



21st Century Community Learning Centers Application

School Year 2019-20



I understand my child is expected to remain in the program for the full duration of the programming day and my child is expected to attend regularly. Failure to do so may result in dismissal from the program. Late parent pick up of child may result in contact of local law enforcement for the safety of the child and staff, unless prior arrangements have been approved.

_____*Parent Initial*

I understand date of return of application does not guarantee admission-it is not a first come/first serve program. All applications will be reviewed and families will be notified of acceptance in the program. A waiting list will be created for students who are not immediately accepted.

_____*Parent Initial*

Student's Regular Day School if different from program site: _____

21CCLC Site:

Alachua Elementary____ Foster Elementary____ Idylwild Elementary____ Irby Elementary____
Lake Forest Elementary____ Lincoln Middle _____ Metcalfe Elementary____ Westwood Middle_____

Student Information: ___ Student is new to the school?

Student's Name: _____ Grade: _____

Home Address: _____

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

Date of Birth: _____ Male _____ Female: _____

Home Room Teacher _____

Please Mark the Correct Information pertaining to this student:

- White / Caucasian
- Black / African American
- Hispanic / Latino
- Asian
- Hawaiian / Pacific Islander
- American Indian ? Alaska Native
- Two or more races

****Names of any sisters or brothers who attend this school**** 1. _____ 2. _____
 3. _____ 4. _____ 5. _____ 6. _____

Student Name _____

Please list any allergies or medical conditions:

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

Parent Information:

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Work Place & Address: _____

Parent/Guardian #2: _____ Work Phone _____

Work Place & Address: _____

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: _____

Person(s) Who Are NOT ALLOWED to Pick Up Student

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

Permission for Student to Walk Home

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.

Late Student Pick Up-Law Enforcement

I also understand that if parents are excessively or repeatedly late picking up their child, 21CCLC may contact local law enforcement for assistance with the situation, for the safety of the child. If your child is picked up late more than one time, the coordinator reserves the right to remove your child/children from the program.

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: _____

Permission for Publicity Release: I give permission for **photographs and videos** to be made of my child to be used solely for publicity and training purposes by program, and for the 21st Century page of the district website. **YES** _____ **NO** _____
INITIAL: _____

Family Involvement: A family representative agrees participate in at least 5 family engagement events.
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. Fighting, bullying, weapons will or may result automatic suspension or removal from the program, as determined after due process.**
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: _____

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: **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)