



NEWARK UNIFIED SCHOOL DISTRICT

5715 Musick Avenue. Newark. CA 94560 | (510) 818-4103

Kindergarten Early Release Application

2026-2027 Kindergarten Transition to Full Day
August 6 – September 4, 2026

I wish to enroll my child(ren) in the Kinder Early Release program at _____ Elementary for the 2026-27 school year.

Child #1 Name: _____ Grade: _____

Child #2 Name: _____ Grade: _____

Child #3 Name: _____ Grade: _____

The Newark Unified School District Kindergarten Early Release program is for Kindergarten students as their instructional day ends early at the beginning of the school year for approximately one month.

Kindergarten transition to full days covers the following:

August 6 – September 4, 2026

Kennedy, Lincoln, Coyote Hills and Schilling

12:10pm until 3:00pm Monday – Friday

Birch Grove Primary (BGP)

12:25pm until 3:00pm Monday – Friday

A Disaster Release and Emergency Information form per child will be required for this contract.

If a child remains at the program past 3:00pm, we will make every effort to contact the family members listed on the emergency contact list provided to NUSD by the family. More than 3 late pick-ups could result in termination of the program.

A parent/guardian must sign out each child when picking up. If a child must be released to another adult, the parent/guardian must send written authorization via email unless they are already on the emergency form. The adult must have a photo ID for the student to be released to them. Students will only be released to an adult 18 years or older.

Children who attend the NUSD program are required to follow school rules. If a student is suspended from school, on in-house suspension, etc., he/she cannot attend the after school program for the duration.

Enrollees are subject to the regulations of the NUSD policies and procedures.

Please return your application by email to childcareinfo@newarkunified.org

If you have any inquiries, please email us at childcareinfo@newarkunified.org or call us at 510.818.4138

Parents/Guardians: Please provide the following information and return this enrollment contract to the NUSD Expanded Learning Office.



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By signing, you agree to follow the enrollment agreement policies and procedures outlined above and as outlined in the NUSD Expanded Learning Handbook available online at www.newarkunified.org.

Guardian #1 Name: _____ Relationship: _____

Home Address: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

Guardian #2 Name: _____ Relationship: _____

Home Address: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

TO BE COMPLETED BY NUSD ExLP STAFF ONLY

Number of children: _____ Customer Number: _____

Date activated: _____ Start date: _____

Notes: