



Sign Up for

21st Century After School Program

2017-2018 School Year

***Proposed Start Date**

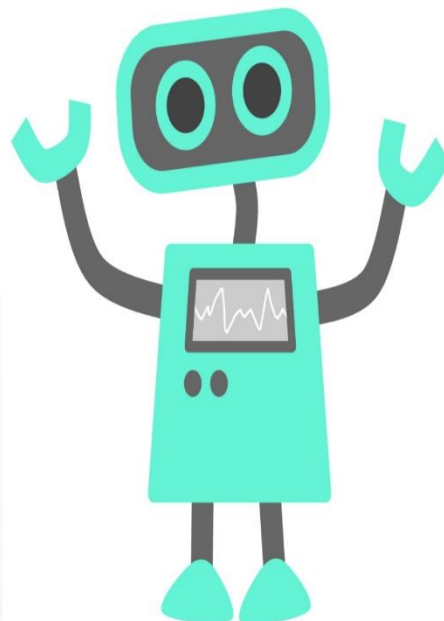
Coming Soon!

Participating Schools

Enroll today space is limited!

****Activities may include
creative writing, health,
nutrition, tennis, Robotics,
sports, geocaching,
gardening, science,
technology, STEAM,
Architecture, Coding &
much more!****

***Rawlings Elementary School**
Tiffany Mckay - Site Coordinator
3500 NE 15th Street
Gainesville, FL 32609
SITE 352-955-6715
FAX 352-955-7137



Application does
not guarantee a
spot, and this is not
a first-come, first-
serve process. There
will be a mandatory
parent orientation
at the beginning of
the program.

Alachua CSD-Project (Flourish)

**Homework Help &
1 on 1 Tutoring**



Program starts directly
after school.

Monday -Thursdays

Check with your site for
dismissal times.

Limited transportation
provided with
satellite stops.



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Site: ☒ Rawlings ☐ Duval ☐ Shell ☐ Alachua ☐ Terwilliger ☐ Irby ☐ Foster ☐ Lincoln ☐ Westwood

My child will: ☐ Car rider ☐ Walker ☐ RTS pass ☐ Ride the bus

I understand my child is expected to remain in the program for the full duration of the programming day. I also understand my child is expected to attend regularly. INITIAL: _____

STUDENT'S REGULAR DAY SCHOOL: _____

Student's Name: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Age: _____

Date of Birth: _____ Male or Female: _____

Home Room Teacher _____

****Names of any sisters or brothers who attend Rawlings First – Fifth grade****

Household Information

Number of people in household: _____ Parent/Guardian Name: _____

Home Phone: _____ Cellular Phone: _____

Work Phone: _____ Email Address: _____

Work Place & Address: _____

Parent/Guardian #2 Name: _____ Cellular Phone: _____

Work Place: _____ Work Phone: _____

Person to call in case of *Emergency* if custodial guardians cannot be reached:

*Name: _____ Relationship: _____ Phone: _____

*Name: _____ Relationship: _____ Phone: _____

*Name: _____ Relationship: _____ Phone: _____

*Name: _____ Relationship: _____ Phone: _____

*Name: _____ Relationship: _____ Phone: _____

*Name: _____ Relationship: _____ Phone: _____

Regular attendance is expected. It is not mandatory to be in attendance 4 days/week, but consistency in attendance is expected. If attendance is not consistent, student may be withdrawn from the program. INITIAL: _____



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Please Mark the Correct Information pertaining to this student:

- ☐ White / Caucasian
- ☐ Black / African American
- ☐ Hispanic / Latino
- ☐ Asian
- ☐ Hawaiian / Pacific Islander
- ☐ American Indian / Alaska Native
- ☐ Other

☐ This student receives Special Education Services.

☐ This Student receives Free or Reduced Lunch.

☐ This Student is new to this school this year.

Is there anyone that may NOT pick up your child? (Name): _____

If so, does your child recognize this person and know they can't leave with them? (Circle) YES / NO

While it is encouraged that a designated adult picks up children, we realize many parents are not able to pick their child/children from the program and some students may live within walking distance. I _____ (parent/guardian), acknowledge and assume full responsibility of the risks involved in making this decision and hereby give my (son/daughter) _____ (student's name) permission to depart the program at _____ (time), on their own.

I also understand that if parents are excessively late picking up their child, 21CCLC may contact local law enforcement for assistance with the situation, for the safety of the child. **INITIAL:** _____

Authorization for Emergency Medical Care: I give my consent for any and all necessary treatment when my child/children is in the care of this physician and/or hospital/clinic. In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the staff to call an ambulance and take my child/children to the nearest emergency room or emergency care facility: **INITIAL:** _____

****Allergies and/or Medications** (Note from doctor stating allergies if possible)**

Permission for Transportation/Field Trips: I give my child/children permission to attend all planned field trips unless I otherwise notify in writing to the staff. **INITIAL:** _____

Permission for Publicity Release: I give permission for photographs and videos to be made of my teen to be used solely for publicity and training purposes by program. **YES** _____ **NO** _____

Parental Involvement: I understand that the 21st Century After School Program is a free program for my child/children because of funding secured through the School Board of Alachua County and a 21st Century Community Learning Center Grant. This requires Parent Involvement at the school. Therefore I agree to participate in at least 2 parent events. **INITIAL:** _____

Late Pick Up: If your child is picked up late more than one time. The program reserves the right to remove your child/children from the program. *The program ends at TBA.* This is for the safety of the students, as well as the staff. **INITIAL:** _____

Behavior Plan: All regular day school rules are enforced in programming. 21CCLC implements a behavior plan for students who choose not to abide by program rules. Parents may be contacted for chronic behavior problems. Students may be suspended for a designated period of time, or removed from the program for non-compliant behavior choices. **INITIAL:** _____

Activities Information Statement: Students may participate in certain contact sports or activities, which involve the possibility for injury, such as team sports, golf, tennis, fencing, dance, swimming, etc. When appropriate, students will wear protective gear such as in fencing. I understand that injuries may occur as the result of physical activities. I would like my child to participate in program activities. **INITIAL:** _____



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Consent and Release Statement: I consent to the above listed student participating in any programs or activities, either on or off campus. I acknowledge that participation in activities have inherent risks. I custodial guardian, assume that risk on behalf of my child/children and will indemnify and hold harmless The Alachua County School Board from and against all claims and demands on account of, or in any way from, any accidental occurrence. In the event that my child/children should need further medical treatment while in the program, I give the staff permission to order x-rays, routine tests, treatments, that may require hospitalization, and necessary transportation. I understand that the staff may be unable to contact me at the time when medical treatment is necessary and therefore grant permission for them to seek and administer such treatment and medication prior to contacting me for further permission. I authorize payment of medical benefits to the health care provider for any services and the release of any medical or over the counter medications they deem necessary. I confirm that, to the best of my knowledge, my child/children is not allergic to any medications other than listed above. I hereby release the Alachua County School District, its officers and representatives of all liabilities arising from this activity.

Contact Information Updates: In the event of an emergency, it is important to have the most updated parent/guardian contact information. I agree to regularly update my child's contact information with the school and 21CCLC front office staff.

INITIAL: _____

Signature of Custodial Guardian: _____ **Date:** _____

For Office Use Only: Application Date: _____ **Start Date** _____ **Withdrawal Date** _____

PARENT/GUARDIAN-USE THE SPACE BELOW TO PROVIDE ANY IEP/504 RECOMMENDATIONS:

Teacher Conference Notes & Phone Log Notes: (use back if necessary)



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21st CCLC FAMILY ENGAGEMENT SURVEY

Please read and mark either True/False.

1. I know about the 21stCCLC partnerships who can help my child.
☐ True ☐ False
2. I know the policies/procedures of the 21stCCLC Parent Student Handbook.
☐ True ☐ False
3. I know the Bookmobile schedule, and my child and I have a library card.
☐ True ☐ False
4. I know about the Library Partnership or SWAG services.
☐ True ☐ False
5. I know about the Parent Academy Mobile Unit and the resources it offers.
☐ True ☐ False
6. I know how I can be involved in the 21st Century program to help my child.
☐ True ☐ False

Please return to a 21st CCLC Staff