



**2017-2018** *FREE Academic Enrichment Program* BES \_\_\_ RES \_\_\_ WES \_\_\_

**STUDENT REGISTRATION**

Student Number (for office use)

**PLEASE PRINT (One per student)**

Student's (Legal) Last Name:		First Name		Middle Initial	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address: Street/P.O. Box City			State	Zip	Residence Address ( If different) Street City
				State	Zip
Student's Date of Birth / /	Age	2017-2018 Current Teacher	Grade Levels Retained : School Attended Last Year:	2017-2018 current grade level:	Student's Primary Language
<b>Ethnic Origin (Check One)</b> <input type="checkbox"/> White, or Caucasian American <input type="checkbox"/> Black, or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic or Latina <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Other					

**FAMILY INFORMATION**

<b>Student Lives With :</b> ___ Both Parents    ___ Mother Only    ___ Father    ___ Guardian/Other	
<b>Phone Numbers :</b> Home _____ Cell # 1 _____ Cell # 2 _____ <b>Daytime Phone (between 8:00 AM &amp; 5:00 PM)</b> _____	
<p align="center"><b>STUDENT'S MOTHER'S INFORMATION</b></p> Name _____ Mothers' Address if Different from Student's City: _____ State: _____ Mother's Phone Numbers: (H) _____ (C) _____ Work Y / N Employer _____ Work Phone _____ Ext. _____ Mother's Email Address _____	<p align="center"><b>STUDENT'S FATHER'S INFORMATION</b></p> Name _____ Father's Address if Different from Student's _____ City: _____ State: _____ Father's Phone Numbers: (H) _____ (C) _____ Work Y / N Employer _____ Work Phone _____ Ext. _____ Father's Email Address _____
<p align="center"><b>Guardian Information</b></p> Name: _____ Address: _____ Phone Numbers: H: _____ C: _____ Employer: _____ Work Phone: _____ Email address: _____	
<b>SIBLINGS:</b> Name: _____ Age: ___    NAME: _____ Age: ___    NAME: _____ Age: ___	

**STUDENT MEDICAL HISTORY**

**STUDENT NAME:** \_\_\_\_\_

Are there any special medical needs that your child has that we need to be aware of? Yes \_\_\_ No \_\_\_ If YES, please describe below: \_\_\_\_\_

Adverse reactions to vaccines? Yes \_\_\_ No \_\_\_ If YES, please describe \_\_\_\_\_

Prior diagnosis of seizures/epilepsy? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, please describe: \_\_\_\_\_

Does your child have any other health problems that we should be aware of? Such as?  
 \_\_\_ Bee Sting      \_\_\_ Food Allergy      \_\_\_ Skin Disorder      \_\_\_ Diabetes      Other: \_\_\_\_\_  
 \_\_\_ Asthma      \_\_\_ Eye Problems      \_\_\_ Orthopedic      \_\_\_ Heart Condition  
 \_\_\_ Hay Fever/Seasonal      \_\_\_ Ear Problems      \_\_\_ Convulsions (Epilepsy)      \_\_\_ Urinary/Bladder Problems

Does your child take medicine regularly/daily? \_\_\_ YES \_\_\_ NO

**STUDENT EDUCATIONAL HISTORY**

Has your child required any of the following related services?

Speech and/or Language Therapy YES \_\_\_\_\_ NO \_\_\_\_\_

Is English the child's second language? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, what is the child's first language? \_\_\_\_\_

What Language is spoken in the home? (Please circle one)    English    Spanish    Other (please list) \_\_\_\_\_

What services were provided and when?  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the student and will call 9-1-1 if needed. I understand I will be responsible for any transportation charges and medical expenses incurred. **I agree that if a health condition exists now or in the future which would impact the child listed, I will notify the 21 CCLC Site Manager/Staff.**

If Parent/Guardian cannot be reached please contact, in case of accident/illness or emergency pick up, Name _____ Relationship _____ Phone (H) _____ Cell _____	Physician's Name _____ Phone _____ Parent/Guardian Signature: _____ Date: _____
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**PERMISSION TO PICK UP CHILD AND SPECIAL CUSTODY IFORMATION**

In addition to contact listed above, the following have permission to pick up: Name _____ Relationship _____ Phone _____ Cell _____ Name _____ Relationship _____ Phone _____ Cell _____	<b>My Child may <u>NOT</u> be released to the following person/persons . 21<sup>st</sup> CCLC MUST have a copy of custody/other documents.</b> Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____
<p><b>Has your child received any of the following services?      Please check ALL that apply:</b></p> <p>___ SPEECH    ___ Title1/Reading-Math    ___ Tutoring    ___ Other Academic Interventions / List: ___</p> <p>___ ESE    ___ ELL    ___ ESOL    ___ OT/PT    ___ Free/Reduced Lunch</p>	



Student NAME: \_\_\_\_\_

### Electronic System Use Agreement

I will abide by the Flagler County Schools Electronic Systems Use Agreement stated in the Parent/Student handbook. I understand my access privileges may be revoked and I understand that any violation of the regulations is unethical and may constitute a criminal offense.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the legal parent/guardian of the above named student, understand that this access is designed for educational purposes. I also recognize it is impossible for Flagler County Schools 21<sup>st</sup> CCLC to restrict access to controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision of and when my child's use is not in a school setting.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photo Release and Field Trip/Activities Release

I give my consent to the school District and the 21<sup>st</sup> Century Community Learning Centers (CCLC) programs to take the students photograph during program activities, to be used for education and public relations purposes, the district publications or in local newspapers or magazine articles or letters relating to school/21<sup>st</sup> CCLC activities. Please check below:

\_\_\_\_ **Yes**, I give my permission for my child's photo to be used in  
The above descriptions.

\_\_\_\_ **NO**, Please do not use my child's photo.

I, the legal parent/guardian, hereby give my consent for the above named student to participate in trips and activities during the 21<sup>st</sup> Century Community Learning Center program. I authorize 21<sup>st</sup>. CCLC program personnel to obtain, through a physician of his/her choice, any emergency medical care that may become necessary for the student in the course of these activities. I also agree not to hold the program/school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of these activities

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

### MISSION STATEMENT

21<sup>ST</sup> Century Community Learning Center is a free after-school academic enrichment program made possible by a Federal Grant from the U.S. Department of Education. This program supports the creation of community learning centers that provide academic enrichment opportunities during non-school hours. This program helps students meet state and local student standards in core academic subjects, such as reading and math; offers students a broad array of enrichment activities that can complement their regular academic programs; and offers literacy and other educational services to the families of participating students.

\_\_\_\_\_ (Please initial) I have read the Mission Statement and understand the purpose of the 21<sup>st</sup> Century Community Learning Center.

### 21<sup>st</sup> Century Community Learning Center Parent Agreement

The goal of the 21<sup>st</sup> Century Community Learning Center and the School Board of Flagler County is to enrich the lives of students and provide assistance to each student's learning progression.

\_\_\_\_ (please initial) I understand that as a parent/guardian I am responsible for assisting my child's learning progression. I agree that I will help the 21<sup>st</sup> Century Community Learning Center and the School District of Flagler County to attain this goal.

\_\_\_\_ (please initial) I have read the 21<sup>st</sup> Century Community Learning Goal Agreement and agree to complete a **minimum of three** of the activities (shown below) to support my involvement.

I will show involvement by agreeing to attend the following:

- Attend Family/Parent Night Activities (etc.)
- Lights on After-School
- Parent/Teacher Conferences
- \* GED/ ESOL classes if needed
- \* Student led activities

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

**ATTENDANCE POLICY**

\_\_\_\_ (PLEASE INITIAL) I agree that my child has permission to attend the 21<sup>st</sup> Century Community Learning Centers within the normal operation hours. I further agree to allow my child to attend **daily** with full participation in the 21<sup>st</sup> Century Community Learning Center program. Students will not be accepted into the program after **3:45**, or signed out before **5:25 P.M./WES, 5:40 PM /BES and RES daily**, without prior notification to Site Manager.

\_\_\_\_ (Please initial) I realize that my child must attend daily. (Monday- Friday). If my child does not attend daily, I realize that my child will not be allowed to continue in the program.

\_\_\_\_ (Please initial) I realize that the 21<sup>st</sup> Century will be open on normal school days as approved by the Flagler County School District/21<sup>st</sup> CCLC Calendar.

\_\_\_\_ (Please initial) I know that if my child has 3 unexcused absences per semester from 21<sup>st</sup> CCLC, they may be withdrawn from the program.

\_\_\_\_ (Please initial) I agree that if I am late picking my child up two (2) or more times in a semester, my child may be withdrawn from 21<sup>st</sup> CCLC.

\_\_\_\_ (please initial) In the event of an emergency, I must contact the Site Manager to make other arrangements other than my child's normal pick-up routine.

**HOURS OF OPERATION**

\_\_\_\_ (Please initial) I understand the hours of operation for 21<sup>st</sup> CCLC are **3:15-5:45 @ WES, and 3:30-6:00 @ BES and RES.**

**BEHAVIOR AND DISCIPLING AGREEMENT**

In order to provide an environment conducive to learning, all students will be expected to follow the rules and procedures of the 21<sup>st</sup> Century Community Learning Centers, and the School Board of Flagler County. Children who behave inappropriately will be treated in a fair, firm manner.

**Student Rules:**

- Practice Safety guidelines and follow rules
- Be honest, and always try your best
- Keep your hands, feet and other objects to yourself
- \* Be respectful to staff, teachers, visitors, and other students
- \* Follow directions and be in assigned areas with assigned staff
- \* Students **MUST** check in daily upon arrival

**Discipline Procedures:** Students will receive a verbal warning. Second, the student will receive a written Incident Report to be signed by the parent/guardian. If the inappropriate behavior continues, parent will be contacted and a meeting will take place upon pick-up. The student may or may not be allowed to continue on a probationary status. If the disruptions and/or violations continue, or **a student is continuously sent back from the Certified Teacher academic portion of the day, the student will be removed from the program.**

\_\_\_\_ (please initial) I agree to the policies and procedures of the 21<sup>st</sup> Century community Learning Center and the School Board of Flagler County and agree to abide by these rules.

\_\_\_\_ (please initial) **I understand if my child is suspended from the school day, this will be an unexcused absence.**

\_\_\_\_ (please initial) **I understand if my child is directed to 'in-school suspension', 're-direction room', or 'reflection room' for a full day, the student may NOT attend 21<sup>st</sup> CCLC, and this will count as an unexcused absence.**

\_\_\_\_ (please initial) I understand the discipline procedures and agree to the consequences for inappropriate behavior.

\_\_\_\_ (please initial) I hereby give permission for copies of pertinent records to be obtained from BES, WES and or RES Elementary Schools as needed.

\_\_\_\_ (please initial) I understand that it is my responsibility to inform 21<sup>st</sup> Century Community Learning Center of any changes to phone numbers, Address, and/or student pick-up information.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_