



Site: John G. Riley Elementary School
 21st Century Community Learning Centers (CCLC)
 Participant and Parent/Guardian
 Statement of Commitment



(Please complete a separate Fall 2017-2018 Application form for each child)

Student Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Teacher: _____

Parent (Legal Guardian): _____

Address: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Parent (Legal Guardian): _____

Address: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Emergency Contacts: Name and address of adult to be contacted in case of an emergency:

Name: _____ Relationship to child: _____

Phone: _____

Persons authorized to pick child up from program:

Name: _____ Phone: _____

Name: _____ Phone: _____

Photographed: My child _____ *May* be photographed or videotaped in the program

My child _____ *May not* be photographed or videotaped in the program

Program/Student Evaluation:

_____ (initial) I received a copy of the Informed Consent to Participate in Evaluation from and give my permission to use my child's data for Program/Student Evaluation.

_____ (initial) I hereby give my consent to allow Leon County Schools, or the school to which my child is attending, to mutually share information about my child with the Boys & Girls Clubs of the Big Bend and/or the United Way of the Big Bend, for the purposes of creating individualized academic plans and tracking school progress and academic performance that will be used to enhance my child's performance in school. I also understand that all information shared between the Leon County Schools, or my child's school and the Boys & Girls Clubs of the Big Bend and/or the United Way of the Big Bend, will be kept strictly confidential and will not be used for any other reason.

_____ (initial) I give my child permission to utilize the schools (basic Internet services).

_____ (initial) I give permission to Leon County Schools, to use my child's photo, creative efforts, not limited to stories on web pages, social media, and/or in media outlets.

_____ (initial) My child has permission to watch appropriate and tastefully chosen PG rated movies.



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The 21st Century Community Learning Centers program is a **FREE Learning Center program** for students that offers a variety of stimulating activities to promote school success and personal well-being in a safe environment. **Active attendance and engagement are essential to the students' and program's success.**

Please read the following information carefully. Sign at the bottom, indicating that you understand and agree to all the following:

BASIC INFORMATION AND RULES:

1. **ATTENDANCE:** Attendance for this program is **MANDATORY**. Any child who has three unexcused absences during a 9 week period, or who is regularly signed out early or picked up late will be dismissed from the program. Parents/guardians are required to notify the program if a child will be absent and prior to withdrawal from the program.
2. **STUDENT PICK-UP:** All students must be signed-out. The students will begin dismissal at 5:45 pm (walkers). All students must be picked up by 6:00 pm.
3. **DISCIPLINE:** Participation in the 21st Century Program is a privilege. A child must follow the rules of the program. Disruptive or disrespectful behavior toward other students or staff members is reason for dismissal. Please refer to 21st Century behavior policy.
4. **About the Program:** Children will participate in programming related to project-based learning activities with an emphasis on reading, science and/or math skills, as provided.
 - Children will complete pre- and post-assessments to monitor their progress as required by the federally funded grant contract.
 - Parents/Guardians will participate in a satisfaction survey process at the end of the school year.
 - Children will participate in a satisfaction survey at the end of the school year.
5. **PARENTAL SUPPORT:** Though our staff is committed and qualified, your help is needed to make your child's experience the very best it can be. Parents are encouraged to attend monthly 21st Century events beginning August 2017 through May 2018. We look forward to your help with events and activities, tutoring, and other projects.

I have read, understand and agree to comply with the requirements listed above. I realize that failure to comply with these requirements may result in loss of my funded space within this program.

(Parent or Guardian Signature)

Date

(Youth Signature)

Date

If your child is a walker, please check below.

I give permission for my child to be dismissed as a walker from John G. Riley's 21st Century Program daily at 5:45 throughout the 2017-2018 Fall Program.

Informed Consent to participate in Research

(Parent Copy)

The 21st Century Community Learning Center (referred to as 21st CCLC) program is federally funded by the United States Department of Education (referred to as DOE) and administered by the Florida Department of Education (referred to as FDOE). The Children's Forum, is a non-profit agency dedicated to children's advocacy monitor and assess attendance for all 21st CCLC programs across Florida to ensure all locations are meeting their goals and students are participating in most of the activities being offered.

Leon County Schools (referred to as LCS) applied for and received 21st CCLC grants to fund three program sites in Leon County. As the parent/guardian of children currently attending a 21st CCLC before- after-school and/or summer program, we are asking you and your child to take part in a research study to evaluate the effects of the program. The name of the research study is the **21st Century Community Learning Centers (21st CCLC) evaluation**. This evaluation is being done through LCS, a third-party evaluator, the Boys and Girls Club of the Big Bend and FDOE.

The purpose of this study is to find out whether students attending the program regularly are meeting local and state academic standards and whether they have an increased awareness of healthy living and good decision-making. Both during and after participation in the services, the study will look to see whether they were sufficient enough to support improvements in student learning and development.

Participation is voluntary. You may choose to withdraw from the study at any time. There is no penalty if you choose not to take part in this study. Your decision to participate or not participate will not affect your child's status in the program, their education or their relationship with their teacher. Before you decide, please read the information below and provide your response at the end of this form. Your response to this form tells us your decision.

If you have any questions or need additional explanation of any of the procedures explained below, please feel free to ask questions. You don't have to guess about things you are not sure of and asking questions does not imply you are agreeing to take part in the study.

Child Participant Information and Confidentiality

To be able to conduct this study, information about your child's grades and standardized test scores are collected to determine whether the program is improving their skills in core subject areas such as reading, writing, science, and math. In addition to grades and test scores, your child's individual attendance is tracked daily for each activity and program service. In cooperation with the third party evaluator, United Way of the Big Bend, Boys and Girls Club of the Big Bend, FDOE and the Children's Forum, the information above may be made available to these entities. Attendance logs are then provided electronically daily to a data collection website created specifically for the Florida 21st CCLC 2014-2015 program grantees. Access to information kept by this website is limited to evaluators working on the project and security measures are taken to ensure all of your child's information is kept secure and confidential. The Children's Forum combines the data so that no one child can be identified and summarizes their findings in a report for the DOE each year.

Other information collected for the study includes surveys that your child will be asked to complete about health and nutrition related to the curriculum being taught at your child's site. All of this information collected is kept private and is only used for the purposes of the evaluation of the 21st CCLC program. Evaluation findings are discussed in formative and summative reports that are submitted to FDOE. Information contained in these reports is combined so no individual child is able to be identified. Combined data is also provided electronically at the end of each program year to DOE via the Profile and Performance Information Collection System (PPICS). PPICS is a federal information collection site which gathers data from all of the 21st CCLC program sites nationwide. Your child will also be asked to complete a satisfaction survey at the end of each school year. The satisfaction survey is anonymous and results provide information on how well the program met the needs of your child.

ATHLETICS ONLY

Section II

WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS (Middle School and High School Athletics Only)

16/17

SPORT (Check applicable sport): M.S. H.S. Football, Volleyball, Cross Country, Soccer, Cheerleading, Flag Football, Basketball, Wrestling, Golf, Swimming, Weightlifting, Dance, Track, Baseball, Softball, Tennis, Other (Specify)

(Both the applicant student and a parent or guardian must read carefully and sign.)

STUDENT

I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport include, but are not limited to, death, serious neck and spinal injuries...

Because of the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

In consideration of the Leon County School Board permitting me to try out for the School (indicate sport) activity and to engage in all activities related to the sport including, but not limited to trying out, practicing or play/practicing in that sport, I hereby assume all the risks associated with participating and agree to hold the Leon County School Board, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability...

I, am the parent/legal guardian of (student). I have read the above warning and release and understand its terms. I understand that all sports can involve many RISKS OF INJURY, including, but not limited to, those risks outlined above.

In consideration of the Leon County School Board permitting my child/ward to participate at School (indicate sport) activity and to engage in all activities related to the team, including, but not limited to trying out, practicing, or playing/participating in (indicate sport), I hereby agree to hold the Leon County School Board, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability...

The following to be completed only if sport is football, wrestling, soccer, baseball, or softball. I specifically acknowledge that (indicate sport) is a VIOLENT CONTACT SPORT involving even greater risk of injury than other sports. (initial)

Signature lines for Date, Signature of Student, Signature of Parent or Legal Guardian, and Date.

Section III

EXAMINING PHYSICIAN'S CERTIFICATE (Athletics Only)

The student shall undergo a physical evaluation by a licensed physician one time per year. The physical is valid for one calendar year (365 days), from their previous evaluation. The physician shall certify that the student is physically fit for participation in interscholastic practice and competition.

LEON COUNTY SCHOOLS Affirmative Action/Equal Opportunity Employer Equity Officer Dr. Kathleen Rodgers (850) 487-7306

Section I

APPLICATION FOR ACTIVITY PARTICIPATION

A. Name _____ Grade _____ School _____
Address _____ Home Phone _____ Parent's Work Phone _____

I have read and understood all sections of this form that apply to my child. I certify that _____ who is a student and whose name is as it appears on his/her birth certificate is my child or my legal ward, resides with me, and has been residing with me since (date) _____ at the following address: _____ (ZIP) _____ I also state that we are now living within the attendance boundaries or have been reassigned by the district to _____ school.

Date _____ Signature of Parent or Legal Guardian _____

B. PERMISSION FOR SUPERVISED FIELD AND ACTIVITY TRIPS

During the school year, it sometimes becomes desirable to add to the educational experience of our students through planned visits to points outside of the school building. The visit might be a short field trip to a local point of educational interest, or on the middle and senior high school level, it might involve representing the school out of town in some group activity, such as band, chorus, athletic, academic, service club events, etc.

We request that you grant permission for your child to participate in any such trip during the entire school year so that we may keep this form on file and avoid the necessity of asking for such permission on each occasion. The Leon County School Board has authorized the use of buses, private passenger cars and those approved vans that meet all of the Federal Safety Standards to transport students to any such trips. Notification will be provided to you concerning the type of transportation to be used. School officials will provide trip itinerary for all out of county trips.

Part I: CONSENT

The undersigned as parent or guardian gives consent for the participant to use the Leon County School Board - approved means of transportation as a representative of _____ School for the supervised field and/or activity trips.

Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

The undersigned as parent or guardian does not give consent for the participation to use the Leon County School Board - approved means of transportation as a representative of _____ School for the supervised field and/or activity trips.

Date _____ Signature of Parent or Legal Guardian _____

C. MEDICAL RELEASE

PART I: CONSENT

The undersigned as the parent(s) and/or legal guardian(s) of _____ do hereby authorize the agent or officials of the Leon County School Board to obtain through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. No action shall be taken until an attempt is made to contact me at the phone number(s) listed below. Payment of all charges incurred for medical treatment is guaranteed by parent/guardian or the insurance company providing coverage for above named student.

Home Phone _____ Business Phone _____

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

As parent or guardian of _____, I do not desire to sign the medical and surgical release form above.

Date _____ Signature of Parent or Legal Guardian _____

D. INSURANCE

As parent or guardian of the student identified herein, I understand that the School Board of Leon County is not liable for injuries to participants in school activities. I further understand that all students shall be required to have proper medical insurance before they will be permitted to practice and participate in any co-curricular activity or field trip program.

Date _____ Signature of Parent or Legal Guardian _____

The following options shall be the only acceptable ones: (Please check your selected option.)

- 1 = Personal Medical Insurance. The use of your personal medical or active/retired military insurance shall cover the activity(s) that your son or daughter will be participating in the current school year, and the insurance covers a minimum of \$25,000. Company _____ Policy Number _____
2 = Student Activities Insurance Made Available through the School Board of Leon County. The cost of the insurance to be paid by the student participating (each year the county will publish the School Board of Leon County Insurance Plan for students). See school front office for details.