



School Year 2023-24

Middle School Afterschool Achievers

Registration Form

IMPORTANT: Submit the completed registration form and proof of attendance at a Berkeley school email to the Coordinator OR drop off at Martin Luther King Jr. Youth Services Center/Young Adult Project (MLK/YAP), 1730 Oregon St., Berkeley. Once submitted, your child will be registered in the afterschool program (pending availability). Spaces are limited and will be given on a first-come, first-served basis. For information, contact Jasmine Gunn-Vaca at 510-981-6671 or jgunnvaca@cityofberkeley.info. (***No program City's Holidays or BUSD Closure dates**)

REQUIREMENTS: The student must attend a BUSD middle school.

Participant Information				
First Name: _____	Gender	Grade	Age	Date of Birth
Last Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary			____/____/____
Main Contact Parent/Guardian Information				
Last Name: _____ First Name: _____ Email: _____				
Home Address: _____ City: _____ Zip: _____				
Daytime Phone: _____ Evening Phone: _____				
Emergency Contact (Other Than Parent/Guardian Phone Numbers Noted Above)				
Full Name: _____ Relationship: _____ Phone: _____				
Proof of Berkeley Residency (Check one and provide current documentation)				
<input type="checkbox"/> Utility Bill <input type="checkbox"/> Driver's License / State ID <input type="checkbox"/> Other (explain): _____				
Requirement: Participant Must Be Enrolled in BUSD (Select One)				
Proof of Berkeley School Enrollment (Check one and provide current documentation)				
<input type="checkbox"/> Acceptance letter from BUSD <input type="checkbox"/> Copy of Class Schedule <input type="checkbox"/> School I.D.				
School That Participant is Attending (Select One)				
<input type="checkbox"/> Longfellow Middle School <input type="checkbox"/> Martin Luther King Jr. Middle School <input type="checkbox"/> Willard Middle School <input type="checkbox"/> Other: _____				
School Grades Released				
<input type="checkbox"/> I hereby request that the Coordinator at MLK/YAP be granted permission to review my child's grades in the BUSD online grading system <i>Illuminate Student Information</i> and/or obtain grades and transcripts for my child when needed in order to provide additional homework assistance. Please select the school that your child is attending:				
<input type="checkbox"/> Longfellow Middle School <input type="checkbox"/> Martin Luther King Jr. Middle School <input type="checkbox"/> Willard Middle School				
Physical/Cognitive Disabilities/Allergies				
Does your child have any physical/cognitive disabilities? If so, please list and explain. <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain) _____				
Does your child have any allergies? If so, please list and explain. <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain) _____				
Does your child have permission to walk home after the program? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain) _____				
Consent and Release from Liability				
In consideration of permission to participate in Recreation Programs, I, for myself, heirs, successors, and assigns, agree to release, defend, indemnify, and hold harmless the City, its officers, agents, volunteers, and employees from and against any claims, demands, liability, damages, lawsuits, or other actions, including but not limited to, personal injury or death or property damage arising out of or in any way connected with my participation or the participation of my child/ward in Recreation Programs.				
Signature of Parent/Guardian: _____ Date: _____				
<input type="checkbox"/> Photo Release: I give my consent to allow the City of Berkeley to use any photographed images of my child/self in promotional materials and/or its website.				