

*Apps of 6<sup>th</sup> graders will be considered in the lottery if turned in by: April 20, 2018*

# BIDWELL JR. HIGH

Chico Unified School District

## 21<sup>st</sup> CCLC-BLAST

**6th - 8th Grade REGISTRATION-2018-2019**



Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent email address \_\_\_\_\_

Date of Birth (student) \_\_\_\_\_ Age \_\_\_\_\_

**Grade Beginning August 2018** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

List of restrictions of treatment \_\_\_\_\_

Doctor's Name & Phone Number \_\_\_\_\_

Any special medications or pertinent information \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person other than parents we may contact in case of an emergency: \_\_\_\_\_  
(And may this person pick up your child?) Yes/ No Name Phone

### NAMES OF PEOPLE OTHER THAN YOURSELF WHO MAY PICK YOUR CHILD UP

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Child may sign him/herself out **after 5:00** and Walk/Ride home \_\_\_\_\_ Yes \_\_\_\_\_ No

**We understand that our child must be picked up promptly at the end of the program no later than 6:00 p.m! There is a late pick-up fee of \$1 per minute. BLAST requires a minimum attendance of 4 days per week. BLAST is an optional program; students with behavior problems will be dropped from enrollment.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand that my child's continuation in this program depends on receipt of state and federal funding.

*6<sup>th</sup> Grado Apps será considerada para la lotería si es devuelta antes del: abril 20, 2018*

Chico Unified School District

21<sup>st</sup> CCLC-BLAST

Bidwell Junior High School

6th – 8th Grado MATRICULACIÓN-2018-2019



Nombre \_\_\_\_\_

Nombre del Padre/Guardian \_\_\_\_\_

Dirección \_\_\_\_\_

Ciudad \_\_\_\_\_ Código postal \_\_\_\_\_

Escuela a la que asiste \_\_\_\_\_ Fecha de nacimiento (estudiante) \_\_\_\_\_

Edad \_\_\_\_\_ **2018-2019** Grado \_\_\_\_\_

# de teléfono \_\_\_\_\_ # de teléfono del trabajo \_\_\_\_\_

Lista de restricciones de tratamiento \_\_\_\_\_

Nombre de Doctor Y su Número de teléfono \_\_\_\_\_

Cualquier medicamento o información pertinente \_\_\_\_\_

Nombre del padre: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_ Celular: \_\_\_\_\_

Nombre de la madre: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_ Celular: \_\_\_\_\_

Persona aparte de los padres a quien/es podemos contactar en caso de emergencia: \_\_\_\_\_

¿Usted da a esta persona el permiso para recoger a su niño? Sí/No \_\_\_\_\_ Nombre \_\_\_\_\_ Teléfono \_\_\_\_\_

**NOMBRES DE PERSONAS APARTE DE USTED MISMO/A QUE PUEDEN RECOGER A SU HIJO/A**

Nombre: \_\_\_\_\_ Relación con el niño: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Nombre: \_\_\_\_\_ Relación con el niño: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Nombre: \_\_\_\_\_ Relación con el niño: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Nombre: \_\_\_\_\_ Relación con el niño: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Mi hijo puede firmar y salir a sí mismo después de las **5:00 p.m.** y caminar de pie o paseo a su casa \_\_\_\_\_ sí  
\_\_\_\_\_ no

**Comprendemos que nuestro niño debe ser recogido inmediatamente a fines del programa no luego que 6:00 p.m. Hay un honorario de \$1 por minuto para recoger a su niño tarde. BLAST requiere una asistencia mínima de 4 días por semana. Este programa es opcional; estudiantes con problemas de comportamiento serán dados de baja del programa.**

Yo comprendo que la continuación de mi hijo/a en este programa depende del recibimiento de fondos estatales y federales.

**Padre/Guardian**

**Firma** \_\_\_\_\_ **Fecha** \_\_\_\_\_

# BLAST

BLAST is a *free* federally funded after school program designed to help you and your child with support in academics and enrichment activities. BLAST is designed to meet the needs of all children in all content areas. Our BLAST program is structured as follows:

## **Before School Program 6:30am - until school begins**

### **2:50-3:50-Homework Hour**

Instructional HW Teachers  
Math Tutors  
TLC

### **3:55-4:00-Nutritional snack time** (Snacks Provided)

### **4:00-5:30-Enrichment Activities**

Intramural Sports (Soccer, Basketball, Softball, Volleyball, Flag Football)  
Game room (Board Games, Wii, Ping Pong, Shuffle Board)  
Technology Lab  
Art Enrichment  
Field Trips  
Wrestling  
Ultimate Frisbee  
Climbing Wall  
Cross Country and Track & Field  
Dodgeball  
Chess Club

### **5:30-6:00-Clean-up/Free Choice**

Game room  
Room 402 (homework help and student pick-up)

Parents, we are very proud to offer you and your student this amazing opportunity. Due to an increase in enrollment at all Jr. High schools, the BLAST program may be very impacted. It is now required that students attend until 5:00pm at least 4 days per week. At certain times of the BLAST program may have a waiting list.

**This program is open to all students** and we encourage all parents to utilize the many opportunities the program has to offer.

Please contact **Stephanie Johnson** with any questions or concerns you may have:

[sjohnson@chicoused.org](mailto:sjohnson@chicoused.org)

891-3080 x 402