

Youth Middle School - 21stCCLC-LEAP / Communities in Schools of Walton County (CIS)

LEAP / CIS Participation Registration Form 2016 – 2017 School Year

***** PLEASE PRINT *****

Last Name	First Name	MI	Date of Birth	Student ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

***** New REGISTRANTS AREA - PLEASE COMPLETE FOR ALL PARTICIPANTS IN THE HOUSEHOLD - PLEASE PRINT *****

Grade _____	Ethnicity (check 1) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other	Primary Language (check 1) <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Spanish <input type="checkbox"/> Other	Address _____ _____	Lives With (check 1) <input type="checkbox"/> Both parent <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	Transportation (check 1) <input type="checkbox"/> Picked up <input type="checkbox"/> School Bus
Teacher _____			Zip Code _____		Medical Information (Please list any allergies or other medical conditions.) _____ _____
Gender (check 1) <input type="checkbox"/> F <input type="checkbox"/> M			Phone _____		
			E-mail _____		

Parent/Guardian Last Name	First Name	Home Phone	Work Phone	Cell Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL CONTACTS: List additional contacts for the child (ren) and use the check boxes to indicate if these individuals are authorized to pick up the child (ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick up the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick Up?	Emergency Contact	Lives With?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check box if medical or legal restrictions are in effect. List persons not allowed to see students at Site and/or persons not allowed to pick up students per legal restrictions.

Explain

Please return Tabitha Orr.

Parent/Guardian Permission For 21st CCLC

*** PLEASE READ CAREFULLY ***

Must be signed by Parent/Guardian for participants 18 and under

Accept	Decline	
X		I agree to participate in the Community Learning Center (CCLC) programs and activities and I hereby give permission for the participant(s) listed on the reverse side to take part in the School District's 21st Century Community Learning Centers (CCLC) activities, which may include off-site events, academic assistance, continuing education, and recreational programs.
X		If a medical emergency arises, staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.
X		I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the 21st Century Community Learning Center staff.
X		I hereby give my consent to the School District's 21st Century Community Learning Centers (CCLC) programs to take the participant's photograph during program activities, to be used for education and public relations purposes in conjunction with the School District's 21st CCLC programs.
X		I hereby give permission for my child's artwork, poetry or other work produced in conjunction with the School District's 21st Century Community Learning Centers (CCLC) programs to be used for education and public relations purposes.
X		I understand that the information to be posted may include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personal identifiable information such as my child's address, phone number, or social security number.
X		I further give my consent to the School District and the 21st Century Community Learning Centers (CCLC) to share the participant's student records with each other for purposes of providing educational support and assistance.
X		I understand that the School District will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.
X		I hereby certify that I have read and do understand the above information.

I hereby certify that I have read and do understand the above information:

x Signed _____ **Print Name** _____ **Date** _____

***POLICIES AND PROCEDURES:**

Thank you for the opportunity to share a wonderful experience with your child through the 21st Century Community Learning Center's LEAP After-School Program. This letter is intended to communicate the rules and guidelines of the LEAP program, this includes our Behavior Policy. We look forward to meeting you and your child. If you have any questions, please feel free to call: **Tabitha Orr, SITE COORDINATOR 770-466-6849.**

Objective: To work hand-in-hand with the Youth community to provide an after school program in which children have the opportunity to learn and have fun in a positive and safe environment. LEAP understands the benefits of growing in a well-rounded environment.

Attendance/Check-in Procedure: Each child will be checked in by the appropriate instructor. If a child is absent from LEAP, we cross check our list with the regular day absentee list. Please send in a written notice, call or send an email to inform us of your child's absence. **Please note that upon acceptance, your child is expected to attend after school Mon – Thurs., unless there is an emergency. Students absent for 1 week will automatically be deactivated. Parents are asked to notify LEAP coordinator of absences via written letter, email or telephone.**

Pick-Up: If students are picked up early, each parent or guardian will need to enter the facility through the main front entrance and sign in at the front desk. Each parent or guardian will sign their child out with the person at the front desk. If someone other than a parent is picking up a child, that person will be asked for a photo ID. Parents must notify the Site Coordinator by phone or in writing if someone other than parents/guardians will be checking their child out early. If a child is not picked up by 5:40 PM and the school has not received a phone call to notify that the parent will be late, LEAP will attempt to contact the parents. If the parents cannot be reached, the emergency contacts will be tried. **If no one can be reached and the site coordinator still has not been notified of the late pick-up, the Department of Social Services will be notified.**

Car Riders: **Students who are car riders can be picked up near the bus lanes in the back of the school after 5:30pm but no later than 5:40pm.** For students being checked out early, parents/guardians must come into the building and show a photo ID to sign the student out.

Illness: LEAP reserves the right to release a child if he or she appears too ill to participate in the After School program or considered contagious. LEAP will notify the child's parent or emergency contact and request that the child be picked up within a half hour. If the child has not been picked up with the allotted time, LEAP reserves the right to take any necessary action to ensure the health and safety of the child. If a child has a fever, the child is not permitted back to the program for 24 hours after the fever has subsided. **Disease:** Parents must inform LEAP within 24 hours or the next business day if the child or any member of the family has developed a reportable communicable disease. Life threatening diseases must be reported immediately.

Parent/Guardian Consent and Agreement: *In the event I cannot be reached in an emergency, I hereby give permission to the appropriate medical personnel, selected by the Site Coordinator, to provide medical treatment deemed necessary by such personnel. Also my signature below signifies that I give permission for my child to be transported by the LEAP After School Program if needed.*

In consideration of the participant being permitted to enroll in the program, I hereby release, indemnify, and hold harmless LEAP, its employees, operators, counselors and instructors from any and all claims and demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by the participant as a result of or relating to participation in LEAP.

I have read and understand the above policies and procedures.

X Parent/Guardian Signature _____ **Date** _____