): _____ **Participant Name:** _____

Parent/Guardian Signature: _____ **Date:** _____

Release Agreement must be signed before application is processed.



INTERNET AND ONLINE RESOURCE ACCESS

I am aware that ASA utilizes computers and online platforms to facilitate collaboration and communication among students and staff.

- I DO give permission for my Student to have Internet and online access in the ASA program.
- I DO NOT give permission for my Student to have Internet and online access. The Student will not be able to use program loaned iPads or Chromebooks for activities or assignment assistance.

Student's Name (print)

Date of Birth

Parent/Guardian Signature

Signature Date



Photo/Likeness Release Form

I, _____, hereby authorize the City of Fremont to photograph, videotape or film me and/or my child and consent to the use of my name and/or likeness in the Recreation Guides (including the cover), 4-page Marketing Bulletin, and e-newsletters; and on Facebook, City website (www.fremont.gov), City Cable TV Channel 27, City marketing brochures, and/or any other related materials and publications.

I understand and agree that such materials, including all negatives, positives, and prints shall become and remain the sole property of the City of Fremont and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and/or used by the City of Fremont for potential future uses and further agree to release the City of Fremont from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials.

I represent that I am a parent/guardian of the minor who has signed the above release and that in that capacity the City of Fremont has my consent and authorization to use the name and/or likeness as described above.

INITIAL HERE: _____

Adult's Name: _____

Signature: _____

Children(s) Name: _____

Email: _____

Phone: _____



ASA-PARENT AGREEMENT

- I have read and understand the [2024-2025 Parent Handbook](#) and the contents within.
- I have read and agree to abide by the attendance requirements.
- I have read and agree to abide by the dismissal policy.
- I have read and agree to abide by the behavior and discipline policy.
- I am aware that this program offers homework assistance but may not be sufficient time to complete the homework. It is my responsibility to check my child's homework for completion and accuracy.
- I will be charged \$20 every 5 minutes my child is late to get picked up (after 6pm). I understand payment will be due the following program date to the Site Coordinator.

Parent/Guardian Signature

Signature Date

All boxes must be checked and form must be signed in order to maintain your child's registration in the After School Academy.



ASA-STUDENT AGREEMENT

Please review these statements with your child. Both you and your child must sign at the bottom of the form confirming understanding.

1. I have read and agree with the Discipline Section.
2. I will follow all of the After School Academy (ASA) rules.
3. I will treat all members of ASA, staff and students, with respect.
4. I will treat myself with respect.
5. I will respect the environment and the property of both the Fremont Unified School District, City of Fremont, and After School Academy.
6. I will NOT hit, punch, slap, kick, pinch, or otherwise physically harm any other person.
7. If I am having a problem with another member of ASA, I will try my best to talk through the problem and come up with a solution.
8. I will follow the directions that ASA Staff has given me.
9. If a staff member is talking to me, I will listen.
10. I will use appropriate language.
11. I will be honest.
12. I will have a positive attitude and actively participate.
13. I will do my homework during homework time. If I do not have homework or if I finish early then I will read quietly.
14. I agree to not bring my friends to ASA unless they are registered.

I understand the following items listed above and agree to these conditions.

Student's Name (print)

Student Signature

Parent/Guardian Signature

Date



**AFTER
SCHOOL
ACADEMY**
STAY PLAY LEARN!

FEE SCHEDULE

(ESTA INFORMACIÓN SE PUEDE ENCONTRAR EN ESPAÑOL EN LA PÁGINA SIGUIENTE)

Month	Due Date	Amount Due K-5th	Amount Due TK
AUGUST & SEPTEMBER	AUGUST 12, 2024	\$300	\$540
OCTOBER	SEPTEMBER 15, 2024	\$300	\$540
NOVEMBER	OCTOBER 15, 2024	\$300	\$540
DECEMBER	NOVEMBER 15, 2024	\$300	\$540
JANUARY	DECEMBER 15, 2024	\$300	\$540
FEBRUARY	JANUARY 15, 2025	\$300	\$540
MARCH	FEBRUARY 15, 2025	\$300	\$540
APRIL	MARCH 15, 2025	\$300	\$540
MAY & JUNE	APRIL 15, 2025	\$300	\$540
SCHOOL YEAR TOTAL		\$2,700	\$4,860

PLEASE NOTE: LOW INCOME FAMILIES MAY BE ELIGIBLE FOR PROGRAM FEES TO BE WAIVED. AN ALTERNATIVE INCOME FORM MUST BE COMPLETED THROUGH FREMONT UNIFIED SCHOOL DISTRICT - NUTRITION SERVICES. A VERIFICATION LETTER FROM THE DISTRICT MUST BE ATTACHED TO THE ASA APPLICATION TO HAVE THE PROGRAM FEE WAIVED. CLICK [HERE](#) FOR MORE INFORMATION ABOUT HOW TO COMPLETE THE INCOME VERIFICATION FORM.

- In order to ensure your student's ASA program attendance on the first day of school, the initial program payment of \$300 or \$540 is due by August 12th, 2024.
- Remaining monthly payments will be due on the 15th of each month before the upcoming month begins. If you
- have questions, please contact Program Manager, Raquel Christopher at rchristopher@fremont.gov or 510.494.4349.