



21st Century Community Learning Centers (CCLC)

2018-2019 Student Registration Forms

School Site: _____

Site Coordinator: _____

Contact Info: _____



(Please complete a separate form for each child)

Student Name: _____

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

Parent/Legal Guardian 1: _____

Address: _____

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

Parent/Legal Guardian 2: _____

Address: _____

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

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

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Persons authorized to pick child up from program:

Name: _____ Phone: _____

Name: _____ Phone: _____

Walkers: _____ My child has permission to walk home after the 21st CCLC walkers dismissal

Location where walker goes: _____

_____ My child does NOT have permission to walk home after 21st CCLC

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

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



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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's, 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.

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.**

Nondiscrimination Notification and Contact Information

"The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status, or genetic information."



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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 5:30 pm. All students must be picked up by 6:00 pm.
3. **WALKERS:** Students who have signed permission forms will be dismissed between 5:30-5:45 pm. They are not allowed to leave the campus prior to 5:30 unless picked up by a Parent/Guardian (See Student Pick-Up Rules).
4. **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.
5. **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.
 - Children must participate in academic programming in order to participate in enrichment programming.
 - 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.
6. **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 2018 - July 2019. 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



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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 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 do not 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 2018-2019 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.



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Student Health Form (Please Complete Entire Sheet)

Student Name: _____ Age: _____ Current Grade: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Known Allergies:

Medicine(s) and Time of Dosages:

Medicine Name: _____ Reason for medication (diagnosis): _____

Dosage: _____ Route (mouth, injection, etc.): _____ Time(s) of Administration: _____

Medicine Name: _____ Reason for medication (diagnosis): _____

Dosage: _____ Route (mouth, injection, etc.): _____ Time(s) of Administration: _____

Medicine Name: _____ Reason for medication (diagnosis): _____

Dosage: _____ Route (mouth, injection, etc.): _____ Time(s) of Administration: _____

Additional Information We Need to Know:

Section I

APPLICATION FOR ACTIVITY PARTICIPATION

A. Name _____ Grade _____ Address _____
School _____ 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.