



**SOAR Expanded Learning Program**  
428 Norman Road, Princeton CA 95970  
General Information

**Contact Information:**

Program Lead: Sandy Houtman

Program Aides: Sharon Hribernick & Nancy Munoz

Email: [soar@pjusd.org](mailto:soar@pjusd.org)

SOAR Room Phone: 530-439-2333

Cell Phone: 530-431-8269

**Transportation:**

Pick-up at 428 Norman Road at 6:00pm Monday-Friday (except holidays or emergency closures)

Routh 1: Drop off at 100 North Tehama Street, Willows, CA (at the park next to Tri Counties Bank) at 6:25pm

Routh 2: Drop off at 1031 Bridge Street, Colusa, CA (in the parking lot near Round Table Pizza) at 6:20pm.

**SOAR: Student Outreach Academics and Resources**  
**Princeton Joint Unified School District Expanded Learning Program**  
**2021-2022 Enrollment Form**

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| <b>FOR OFFICE USE ONLY</b>                  |
| Payment recvd \$ _____                      |
| Cash <input type="checkbox"/> check # _____ |
| MO <input type="checkbox"/>                 |
| Date received _____                         |
| Remind101 _____                             |

Student Name: \_\_\_\_\_ Grade in 2021-22 \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you interested in volunteering? Yes  No

Name of Person to call in case of Emergency (other than parent/guardian): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Permission to pick-up student: yes  no

Secondary Person to call in case of Emergency (other than parent/guardian): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Permission to pick-up student: yes  no

**Student Background:**

Does your child have any type of disability? No  Yes  If yes, then describe: \_\_\_\_\_

Does your child have any allergies (food or other): No  Yes  If yes, then describe: \_\_\_\_\_

Does your child have any specific medical needs? No  Yes  If yes, then describe: \_\_\_\_\_

Does your child participate in:  bilingual education  ESL/LEP  Special Education  None of these

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**How will your child get home from the after school program?**

My child will walk/ride bike home each day  I will pick my child up from the program

The following people are authorized to pick up my child. I understand this person must be 18 years or older and **MUST** sign the student out every day:

Name: \_\_\_\_\_ phone # \_\_\_\_\_ relationship to child \_\_\_\_\_

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Name: \_\_\_\_\_ phone # \_\_\_\_\_ relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ phone # \_\_\_\_\_ relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ phone # \_\_\_\_\_ relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ phone # \_\_\_\_\_ relationship to child \_\_\_\_\_

**SOAR: Student Outreach, Academics and Resources**  
**Princeton Joint Unified School District Expanded Learning Program**  
**Insurance/Medical Release Information**

My Child \_\_\_\_\_ has permission to attend the SOAR Expanded Learning Program located at Princeton Elementary School, 428 Norman Road, Princeton CA, 95970.

Insurance carrier name and phone number: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

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

Does your child take any medication? \_\_\_\_\_ Name of Medication and Dosage Frequency: \_\_\_\_\_  
(All drugs must be registered on this form. All drugs, except those which must be kept on the student's person for emergency use, must be kept and dispersed by staff.)

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 medical staff of the hospital or facility furnishing medical or dental services. As stated in the California Education Code Section 35330, I understand that I hold Princeton Joint Unified School District, its officers, agents, and employees harmless from any and all liability or claims, which may arise of or in connection with my child's participation in this activity. I fully understand that students are to abide by all rules and regulations governing conduct during the program. Any violation of these rules and regulations may result in that student being sent home at the expense of his or her parents or guardian.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

***Initial each statement below showing you agree and approve (or write "NO" and initial)***

- i. \_\_\_\_\_ Due to State funding students who are registered in the SOAR Expanded Learning Program have minimum attendance requirements. Students not meeting these guidelines may be dropped from the program.
  - a. Elementary students (K-6<sup>th</sup> grade) are required to attend the full day of the Expanded Learning Program on a daily basis
  - b. Any exceptions must be in compliance with the established Early Release Policy stated in the Parent Handbook.
2. \_\_\_\_\_ I have the Parent Handbook and agree to comply with the program policies and fees and give my child permission to participate fully in the program.
3. \_\_\_\_\_ I give my permission for my child to be filmed and photographed during the SOAR Expanded Learning Program activities for newspaper articles, SOAR social media websites, and program activities.
4. \_\_\_\_\_ I give my permission for my child to have access to the Internet with the understanding that inappropriate use will result in his/her being denied access at the discretion of the program staff.

# Princeton Elementary School SOAR After School Program

## Master Student Permission Slip

Name of Student: \_\_\_\_\_ has my permission to participate in and walk to the following off-campus supervised activities and applications.

- Walk to Princeton Library
- Walk to Princeton Jr./Sr High School for supervised interactive activities with Athletics, Ag, and Science programs.
- Walk around Princeton (West of Hwy 45) to exercise and explore.
- Sunscreen
- Mosquito Spray

I understand the nature of the school activity in which my child will be participating in and that they are expected to abide by all the PES SOAR After School Program regulations during the course of the activity.

I understand that pursuant to Education code 44808. SOAR is liable or responsible for the conduct and safety of my child only while they are under the immediate and direct supervision of an employee of the PES SOAR After School Program.

I hereby give my permission for my child to participate in the activities described above.

I further agree that in the event of an accident, illness, or any other circumstance requiring medical treatment, such treatment may be procured for my child without financial obligation to Princeton Joint Unified School District or its employees.

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

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW:

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EMERGENCY TELEPHONE NUMBERS:

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