



Summer 2019 FREE Academic Enrichment Program BES__ RES__ WES__
JUNE 10 – July 26, 2019

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	State
			Zip		Zip
Student's Date of Birth / /	Age	2019-2020 School Attending	Grade Levels Retained : School Attended Last Year:	2019-2020 Grade Level	Student's Primary Language
Ethnic Origin (Check One) <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

Student Lives With : <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father <input type="checkbox"/> Guardian/Other	
Phone Numbers : Home _____ Cell # 1 _____ Cell # 2 _____	
Daytime Phone (between 8:00 AM & 5:00 PM) _____	
<p align="center">STUDENT'S MOTHER'S INFORMATION</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">STUDENT'S FATHER'S INFORMATION</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">Guardian Information</p> Name: _____ Address: _____ Phone Numbers: H: _____ C: _____ Employer: _____ Work Phone: _____ Email address: _____	
SIBLINGS: 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 If so, what _____

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 _____	My Child may <i>NOT</i> be released to the following person/persons 21st CCLC MUST have a copy of custody/other documents. Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____
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Has your child received any of the following services? (Please check ALL that apply)

___ SPEECH ___ Title I/Reading-Math ___ Tutoring ___ Other Academic Interventions / List: :

___ ESE ___ ELL ___ ESOL ___ OT/PT ___ Free/Reduced Lunch

STUDENT NAME: _____ 2019-2020 Expected Grade Level _____

IMPORTANT: Will your child be enrolled in the FLAGLER Schools SUMMER READING or MATH PROGRAM as mandated for promotion ? _____

DAYS: _____ TIMES: _____ SUBJECT: _____

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 21st 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

I give my consent to the school District and the 21st 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/21st 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.**

Field Trip/Activities Release

I, the legal parent/guardian, hereby give my consent for the above named student to participate in trips and activities during the 21st Century Community Learning Center program. I authorize 21st. 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

21ST Century Community Learning Center is a free after-school, and summer 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 21st Century Community Learning Center.

21st Century Community Learning Center Parent Agreement

The goal of the 21st 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 21st Century Community Learning Center and the School District of Flagler County to attain this goal.

_____ (please initial) I have read the 21st Century Community Learning Goal Agreement and agree to attend **at least one** of the activities (shown below) to support my involvement.

I will show involvement by agreeing to attend one the following:

- *Attend Family/Parent Night Activities (etc.)
- * 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 21st Century Community Learning Centers within the normal operation hours. I further agree to allow my child to attend daily with full participation in the 21st Century Community Learning Center program. Students will NOT be accepted into the program after **8:30** , or signed out before **4:30 PM** ; 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, my child will not be Allowed to continue in the program.

____ (Please initial) I know that if my child has 3 unexcused absences from 21st 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 , my child may be withdrawn from 21st CCLC.

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

HOURS OF OPERATION

____ (Please initial) I understand the hours of operation for SUMMER 21st CCLC are **8:00am – 5:00pm**.

BEHAVIOR AND DISCIPLINE AGREEMENT

In order to provide an environment conducive to learning, all students will be expected to follow the rules and procedures of the 21st 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 first receive a verbal warning. Second, the student will receive a written Incident / Referral 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 immediately. Specific severe behavior problems constitute immediate dismissal from 21st CCLC. Please note this is an 'optional' program; therefore students may be withdrawn based on the 'grant' guidelines and parameters.**

____(please initial) I agree to the policies and procedures of the 21st Century Community Learning Center and the School Board of Flagler County and agree to abide by these rules.

____ (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. (Or Private School located in Flagler County)

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

Anticipated, allotted Summer family vacation week; where student will not attend 21st CCLC:

June 10 _____	July 1 _____	July 22 _____
June 17 _____	July 8 _____	
June 24 _____	July 15 _____	*21 st CCLC is closed on Thursday, July 4th

Parent/Guardian's Signature _____ Date _____