

Modoc County Office of Education

*Promoting the academic, social, and vocational excellence of all Modoc County students*

# SEALS Expanded Learning Program



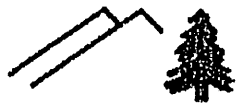
## Why Choose SEALS?

1. The SEALS Expanded Learning Program offers youth in Modoc County a safe and enriching environment where your child/ren can learn and grow through; academic assistance, arts and crafts, physical activity, cooking projects, and technology.
  2. SEALS is regulated by California Department of Education.
  3. If your child attends all 180 days of SEALS, that equals 90 extra academic days per year!
  4. The staff at SEALS are trained professionals who have a passion for working with youth and providing them with the necessary tools to become happy, successful adults.
  5. SEALS aligns with what the regular school day does and communicates frequently with teachers and administration to ensure your child's needs are being met.
  6. SEALS provides an organized and fun schedule.
  7. SEALS provides a parallel program that supports programs such as sports, 4H, Girl Scouts, Boy Scouts, Theater, Band, etc.
- **Monday-Thursday the program offers one hour of academic assistance, filled with homework completion and academic games.**
  - **Monday-Friday the program offers a healthy snack and enrichment time (the fun stuff!)**
  - **Fridays are filled with birthday parties, movie days, cooking activities, and prizes.**

### Contact Information

If you have any questions regarding the SEALS Expanded Learning Program, please contact;

(530) 233-7115



**S.E.A.L.S. Expanded Learning**  
**Student Enrollment Form**

(PLEASE CIRCLE ONE)

Student's School-

AES

MMS

SVE

Student's Teacher- \_\_\_\_\_

School Year: 17/18

Student's First Name	Student's Last Name	Student's DOB	Age	Grade	Circle	M or F
Mother's Full Name	Mailing Address	Home Phone	Cell Phone	Work Phone		
Father's Full Name	Mailing Address	Home Phone	Cell Phone	Work Phone		

E-Mail Address \_\_\_\_\_

**\* Emergency numbers and authorized persons to pick-up your child from the facility: Please complete all information for at least 2 other people that can be notified in case of emergency and have permission to pick-up student, when parent or guardian is not available. (The child will not be allowed to leave with any person not listed below.) Please complete all information. Use additional sheets if necessary. ID may be required when someone other than parent is picking up child.**

Name	Address	Phone Number	Relationship

**Departure Procedures**

Describe in detail the daily schedule to follow for your child when it comes to pick up: (i.e. picked up by parent or authorized person, bicycling, walking, bus). If pickup procedures change, a written note is required.

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**Medical Information**

Family physician: \_\_\_\_\_ Phone No. \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone No. \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy No. \_\_\_\_\_

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 attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. As stated in California Education Code Section 8482-8484.6, I understand that I hold the After School Program and employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in any activity. I fully understand that students are to abide by all rules and regulations governing conduct during the operation of program hours, fundraisers, field trips, and any other event supported by the ASES program.

**Please advise us of any medical needs or allergies (food, general or medicine) he /she has.**

- My child does not have allergies and/or medical needs
- My child DOES have a Disability or Special Educational Needs

Please List: \_\_\_\_\_  
 My child DOES have allergies and/or medical needs (All medications taken regularly by student must be registered on this form).

Name of medication/s being taken and dosage frequency: \_\_\_\_\_

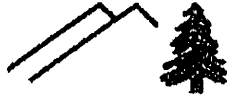
Medical instructions: \_\_\_\_\_  
\_\_\_\_\_

In the event of an illness/injury, when a parent/guardian cannot be reached, the S.E.A.L.S Expanded Learning Program is authorized to call the contacts listed or the doctor and/or medical facility. By signing below I understand and agree that no expense involved with my child's illness/injury will be paid by the S.E.A.L.S Expanded Learning Program. I have read & fully understand this enrollment/liability form and agree to abide by its contents.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please Fill Out Reverse Side of Form\*\***

Reviewed by: \_\_\_\_\_  
Date: \_\_\_\_\_



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## **Expanded Learning Program Permission Slip**

I, \_\_\_\_\_, give the  
(Parent/Guardian)

Staff of the Expanded Learning Program permission to sign my

son/daughter \_\_\_\_\_  
(Child's Name)

out of the program to \_\_\_\_\_.  
(Reason, ex: Attend Girl Scouts)

I understand that once signed out, they are no longer in the care of the Expanded Learning Program Staff until signed back in. I also understand that any changes to this schedule must be turned in to the Staff in writing, no phone calls will be accepted.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



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## **Expanded Learning Program Bus Permission Slip**

I, \_\_\_\_\_, give the  
(Parent/Guardian)

Staff of the Expanded Learning Program permission to sign my

son/daughter, \_\_\_\_\_  
(Child's Name)

out of the program at \_\_\_\_\_ to ride the bus home. I  
(Time)

understand that once signed out, they are no longer in the care of the  
Expanded Learning Program Staff. I also understand that any changes to  
this schedule must be turned in to the Staff in writing, no phone calls will be  
accepted.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)