



Afterschool Program 2019-2020

Applicant (Youth) Information – K-2nd Grade Afterschool Program

Applicant (Youth) Name: _____

Date of Birth: _____ Current Age: _____

School (Fall 2019): _____ Grade (Fall 2019) _____

Student H.O. # _____ (SFUSD Students Only)

With What Gender Does the Applicant Identify?: Male Female Other _____

Race/Ethnicity: (optional) _____

Name of Legal Guardian: _____

Relationship to Applicant: _____

Address: _____ City, State, ZIP _____

Email Address: _____

Cell Phone: _____ Alternate Phone: _____

Applicant Information

	Yes	No
Does the applicant have an Individualized Education Plan (IEP) or 504 Plan?		
Has applicant ever been held back a grade?		
Has applicant ever been expelled from a school?		
Has applicant ever been suspended from a school?		
Is the applicant currently receiving any mental health support or services?		
Has the applicant been diagnosed with a cognitive impairment?		



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How did you hear about this program?

School ▶▶ Family ▶▶ I am a Returning Participant ▶▶ Other ▶▶ _____

Please share why you are interested in the Magic Zone program for your child:

Allergies (Please specify): _____

▶▶ Seizures ▶▶ Other medical conditions _____

Medication(s): _____

How would you rate applicant's reading performance?

▶▶ Exceeds Standards ▶▶ Meets Standards ▶▶ Approaching Standards ▶▶ Needs More Time

How would you rate applicant's math performance?

▶▶ Exceeds Standards ▶▶ Meets Standards ▶▶ Approaching Standards ▶▶ Needs More Time

Emergency Contact Information



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Who will bring participant to program? Please list all people who are <i>authorized to pick up/sign out child from program.</i>		
Name	Relation to child	Phone Number
Name	Relation to child	Phone Number
Name	Relation to child	Phone Number
Emergency Contact: Please list all people to notify in case of an emergency.		
Emergency Contact #1	Relation to child	Phone Number
Emergency Contact #2	Relation to child	Phone Number
Emergency Contact #3	Relation to child	Phone Number

In case of emergency, I hereby give permission to Magic Zone to call emergency medical professionals in order to provide necessary treatment for my child.

Signature _____

Family Profile

A family is defined as all persons living in the same household who are related by birth, adoption, marriage or domestic partnership.

- ▶ Single Female Head of Household
- ▶ Single Male Head of Household
- ▶ Dual Head of Household

Below, please share the names of family members living in the household:

Name	Relation to participant	Age



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Name	Relation to participant	Age
Name	Relation to participant	Age
Name	Relation to participant	Age
Name	Relation to participant	Age

Household Information

Number in Family at home _____

Total Annual Family Income: _____

Is English the primary language spoken at home? Yes No

If no, please specify home language: _____

Supportive Services - Does the applicant's family receive any of the following?

None		Homeless services		Foster Care	
Medi-Cal		Cal WORKS		Transitional Housing	
TANF		General Assistance		Public Housing	
SSI		SNAP EBT		Subsidized Housing	

Does applicant qualify for free or reduced lunch at school? Yes No

Please indicate the applicant's housing status:

- Permanent/Stable Housing
- Homeless – Transitional/Supportive Housing
- Homeless – Shelter/Emergency Housing
- Homeless – Staying with Friends/Family
- Homeless – Motel/Hotel
- Homeless – Unsheltered

What is the highest level of education attained by the primary caregiver(s) of the child?



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Some High School		2-Year Degree (AA)		Vocational Training	
High School Diploma		4-Year Degree (BA/BS)		Other Certification	
Some College		Advanced Degree			

Please sign below:

I irrevocably authorize Collective Impact, Mo' MAGIC, Magic Zone, its employees, partners and agents, to use my child's or my name, picture, likeness and words for any purpose that Collective Impact deems appropriate - including promotional or marketing efforts for the organization.

Signature _____

I am the legal guardian of _____, a minor under the age of 18. On behalf of the minor, I have read and understand and I hereby acknowledge, consent and agree to all the terms of the enclosed liability waiver and consent. Furthermore, I understand that it is my duty as the legal guardian of this minor to adhere to the expectations set forth by the program. I recognize that failure to do so may jeopardize participation in the program.

I agree to the following (please initial):

_____ I will support my child's participation in the Magic Zone program and give permission to the program for the care and custody of my child during program hours, whether on or off site.

_____ I will give Collective Impact – Magic Zone permission to obtain information from my child's school, including grades, test scores, and other information concerning my child's success at school.

_____ I understand the expectations I should hold of the organization and do not hold any additional spoken or unspoken expectations of the program.

_____ I will complete this application and the supplemental information required for enrollment, in their entirety and to the best of my ability, providing accurate and honest information.

Signature _____

Magic Zone Expectations Guardian and youth please initial next to each expectation to indicate understanding:



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<input type="checkbox"/> Youth come ready to participate every day	<input type="checkbox"/> Youth respect people and property
<input type="checkbox"/> Youth grow, learn and have fun	<input type="checkbox"/> Youth are honest
<input type="checkbox"/> Youth follow all community rules	<input type="checkbox"/> Youth communicate respectfully
<input type="checkbox"/> Youth value selves	<input type="checkbox"/> Youth all try their best
<input type="checkbox"/> Youth support and care for others	<input type="checkbox"/> Youth keep our community safe
<input type="checkbox"/> Youth honor adult requests	<input type="checkbox"/> Youth attend regularly and consistently

- ▶ I understand five or more unexcused absences might impact ability to continue in the program.
- ▶ I understand consistently late pickup could impact ability to continue in the program.
- ▶ I understand consistent disregard for rules and expectations could impact ability to continue in the program.
- ▶ We understand Magic Zone reserves the right to remove from program any participant who does not adhere to the policies set above.

Parents/caregivers: what are your expectations of the Magic Zone Program?

I understand the expectations listed above and I am signing my name below to show my commitment to try my best to do everything that is expected of me and to indicate I want to participate in the Magic Zone Program.

Participant Signature _____

I have read over the expectations with my child and we are committed to following the outlined expectations and understand failure to do so could jeopardize participation in the Magic Zone Program.

Parent/Guardian Signature _____



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K-2 Magic Zone Application – Afterschool 2018-2019

Given Name:

Nickname:

My Birthday is:

People I know at Magic Zone:

Favorite subject at school:

Favorite thing to do at home:

Things I want to learn:

Three great things about me:

Three things I want to improve:

Draw a picture of what a successful school year looks like to you: