



For Office Use Only:
 Enrollment Date _____ Withdrawal Date _____
 School Name _____
 Returning Student yes no



21st Century CCLC Registration Form

I. PERSONAL INFORMATION

STUDENT NAME _____ NICKNAME _____ AGE _____ RACE _____

STUDENT ID # _____ MALE/FEMALE (CIRCLE ONE) BIRTHDATE _____

SCHOOL: _____ GRADE _____ LUNCH STATUS: FREE REDUCED FULL PRICE

PRIMARY LANGUAGE: ENGLISH SPANISH OTHER _____ (CIRCLE ONE)

Custody of child is with: mother; father; both parents; other _____

MOTHER'S NAME _____ RACE _____

HOME ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

EMPLOYER _____

PRIMARY LANGUAGE: ENGLISH SPANISH OTHER _____ (CIRCLE ONE)

FATHER'S NAME _____ RACE _____

HOME ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

EMPLOYER _____

PRIMARY LANGUAGE: ENGLISH SPANISH OTHER _____ (CIRCLE ONE)

II. STUDENT INFORMATION

ALLERGIES/MEDICATIONS _____

HANDICAPS {GLASSES, ETC.} _____

SPECIAL EDUCATION CLASSES? IF SO, LIST AREA OF EXCEPTIONALITY:

PHYSICAL LIMITATIONS _____

III. EMERGENCY INFORMATION List exactly who you would like to be contacted **first** (including yourself).

1ST CONTACT _____ PHONE _____

2ND CONTACT _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

LIST OF ALL PERSONS WHO MAY PICK UP MY CHILD FROM THE PROGRAM SITE INCLUDING ME:

1). _____ PHONE _____

2). _____ PHONE _____

3). _____ PHONE _____

4). _____ PHONE _____

IV. ADDITIONAL INFORMATION:

T-SHIRT SIZE (Youth) XS S M L (Adult) S M L XL 2X (circle one)

V. PERMISSION/WAIVER

I hereby give my child permission to participate in the entire ASAP program and do solemnly release Newton County School System and the ASAP staff from any injury that may result from, but not exclusive to, participation in the program. Such program shall include, but not be limited to, recreational activities, field trips, games, etc.

SIGNED _____ DATE _____
(Parent/Guardian)



For Office Use Only Date Received: _____ Received by: _____
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21st CCLC Parent Agreement

Dear Parents,

Your child has been accepted in the 21st Century Community Learning Center (CCLC) After School Academic Program (ASAP) for the _____ school year. The following guidelines for the program will be in effect for the year. Please read this agreement and acknowledge acceptance of these terms with your signature.

Regarding attendance, late fees, and transportation, I understand that:

- The program's operating hours are 2:15 to 6:00 p.m. for elementary schools and 4:15 to 6:45 p.m. for middle schools, Monday-Friday. High school programs are held 3:30 to 6:30 p.m. Monday-Thursday.
- I am responsible for picking my child up from the program if transportation is not provided. If my child is not picked up by the program's ending time, I am responsible for paying \$1.00 per minute per child for each minute late which must be paid at pick-up. If my child is not picked up one hour after the program ends and I have not notified ASAP staff of an emergency, the program staff will notify legal authorities and custody of my child will be turned over to them.
- Only five (5) unexcused absences per semester are allowed in the program. If my child is not in attendance more than 5 days and proper documentation has not been provided, he/she will be dismissed from the program. School absences and suspensions will be counted toward ASAP absences.

Regarding discipline, I understand that: My child may stay in the program if acceptable behavior is exhibited. Discipline problems will not be tolerated. If my child is disruptive, disrespectful to authority, abusive or threatening to other students in any way, he/she may be dismissed temporarily or permanently from the program. Severe violations may necessitate dismissal on a first offense.

Regarding serious emergencies or illness, I understand that: The program will attempt to contact me or an authorized person listed on my child's registration form. If the ASAP staff is unable to reach me or my designee, I hereby authorize ASAP staff to take whatever action is reasonable to provide the necessary help for my child, including contacting emergency medical services or transporting my child to a medical facility.

Regarding services, I understand that: Program activities are designed for students who are able to participate independently in age-appropriate activities within a 1:10 teacher/student ratio. Failure to disclose any information affecting your child's participation in group activities may result in his/her dismissal from ASAP.

Regarding homework, I understand that: The program provides designated times for enrichment activities and homework. During homework time, staff is available for assistance. *Though reasonable efforts will be made, staff is not responsible for ensuring that all homework is complete and correct.*

Regarding parental involvement, I understand that:

- I am required as parent/guardian to attend at least 2 parent workshops during the program year
- I am to support the program by attending special functions and activities

Regarding program promotions, I understand that: I hereby give permission for my child or me to be photographed while participating in ASAP activities for 21st CCLC promotional purposes.

Regarding data collection and evaluation, I understand that: I am giving permission for data relative to my child and me to be entered into the data collection system for program evaluation purposes. The information will be available to the 21st CCLC site where my child attends. I understand that all information provided will remain confidential.

I have read, understand and agree to all policies and procedures as indicated on this agreement form.

Child's Printed Name

Parent/Guardian Signature

Date

Student file – white copy

Parent – yellow copy



MEDICAL FORM

Please fill in this form as accurately as possible. It is essential for program staff to evaluate individual and group health needs as part of program planning, and for use during emergencies. Your coordinator may follow-up by phone or email should we need more information. Information provided will remain confidential.

General Information

Name: _____ Gender: _____ Age: _____ Date of Birth _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Primary Emergency Contact: _____ Relationship: _____

Home: (_____) Work: (_____) Mobile: (_____)

Secondary Emergency Contact: _____ Relationship: _____

Home: (_____) Work: (_____) Mobile: (_____)

Medical History

Date of last tetanus immunization: _____ Date of most recent physical: _____

Physician's name: _____ Physician's number: _____

Please answer the following medical history questions. If answering Yes, please explain in more detail.

Do you currently have or have a history with the following conditions (**circle response**):

- Respiratory problems, Asthma YES NO _____
- Diabetes YES NO _____
- Gastrointestinal problems YES NO _____
- Cardiac problems, Hypertension YES NO _____
- Neurological problems, Seizures YES NO _____
- Vision or Eye problems YES NO _____
- Hearing problems YES NO _____
- Bone, Joint, Muscle Problems YES NO _____
- Other YES NO _____

Allergies

Include allergies to food, insect bites and stings, medicines, animals and environment (dust, pollen, etc.)

Select NO ALLERGIES – if none Special Dietary Needs: _____

Allergy	Reaction	Medication Required

If medication is required for any condition, a medication authorization form must be completed.

Medical Insurance

Please provide a copy of student's medical insurance card.

Company Name: _____ Subscriber's Name: _____

Company Address: _____ Policy Number: _____

Contact Phone Number: _____ Group Number: _____

The information provided here is a complete and accurate statement of any medical conditions that may affect my child's participation in this program. I realize that failure to disclose information could result in serious harm to my child and other participants. I agree to inform the coordinator should there be any changes to my child's health status. I understand the program may require vigorous activity that is both physically and mentally demanding and release camp staff and NCSS from any liability associated with their participation.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

MEDICATION AUTHORIZATION FORM

If medication can be given at home or during school hours by nurse, please do so. However, if medication must be given during camp, this form must be completed.

Student's Name: _____

I hereby request that the Newton County Summer Learning Program through the Site Coordinator administer of medication to my child according to the instructions contained on this statement below. I understand that:

- Medications must be in the original labeled container (no baggies, foil, etc.).
- Parent/guardian must provide specific instructions, as well as the medication and related equipment to the Site Coordinator.
- It will be the responsibility of the parent/guardian to inform the school of any changes. New medication or new doses will not be given unless a new form is completed.
- All medication will be taken directly to the Site Coordinator's office by the parent.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued.

.....
Name of Medication(s): _____

Dosage and Time to be Given: _____

Stop Medication On: _____

Physician's Name: _____ Physician's Phone: _____

I release the Newton County Board of Education and any camp employee from any liability involved with administering this medication.

Parent/Guardian Signature **Date**

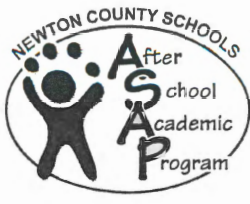
Home phone: _____ Work Phone: _____ Cell: _____

Must be signed also by a physician for all prescription medications given longer than two weeks.

Condition/Illness Requiring Medication: _____

Possible Side Effects (if any): _____

Physician's Signature **Date**



21st Century Community Learning Center Student Code of Conduct



1. **All school policies are in effect for the duration of the program.** Inappropriate behavior that interferes with teaching and learning will not be tolerated.
2. No food or drinks are allowed in the classrooms or computer labs.
3. No public displays of affection will be tolerated.
4. No foul or inappropriate language will be tolerated.
5. The school dress code must be followed.
6. Portable phones, iPods, radios, CD players and other electronic devices are not to be visible during the program. Staff will take these items from students and bring the devices to the Site Coordinator. The items will not be returned until picked up by a parent.
 - ***If taken, staff is not responsible for lost or stolen electronic devices such as those listed above.***
7. Loitering is not allowed in the parking lot or hallways. Students must be with a supervising staff member at all times.
8. Students should board the bus immediately upon dismissal or make sure transportation is arranged at dismissal time. Students will abide by NCSS transportation guidelines.

Attendance and Tardies

1. Students must be accounted for from snack time until bus departure.
2. Students are expected to attend Monday through Friday (Thursday for high school) in order to meet program requirements.
3. Students with more than 5 unexcused absences in a semester will be dismissed from the program.
4. Tardies are not acceptable without a note from parent or prior approval from afterschool staff. Students are expected to be in the cafeteria and to sign at snack time. You will be counted tardy after this time. Five tardies will count as one unexcused absence. If student reaches ten or more tardies, he/she will be suspended or dismissed from the program.

I HAVE READ AND AGREE TO FOLLOW THE STUDENT CODE OF CONDUCT.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____



RELEASE FORM

Student's Name: _____

RECORDS RELEASE AUTHORIZATION

I hereby authorize and request (name of school) _____
to release to the After School Academic Program (ASAP) a copy of my child's
academic records to be used for program planning and evaluation.

Parent/Guardian Signature

Date

PICTURE RELEASE AUTHORIZATION

I hereby give permission for my child to be photographed or video recorded to
appear in media coverage for program promotional purposes for the After
School Academic Program (ASAP).

Parent/Guardian Signature

Date

This form will be placed in the student's file.