



NEW!!! Hey, Lakeside HS Students!



The **Dragon PLUS** Afterschool Program gives you a chance to **get more...**

Categories of Activities

- ◆ **Read More**
- ◆ **Write More**
- ◆ **Solve More**
- ◆ **Prepare More**
- ◆ **Create More**
- ◆ **Discover More**

Program will be held at Lakeside High School

- ... MORE of all the things you need to be successful in school and life!
- ... MORE help to keep you on track for graduation!
- ... MORE fun and exciting ways to learn and grow!

NO COST TO PARTICIPATE!

October 23, 2023 to April 25, 2024

Monday-Thursday
2:15 – 5:30 pm

Program runs all school year... regular attendance required.

Program includes...

Snack / Dinner / Supplies / Transportation Home

For MORE info...

www.https://accaa.org/get-help/education/dragonplus.html

Questions text 440-813-6731 or email ckuula@accaa.org

The Upper DEC Dragon PLUS Program is funded through a 21st Century CLC grant awarded to the Ashtabula County Community Action Agency



2023-2024 Dragon PLUS Afterschool Program Application

Student Name _____ Grade _____ Gender _____

Student Email _____ Student Birth Date ____/____/____ Shirt Size _____

Parent/Guardian Name _____ Relationship to Student _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Parent's Cell Phone (____)____ - _____ Home Phone (____)____ - _____ Email _____

Can we text your cell phone with any program changes or updates? Yes No

Ethnicity Asian Black/African American Hispanic White Mixed

My student has an IEP (Individualized Education Plan) My student is in ESL (English as Second Language)

Please enroll my student in the Upper DEC Dragon PLUS Afterschool Program from 2:15-5:30 pm

They will attend Monday Tuesday Wednesday Thursday

I will transport my student home from the Dragon PLUS program at 5:30 pm. They can be released to any of the following adults:

Adult Name _____ Relationship _____ Phone _____

Adult Name _____ Relationship _____ Phone _____

OR

I give my permission for my student to be transported home from the Dragon PLUS at 5:30 pm from Lakeside High School by school bus or an approved transportation service.

The Dragon PLUS program **has my permission** for my student to have their photographs, pictures, videos or their works created to be used for promotional purposes including social media without any compensation whatsoever.

The Dragon PLUS program **has my consent** for the Ashtabula Area City Schools to release my students records to the program to aid in my students progress and to assist with present and future educational plans.

I am the parent and/or legal guardian of the above-named student and have the authority and authorization to sign this application form on behalf of the student. By signing below, I also agree to the statements above. If I am not in agreement with any of the above statements I will let the program know in writing.

Parent/Guardian Signature X _____

Parent/Guardian Name (Print) _____ Date _____

Please Complete BOTH Sides

EMERGENCY CONTACT AND HEALTH INFORMATION

Emergency Contacts: **PARENTS CANNOT BE LISTED** as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness **if you cannot be reached**. Any person listed should be able to take responsibility for the student and must be within an hour of the school.

Name (Not custodial parent of student)		Name (Not custodial parent of student)	
City	State	City	State
Telephone #	Relationship to Student	Telephone #	Relationship to Student
Name of Doctor or Clinic/Hospital			
Street Address			
City	State	Telephone #	

Emergency Transport Authorization

GIVE <u>PERMISSION</u> to Transport Upper DEC Dragon PLUS Program	OR Do Not Sign Both	<u>DO NOT GIVE PERMISSION</u> to Transport
has permission to secure emergency transportation for my student in the event of illness or injury which requires emergency treatment. The emergency transport service will determine the facility where my student will be taken.		does not have permission to secure emergency transportation for my student in the event of illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent/Guardian Signature _____ Date _____		Parent/Guardian Signature _____ Date _____

Does your student have any special health or medical condition the staff need to know about?
 No Yes- Please explain _____

Is your student currently taking any medications?
 No Yes- Please explain _____

Does your student have any food allergies or dietary restrictions?
 No Yes- Please explain _____

Does your student have any food, medication, or environmental allergies?
 No Yes- Please explain _____

Please Complete BOTH Sides