



Montclair Elementary School 21st Century Community Learning Centers Registration Form

Program Coordinator - Kathleen Schofield
21st Century Program Specialist - Karen Olley - (904) 529-4842
Site Leader - Tara Bunn and Erica Glisson - (904) 203 - 8823

STUDENT Information

First Name		
Last Name		
Birthdate		
Male	Female	Grade

Is student Hispanic or Latino? Yes ___ No ___
Regardless of response to question above,
select **one or more** of the race categories:

American Indian	
Alaska Native	
Asian	
Black/ African American	
Hispanic/ Latino	
Nat. Hawaiian/Pacific Islander	
White	

Parent/Guardian #1 Information

First Name		
Last Name		
Relationship		
Home Phone		
Work Phone		
Cell Phone May we text you? yes / no		
Email		
Street Address		
City	St	Zip

Parent/Guardian #2 Information

First Name		
Last Name		
Relationship		
Home Phone		
Work Phone		
Cell Phone May we text you? yes / no		
Email		
Street Address		
City	St	Zip

For
Office
Use

<input type="checkbox"/> SE	<input type="checkbox"/> SN	<input type="checkbox"/> IEP	<input type="checkbox"/> ELL	<input type="checkbox"/> F/R	
State ID	Other ID	Teacher	Other Eth	Enrolled Date	Withdraw Date

Office File Information

Dismissal & Transportation Home

At dismissal time, my child has my permission to:

<input type="checkbox"/>	Walk Home		
<input type="checkbox"/>	Take the Bus	Rt #	Bus Stop Location
<input type="checkbox"/>	Other:	What?	
<input type="checkbox"/>	Be picked up	I understand that I will need to come inside and sign out my child each day.	

The following individuals have permission to pick up my child:

Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #

The following individual **DOES NOT** have permission to pick up my child:

Name	Relationship	Phone #
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Emergency Contacts - If I cannot be reached, please contact the following individuals:

Name	Relationship	Phone #	Name	Relationship	Phone #
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Medical Information - The school nurse will share health history information with the Community Learning Center staff on a need-to-know basis to ensure the safety of the student.

Primary Doctor	Phone	Prescription medication needed <u>during</u> program?
Please list any allergies, medical conditions, or special accommodations needed:		

Program Policies and Requirements - Please check (✓) each line to indicate that you fully understand each item.

- _____ Daily participation (Monday through Thursday 2:35 - 5:35 .) is required during scheduled program dates and times by all students enrolled in this program.
- _____ You **MUST** notify the Community Learning Center staff if your child will be absent from the program.
- _____ Excessive absences, unexcused absences, or excessive early pick-ups may result in your child being dropped from the program.
- _____ Students **MUST** leave the school when activities are over at 5:30pm. Staff is not available to monitor students after 5:30pm.
- _____ Parents and students must follow all regular school-day rules and policies of the Clay County School District as they relate to behavior, dress code, safety, tobacco, drugs, etc.
- _____ Security of all personal items against loss or damage is the responsibility of the student and/or parent/legal guardian.
- _____ Student and/or parent/legal guardian will be held responsible for any loss/damage of any school materials/property associated with the participant.
- _____ Students must abide by all school rules. Proper attitude and behavior are required at all times. The Community Learning Center Coordinator has the right to suspend/expel any student who exhibits improper conduct.
- _____ Some lessons and activities require supervised computer and Internet use. All District rules and policies apply.

Student Name: _____ Teacher: _____ Grade: ____ ID: _____

PERMISSIONS – Responses are necessary before participation.

Field Trips - Field trips may be provided during the 21st CCLC After-school Program.

- Advance notice of any field trips will be given and the parent/guardian may allow/disallow a student's participation at that time.
- A signed permission slip must be returned by the date specified on the form.
- Proper supervision will be provided. Parents are encouraged to volunteer to help.
- Participation is contingent upon proper attitude and behavior both during school and After-school.

My child may participate My child may not participate

Media Coverage - The Community Learning Center and/or media representatives may take pictures of students as they participate in the program.

- Student's photograph, voice, and/or name may be used in various media projects, such as flyers, newsletters, newspaper articles, PR videos, radio and television spots, web page design, etc. for the 21st CCLC After-school Program.

My child may participate My child may not participate

Survey - The Clay County School District administers surveys to students throughout the year and uses the results to plan activities and programs to benefit students. In fact, the funding of some of our programs depends on having valid information on student opinions and experience.

The 21st CCLC is required to conduct the survey below of participating students in Grades 3-6 twice a year. Under current law, Chapter 63, SLA99, school districts are required to obtain written permission for any survey or questionnaire that will be administered during the upcoming school year. At this time, the Clay County School District, 21st Century Community Learning Center Program is planning to conduct the following survey during the 2015-2016 school year. Notification of any additional survey instruments will be given no less than 2 weeks prior to administration.

- I GIVE MY APPROVAL to the Clay County School District 21st Century Community Learning Center to administer the survey as outlined below to my child this year.
- I DO NOT GIVE MY APPROVAL to the Clay County School District 21st Century Community Learning Center to administer any surveys to my child during the school year.

The following is an example of the questions that will be asked in the 21st Century Community Learning Center After-school Program Survey:

EXAMPLE	Questions on 21st CCLC STUDENT SURVEY			
What school do you attend? _____	What grade are you in? 3 4 5 6 7 8			
	Yes	Most of the time	Some times	No
Do you look forward to going to school?	_____	_____	_____	_____
Do you study hard?	_____	_____	_____	_____
Do you get good	_____	_____	_____	_____
Do you need extra time to finish your class work?	_____	_____	_____	_____
Do you finish all your homework?	_____	_____	_____	_____
Do you turn in your homework on time?	_____	_____	_____	_____
Do you pass tests in school	_____	_____	_____	_____
Do they talk to you about what you are studying in school?	_____	_____	_____	_____
Do they talk to you about your homework?	_____	_____	_____	_____
Have they come to any activities during school this year?	_____	_____	_____	_____
Have they come to any evening or weekend activities this year?	_____	_____	_____	_____
Do you feel safe at After-School Program?	_____	_____	_____	_____
Do you look forward to coming to the After-School Program?	_____	_____	_____	_____
Do you feel comfortable talking to the After-School Program's staff?	_____	_____	_____	_____
During the After-School Program, do you get help when you need it?	_____	_____	_____	_____
Are you absent from school less since coming to the After-School Program?	_____	_____	_____	_____
Are you doing better in school since you started coming to the After-School Program?	_____	_____	_____	_____

This survey will be conducted in the Fall and Spring

Waivers

- I hereby waive on behalf of myself and the student named above, any liability of the Clay County School District or 21st CCLC organizationally or for any of its officers, agents, employees, or volunteers for injuries sustained during the program.
- I hereby accept legal responsibility for the student named above in the event of an injury or illness.
- I hereby accept financial responsibility for the student named above in the event of injury or illness.
- For and in consideration of the opportunity and privilege of appearing in or participating in one or more video or audio recordings, sound tracks, films, photographs, or written articles, the parent/guardian hereby consents to the use and editing thereof and release the Clay County School District and its employees and assignees from any and all claims resulting from such use and editing in District media, and use, sale, editing, and release to the newspapers, radio and television stations; and use on a web page.

I have filled out both side of this form completely and provided a response to each section. My child and I understand and agree to all policies, requirements and conditions.

SIGNATURE of Parent or Guardian

PRINTED NAME

Date