

21st Century Community Learning Centers

Before and After School Program

2009-2010 Middle School Registration Form



You may also register online at www.afterschoolforkids.org

FOR OFFICE USE ONLY

Please check one of the following:

- This family qualifies for free lunch. (\$0/Qtr.)
- This family qualifies for reduced lunch. (\$10/Qtr.)
- This family does **NOT** qualify for free or reduced lunch. (\$30/Qtr + \$10 Enrollment Fee)



Student Information: (Please Print)

Please fill out another registration form if you have more than 3 students registering for the program.

Student #1	Program Selection: ____ Before ____ After	Date of Birth: ____/____/____	
_____ Last Name		_____ First Name	
_____ M.I.		Gender: ____ M ____ F	Race: _____
School: _____	Teacher: _____	Grade: ____	Age: ____

Student #2	Program Selection: ____ Before ____ After	Date of Birth: ____/____/____	
_____ Last Name		_____ First Name	
_____ M.I.		Gender: ____ M ____ F	Race: _____
School: _____	Teacher: _____	Grade: ____	Age: ____

Student #3	Program Selection: ____ Before ____ After	Date of Birth: ____/____/____	
_____ Last Name		_____ First Name	
_____ M.I.		Gender: ____ M ____ F	Race: _____
School: _____	Teacher: _____	Grade: ____	Age: ____

Parent/Guardian Information:

Circle the child(ren) that live(s) with parent/guardian #1:
Student #1 Student #2 Student #3

Parent/Guardian #1	Relationship to Student(s):	
_____		Address: _____
Last Name	First Name	City/Zip: _____
Home #: (____) ____ - ____	Cell #: (____) ____ - ____	Work #: (____) ____ - ____

Circle the child(ren) that live(s) with parent/guardian #2:
Student #1 Student #2 Student #3

Parent/Guardian #2	Relationship to Student(s):	
_____		Address: _____
Last Name	First Name	City/Zip: _____
Home #: (____) ____ - ____	Cell #: (____) ____ - ____	Work #: (____) ____ - ____

Additional Information: (please circle)

Is any student listed above a returning 21st Century student? Y N **If yes**, student #1, student #2, or student #3.
Does any student listed above participate in Legacy Scholars? Y N **If yes**, student #1, student #2, or student #3.
If no, would you like information?
Y N

Does your family receive free meals at school? Y N
Does your family receive reduced meals at school? Y N
Primary language at home: _____

Are any other siblings being registered for the 21st Century Program (e.g., elementary students, 9th or 10th grade students)? **If yes**, please list your child(ren)'s name(s) and school(s). Y N

- Name: _____ School: _____
- Name: _____ School: _____
- Name: _____ School: _____

Emergency Contact Information:

In the case of an emergency a parent will be contacted first if possible.

Emergency Contact #1 (Other than parent/guardian)	Relationship to Student(s):	
_____		Address: _____
Last Name	First Name	City/Zip: _____
Home #: (____) ____ - ____	Cell #: (____) ____ - ____	Work #: (____) ____ - ____

Medical Release Form

(FOR BEFORE/AFTER SCHOOL PROGRAM)

Family Doctor: _____

Telephone: (____) ____ - ____

Hospital Preference: _____

City: _____

Insurance Company: _____

Policy # _____

Expiration Date: _____

Person to contact for permission to administer emergency medical treatment:

Name: _____

Phone: (____) ____ - ____

I give permission to 21st Century Community Learning Centers, licensed by the Department of Consumer and Industry Services, to secure emergency medical and/or emergency surgical treatment for the above named minor child(ren) while in care.

Parent/Guardian #1 Signature

Parent/Guardian #2 Signature

____/____/____
Date

Authority: Act 116 or P.A. 1973
Completion: Required
Penalty: Rule Violation Citation

Statement of Health

(FOR BEFORE/AFTER SCHOOL PROGRAM)

This certifies that each child listed is in good health.

____/____/____
Date

Name: _____

Parent/Guardian #1 Signature

Parent/Guardian #2 Signature

Name: _____

Name: _____

Please list any health restrictions or special needs (allergies, vision, hearing, etc). _____

Photograph Release

(FOR BEFORE/AFTER SCHOOL PROGRAM)

I give permission for my child(ren)'s photograph or video image to be used in promotional or informational materials or press media through the 21st Century Community Learning Center Program or its community partners for positive public relations purposes.

Name: _____

Name: _____

Name: _____

Parent/Guardian #1 Signature

Parent/Guardian #2 Signature

____/____/____
Date

21st Century Community Learning Centers Parent Agreement

Please initial each of the following that pertain to your program selection. By initialing you have read and agree to abide by each point.

Attendance:

(FOR BEFORE/AFTER SCHOOL PROGRAM)

_____ My child(ren) is/are expected to attend 21st Century every school day Monday through Thursday for the After School Program and/or Monday through Friday for the Before School Program. If this is not possible, I will fill out a Modified Attendance Form indicating the number of days my child(ren) will attend.

_____ Any day that my child does not attend school, he/she cannot attend 21st Century Community Learning Centers.

Fees:

(FOR BEFORE/AFTER SCHOOL PROGRAM)

_____ I understand that there is a \$10.00 enrollment fee per family, excluding free/reduced lunch students, and is due at the time of enrollment.

_____ I understand that if my family qualifies for free lunch, there is no quarterly programming fee.

_____ I understand that if my family qualifies for reduced lunch, there will be a fee of \$10.00 every 3 months for all elementary students in the family, \$10.00 every 3 months for all middle school students in the family, and another \$10.00 every 3 months for all 9th and 10th grade students in the family.

_____ I understand that if my family does NOT qualify for free or reduced lunch, there will be a \$30.00 fee every 3 months for all elementary students in the family, \$30.00 every 3 months for all middle school students in the family, and another \$30.00 every 3 months for all 9th and 10th grade students in the family.

_____ I understand that the same fees will apply to students only taking part in the a.m. program.

_____ I will make my payments by **cash, personal check, or money order**. My checks will be made payable to 21st Century CLC. I understand that 21st Century has the right to refuse any checks. **If my personal check is returned from the bank I will be charged a \$25.00 fee.**

_____ I understand that **payments are due on September 14, 2009 (with registration form), December 14, 2009, and March 14, 2010.**

Late Fees:

(FOR BEFORE/AFTER SCHOOL PROGRAM)

_____ I understand that if I make a late payment, my child(ren) will not be allowed to attend the program until that payment has been made.

_____ If I have not made a payment within 30 days, my child(ren) will be withdrawn from the program and will have to re-register.

Discipline:

(FOR BEFORE/AFTER SCHOOL PROGRAM)

_____ A written Incident Report will be completed and discussed with me whenever my child behaves disrespectfully or improperly, destroys property, injures another person, uses improper language, or in any way disrupts the 21st Century Program.

_____ Discipline Policy is as follows:

- 1st Offense: Site Coordinator talks to the student and notifies the parent in writing.
- 2nd Offense: Site Coordinator talks to the student, notifies the parent in writing and the student is suspended from the program for up to two weeks.
- 3rd Offense: Site Coordinator talks to the student, notifies the parent in writing and the student can be withdrawn from the program for the remainder of the year with no returned program fees.

Emergencies:

(FOR **BEFORE/AFTER SCHOOL** PROGRAM)

_____ In case of emergency, staff will contact me and/or emergency contacts listed with 21st CCLC. I agree to update 21st CCLC Site Coordinator with any new information. If information is not current, my child will be excluded from the program until updated information has been provided.

_____ If immediate hospital attention is needed, staff will call 911. I understand that I will be held responsible for all costs incurred.

Pick-up:

(FOR **AFTER SCHOOL** PROGRAM)

_____ My child(ren) is/are not allowed to leave 21st CCLC site unless picked up by an authorized adult with identification or a walk waiver has been signed, allowing my child(ren) to sign out and walk home.

_____ An authorized adult is ONLY someone whose name has been listed on the 21st CCLC registration form. If someone else will be picking up my child, I will send a note.

_____ My child(ren) must be signed out and picked up by 6:05 p.m. unless a field trip is indicated as a late arrival. I understand that if they are not picked up by 6:05 p.m. there will be a late fee charged.

Late Pick-Up:

(FOR **AFTER SCHOOL** PROGRAM)

_____ Pick up after 6:05 p.m. is considered late pick-up.

_____ I agree to pay the following fees for late pick-up **per family**:

6:05 – 6:15	\$5.00 per child
6:16 – 6:30	\$10.00 per child
6:31 – 6:45	\$15.00 per child
6:46 – 7:00	\$20.00 per child
7:00 –	

} Michigan Child Protective Service or police may be called to pick up child(ren).

_____ If my child(ren) has/have not been picked up by 6:30 p.m. and no contact has been made, I understand that the Michigan Child Protective Service or police may be contacted and my child(ren) may be dis-enrolled from the 21st CCLC program for the rest of the school year.

I the undersigned, for myself, my executors, administrators, heirs, and assignees, do hereby release and discharge Battle Creek Public Schools and their officials and employees, other contributors, and volunteers of all claims and damages, demands, or actions whatsoever in any matter arising or growing out of my family's participation in the 21st Century Community Learning Centers After School programs, including travel to and from site. Although care will be taken to provide a safe program, I acknowledge there are certain risks involved.

Parent/Guardian #1 Signature

Parent/Guardian #2 Signature

____/____/____
Date

Thank you for registering!

Tentative Programming Schedule for 21st Century 2009 – 2010



September	8 – 11 14	Open registration for 21 st Century in all buildings 21 st Century begins in all buildings (a.m. and p.m.)
October	22	Lights on Afterschool at Family YMCA Multisports Center
October	26 – 30	No programs
November	12 – 13 23 – 27	No programs No programs (Thanksgiving Break)
December	18 21 – 31	No programs No programs (Winter Break)
January	1 4 28 - 29	No programs Program resumes No programs
February	11 – 15	No programs (Mid winter break)
March	29 – 31	No programs
April	1 – 9	No programs (Spring Break)
May	3 – 7 31	No programs No programs
June	4	Last Day of 21 st Century program (including a.m.)

Hours of Operation:

Elementary Programs:

- 7:00 to 8:00 a.m. – A.M. Program (M-F)
- 3:30 to 4:00 p.m. – Kids' Cafe (M-R)
- 4:00 to 5:00 p.m. – Academic Hour (M-R)
- 5:00 to 6:00 p.m. – Enrichment (M-R)

Middle School Programs:

- 7:00 – 7:45 a.m. – A.M. Program (M-F)
- 2:45 – 3:30 p.m. – Kids' Cafe (M-R)
- 3:30 – 4:30 p.m. – Academic Hour (M-R)
- 4:30 – 6:00 p.m. – Enrichment (M-R)

High School Programs:

- 7:00 – 7:45 a.m. – A.M. Program (M-F)
- 2:45 – 3:30 p.m. – Kids' Cafe (M-R)
- 3:30 – 4:30 p.m. – Academic Hour (M-R)
- 4:30 – 6:00 p.m. – Enrichment (M-R)

(This schedule does not include conference days in the buildings. Please check your building calendar to make sure 21st Century will be operating on these dates. A.M. programs will run from September 14 – June 4 when school is in session.)

This is a tentative 2009-2010 schedule. We reserve the right to make changes.