



San Diego Unified School District



To be considered during the initial enrollment period, this form must be returned by April 4, 2008 via U.S. mail only to:

SAY
8755 Aero Dr., Suite 100
San Diego, CA 92123

To receive confirmation that your completed application has been received; please provide a self-addressed stamped envelope with the application.

(formerly known as San Diego's "6 to 6" Extended School Day Program)

Application for the 2008-2009 School Year

Please PRINT and complete legibly. Incomplete or illegible applications will not be processed.

- 1. SCHOOL NAME child(ren) currently attends:
2. SCHOOL NAME child(ren) will attend 2008-2009 school year:
This form is applicable for all children in the same family attending the same school above. If you have children attending more than one school, separate applications must be completed for each school.

3. CHILD(REN)'S NAME applying for 2008-2009 school year (print legal name):

Table with 3 columns: Last Name, First Name; Date of Birth; 2008-2009 Grade Level. Rows for Child #1, #2, #3, #4.

Please check only the services needed (priority is not given to families needing both before and after school programs):

- Before school: Programs are available at most, but not all schools; start times vary. Check with your provider to confirm availability. If fewer than 30 children apply, the program may be canceled.
After school: Programs begin operating after school is dismissed until at least 6:00 P.M. each day for a minimum of 15 hours per week.

- 4. Child(ren) currently enrolled in the 2007-2008 "6 to 6" Program?
5. Child(ren) on the wait list as of March 1, 2008, for the 2007-2008 "6 to 6" Program?
6. Child(ren) has/have been recommended for academic assistance by the principal?
7. Number of parents/legal guardians/foster parents living with child(ren)?
8. Are all parents/legal guardians/foster parents living with child(ren) full time employees (40 hours per week) or full time students (12 units)?

Table with 3 columns: Name; \*Employer or College/School; Employer Phone # or Adult Student ID #. Header: Parent/LegalGuardian/Foster Parent Information (The following table must be filled out completely and will be verified.)

\*If self-employed, please include a copy of your Business Tax Certificate Number, Federal ID Number, Business License Number, or 2007-1099.

Print Name (Parent/legal guardian/foster parent completing application):

Home phone: ( ) Work phone: ( ) Cell Phone: ( )

Home Address: City: Zip Code

*My signature below indicates that I have read and understand:*

- *Full time attendance is expected for enrollment, (Elementary 5 Days/week; Middle 3 Days/week-minimum). Before school program participants must attend at least half the program hours.*
- *The program is intended to be used by participants every day for the full range of hours offered.*
- *Irregular attendance may jeopardize my child(ren)'s participation at program sites that maintain a wait list.*
- *Falsifying or omitting any of the information requested may disqualify my child(ren) from receiving PrimeTime services.*

\_\_\_\_\_  
Signature (Parent/Legal Guardian/Foster Parent completing application)

\_\_\_\_\_  
Date

.....  
**FOR DISTRICT/PROVIDER USE ONLY**

Received (Date/Initials): \_\_\_\_\_

Verified (Date/Initials): \_\_\_\_\_