



Fall 2017
Barron Park After-School Activities
Financial Need-Based Scholarship Application

Scholarships are only for students **with financial need** who would not otherwise be able to participate. If your family is paying for an after school class by signing up directly with the provider, your family is not eligible to receive a scholarship. **Scholarship funds are limited**, so please help us prioritize scholarship grants based on financial need.

STEP 1: Fill out the Scholarship Class Registration Form.

The Scholarship Class Registration Form is available in the school office and on the school website. Scholarships are awarded only for ONE activity. However, applicants are encouraged to select a second activity choice in case the first choice cannot be accommodated.

STEP 2: Fill out all requested information at the bottom of this Scholarship Application.

STEP 3: Bring the Scholarship Application and Scholarship Class Registration Form to the School Office Monday August 21 through Friday August 25.

Scholarships generally are granted on a first come, first served basis.

THE DEADLINE IS FRIDAY AUGUST 25 @ 3:00PM

- We encourage families to contribute towards Activity Fees when possible.
- A notice will be sent home with students by Friday, August 30. It will state whether the student has received a scholarship, and if so, for which activity, and how to make any Activity Fee contribution. Activity Fee contributions are not due until after classes start.
- QUESTIONS? Amy Love (alove@pausd.org).

PLEASE FILL OUT ALL REQUESTED INFORMATION:

Name of Student: _____ Grade: _____ Teacher: _____

Activity Choices: Class Choice #1: _____ Activity Fee: \$ _____
Class Choice #2: _____ Activity Fee: \$ _____

Amount of Activity Fee family can contribute (check one):

\$ 100 \$ 50 \$ 25 \$ 10 \$ 0 Other \$ _____

Parent/Guardian Email: _____ Parent/Guardian Phone #: _____

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

Barron Park Elementary
Scholarship After-School Class Registration
(Scholarship Applicants ONLY)

Class Choice #1 _____
Class Choice #2 _____

Student's Name: _____ Grade: _____

Teacher: _____ Room Number: _____

Parent/Guardian: _____ Email: _____

Home Address:

Primary phone: _____ Secondary phone: _____

Emergency Contact, Person(s) authorized to pick up child if not parent/guardian:

Name: _____ Phone: _____

Name: _____ Phone: _____

Is student authorized to go home on their own? (circle one) Yes/No

Does your child have any medical issues or special needs we should be aware of?

Please place (X) next to each clause below after you have read and understand each one.

_____ **Late Pickup Fee:** If your child doesn't have permission to go home on their own; a parent or authorized person MUST be waiting to pick them up immediately at the end of class. Please remember if you are late picking up your child, the school office is NOT responsible or available afterschool and Afterschool vendor may charge a late pick up fee of up to \$50.

_____ **Dismissal policy.** Afterschool classes are a fun time to learn and require engagement, concentration and focus. They are not a form of after-school care. If an Afterschool vendor judges a student to cause repeated disruptions in the class or detracts from other students ability to maximize their learning, the student may be dismissed by the program at their discretion.

_____ **Photography.** Some Afterschool vendors may occasionally photograph or videotape for the purpose of promoting the program through printed materials of website information. Please initial here: _____ if you do not wish to have your child photographed.

_____ **Indemnity.** In consideration of participation in this program, I hereby indemnify and hold harmless and release PAUSD, PTA, City of Palo Alto, Barron Park Elementary Afterschool Vendors, its agents, its employees and volunteers from any and all liability for injury suffered by myself or my child arising from or connected with this program. I assume all risk for any injuries.

Parent Signature

Date