

Raiders' After C.L.A.S.S (Character Leadership Academic Social & Services)



Program Registration Form

Site Coordinator: Mr. R. Sea

Contact Information: sear@leonschools.net

Student Information	One Application Per Student
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Student Name:

Student ID Number:

Grade Level for the 2022/2023 School Year:

Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone:
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Ethnic Origin of Child: American Indian/Alaska Native Asian/Pacific Islander Hispanic or Latino Black or African American White or Caucasian American Decline to State Other:

Is your child enrolled in extracurricular activities? No Yes
 Days: (M T W TH F) Time:

Is your child receiving ESOL services? Yes No

Child's Primary Language:	Languages Spoken at Home:
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Does your child have a special need/disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have an IEP/504 on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, how would you best specify your child's need/disability? Please check all that apply:

Autism Spectrum Disorder <input type="checkbox"/>	Learning Disability <input type="checkbox"/>
Chronic Medical Condition <input type="checkbox"/>	Physical Disability <input type="checkbox"/>
Emotional or Behavioral Disorder <input type="checkbox"/>	Speech/Language Impairment <input type="checkbox"/>
Hearing Impairment (Or Deaf) <input type="checkbox"/>	Visual Impairment (Blind) <input type="checkbox"/>
Intellectual Disability <input type="checkbox"/>	Other Disability:

Please check at least one of the Standard Test you are required to take during 2022-2023 school year:

FSA Reading/Writing <input type="checkbox"/>	Biology EOC <input type="checkbox"/>	IB Exam <input type="checkbox"/>
Algebra 1 EOC <input type="checkbox"/>	AP Exam <input type="checkbox"/>	
Geometry EOC <input type="checkbox"/>	ACT/SAT <input type="checkbox"/>	
US History EOC <input type="checkbox"/>		

Family Information

Name:	Relationship:
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Address:

Primary Phone Number:	Phone Number:
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Email Address:

Name:	Relationship:
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Address:

Primary Phone Number:	Phone Number:
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Email Address:

Student Resides with: Both Parents Mother Father Other:

Legal Custody of student: Both Parents Mother Father Other:

How will your child get home from the Program? Parent Pick Up Walker/Bike/City Bus

Emergency Contacts & Authorized Persons for Pick Up

Name:	Phone Number:
Relationship:	Authorized to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone Number:
Relationship:	Authorized to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No

Any Persons NOT Allowed to Pick Up Your Child?

Name:	Relationship:
Comments:	Call 911: <input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Information

Known Allergies:

Does your child take any medications? Yes No

If yes, please list:

Actions to take if medical care is needed:

Are there any unusual factors in the child's life, which the staff should be aware of?
 Yes No
If yes, please explain:

Privacy Rights

I understand that pictures and/or video will be taken during program activities/events.

I give permission to Raiders/Rickards Afterschool Program to use said photos/videos of my student, family and myself to be used in educational, promotional, informational materials, or press media for positive public relations purposes.

Yes No

Please Initial _____

Program Expectations

Please read and initial each of the following expectations. By not agreeing/initialing to the expectations, students may not be accepted into the program.

Attendance:

_____ I understand that in order for this program to meet grant requirements, attendance and participation is mandatory.

_____ I understand my child is required to attend the full duration of the program.

_____ I understand that this is an academic and personal enrichment program and not childcare.

Homework:

_____ The program provides designated times for instruction, enrichment activities, and homework. During homework time, students may request to receive assistance from their classroom teacher, if available. Though reasonable effort will be made, staff is not responsible for ensuring that all homework is completed.

Pick Up:

_____ I understand that my child must be picked up **no later** than 5 minutes after dismissal and I understand if my child is consistently picked up early or late, they can be dismissed from the program.

Sign-Out Permission:

_____ My child has permission to sign him/herself out of the program.

_____ My child does not have permission to sign him/herself out of the program. **An authorized adult is only someone whose name is listed on the registration form.*

Discipline:

_____ I understand the program adheres to the Zero Tolerance Policy and I understand that if my child does not follow school rules, behaves disrespectfully or improperly, uses improper language, or in any way disrupts the Raiders Program (including but not limited to refusal to participant) my child may be dismissed from the program immediately.

I understand that if my child jeopardizes the safety of students and staff, my child will be dismissed immediately. Reasonable efforts will be made to assist students within the program, but the program reserves the right to suspend or terminate a child at any time if a serious problem exists.

Parent Information Nights:

_____ I understand at least one parent/guardian will be required to attend Adult Family Literacy meetings in order to stay in compliance with grant requirements.

Personal Electronics:

_____ I understand no personal electronics of any kind are permitted to be used during program hours. Rickards High School cannot be held responsible for loss or damage to any electronic devices.

Emergencies:

_____ I understand in case of emergency, staff will contact parent/guardian, first, and then emergency contacts listed.

_____ I understand that if information is not current, my notification of an emergency can be delayed.

_____ I understand if immediate hospital attention is needed, staff will call 911.

_____ I agree to update the Site Coordinator, in writing, with any new contact information.

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I have read, understand, and agree to comply with the requirements and expectations listed above. I realize that failure to comply with these requirements and expectations may result in my child being dismissed from the program and/or a loss of funding within this program.

Date: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature _____

Nondiscrimination Notification

“The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status, or genetic information.”