## LONGFELLOW STARS EXTENDED DAY PROGRAM CONSENT FORM

## **SURVEYS**

Berkeley LEARNS conducts a year participate in the student survey		
X		(optional)
********	********	**********
I give permission for Berkeley LE data (test scores, report cards, S for the 2008-9 school year) for t support and enrichment for my o	Special Education IEP or 504 the purposes of 1) developin child/children; and 2) assess stand that under no circumst	n to review my child/children's school Rehabilitation Plan and other measures og and providing effective academic sing the effectiveness of extended day tances will the data be shared or
Parent/Guardian Name	Signature	Date
*********	*******	*********
ASSU	JMPTION OF RISK AN	D RELEASE
Berkeley LEARNS After School Pr for myself and my heirs and assi assigns, release and agree to ide Programs and any of the particip liability, loss, claim, demand, act any way by such participation. I is to provide students with a safe that funding for the program pro- children. I understand that staff	rograms. In consideration for igns, and on behalf of my chentify and hold harmless BUt pating staff, their officers, again, or cause of action which understand that the goal of e, fun, and enriched environ by ides for a minimum staffinf will provide for each child's	, to participate in or permission to participate, I do hereby, hild/ward, and for his or her heirs and SD Berkeley LEARNS After School gents, and employees from any and all h arises or may arise or be occasioned in Berkeley LEARNS After School Programs ament during after school hours; and ig ratio of 1 staff member for each 20 is individual needs to the best of their mation and understand and agree to its
Parent/Guardian Name	Signature	Date
*********	*******	*********
	<b>ATTENDANCE</b>	
EDP Activity Schedule, unless yo telephone or note. Longfellow students unless they have significantly whereabouts on days they are element/guardians must pick up to their child to walk home or take be picked up by 6:00 pm each d	ou notify us. Notification of a Stars Extended Day Progred into the program. In the program of the program of the program of the program of the public transportation on the lay, when the program close	The staff will only inquire about student
Parent/Guardian Name	Signature	Date