



**Before & After School Program**  
**2009-2010 Registration Form**  
**9<sup>th</sup>/10<sup>th</sup> Grade**

**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)



Please choose at least **3 clubs of interest** and rank them with 1 being your first choice.

- \_\_\_\_\_ Chess
- \_\_\_\_\_ Cooking
- \_\_\_\_\_ Introduction to the Arts (.5 credit\*)
- \_\_\_\_\_ "O" Ambassadors
- \_\_\_\_\_ Photography/Scrapbooking
- \_\_\_\_\_ Science
- \_\_\_\_\_ Spanish (.5 credit\*)
- \_\_\_\_\_ Sports
- \_\_\_\_\_ Tech

\* Students can possibly earn a .5 credit in either Spanish or Art.  
 \*\*21<sup>st</sup> Century has the right to change the clubs that are offered. At least 15 students must enroll in a club for it to be available.

**Program Selection:**

- Before
- After

**Student Information:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Grade: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

(optional)



**Mother/Guardian Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Father/Guardian Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact Person(s) Name & Phone:**

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Additional Information: (please circle)**

Has your child attended Battle Creek Public Schools since the 6<sup>th</sup> grade?    Y    N

Does your child participate in Legacy Scholars?    Y    N

Is your child a returning 21<sup>st</sup> Century student?    Y    N

Does your child receive free meals at school?    Y    N

Does your child receive reduced meals at school?    Y    N

Primary language at home: \_\_\_\_\_

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

1. Name: \_\_\_\_\_ School: \_\_\_\_\_

2. Name: \_\_\_\_\_ School: \_\_\_\_\_

3. Name: \_\_\_\_\_ School: \_\_\_\_\_

**Parent Consent: (please circle)**

Obtaining emergency medical care:	Y	N
Administration of minor first aid procedures:	Y	N
Walks and field trips:	Y	N
Transportation by the facility:	Y	N
Photograph release:	Y	N
Agree to Discipline Policy:	Y	N
Swimming and wading:	Y	N

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Transportation: (please check one)**

\_\_\_\_\_ My child will walk/bike home from school.

\_\_\_\_\_ My child will be picked up at school.

\_\_\_\_\_ My child will be bussed to \_\_\_\_\_ (neighborhood elementary school).  
He/she will walk home from there.

\_\_\_\_\_ My child will be bussed to \_\_\_\_\_ (neighborhood elementary school).  
He/she will be picked up from there.

**Medical Release:**

Name of student's physician/medical care provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ City: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Person to contact for permission to administer emergency medical treatment:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I give permission to 21<sup>st</sup> 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 while in care.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

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

**Statement of Health:**

This certifies that my child is in good health condition.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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**Unacceptable Behavior:**

Certain acts of behavior by students are unacceptable within the After School Program and may result in suspension. These include but may not be limited to the following:

- Acts that may cause injury to themselves or others
- Disrespect for staff members
- Disobedience and disruptive behavior
- Intentionally cause or attempt to cause physical injury to another student or staff member
- Disrespect for personal belongings of others
- Intentional damage to school property
- Obscene language or behavior
- Possession of any object that could be considered a weapon (gun, knife, razor, etc.)
- Possession of drugs

**Participation in special events will be determined by behavior and attendance.**

**21<sup>st</sup> Century Community Learning Centers  
Parent Agreement**

Please initial each of the following. By initialing you have read and agree to abide by each point.

**Fees:**

- \_\_\_\_\_ 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 9/10<sup>th</sup> 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 9/10<sup>th</sup> 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 21<sup>st</sup> Century CLC. I understand that 21<sup>st</sup> 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.**
- \_\_\_\_\_ I understand that **there is no pro-ration of fees** for late registration or for students being dismissed from the program.
- \_\_\_\_\_ I understand that donations to 21<sup>st</sup> Century Community Learning Centers are welcome at any time.

**Late Fees:**

- \_\_\_\_\_ 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 or unless prior arrangements have been made with the Site Coordinator.
- \_\_\_\_\_ 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.

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**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 21<sup>st</sup> 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/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

## Tentative Programming Schedule for 21<sup>st</sup> Century 2009 – 2010



September	8 – 11 14	Open registration for 21 <sup>st</sup> Century in all buildings 21 <sup>st</sup> 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 <sup>st</sup> 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 21<sup>st</sup> 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.\***