



21st Century Community Learning Centers Registration Form

School: Fairview Middle

Site Coordinator: Daniel Johnson

Contact Information: johnsond4@leonschools.net or 850-488-6880

2023-2024 School Year



Student Information

One Application Per Student

Student Name:

Student ID Number:

Grade Level for the 2023/2024 School Year:

Date of Birth:

Gender: Male Female

Primary Phone:

Address (street and zip code):

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:

Does your child have a special need/disability?
 Yes No

Does your child have an IEP/504 on file?
 Yes No

If yes, how would you best specify your child's need/disability? Please check all that apply:

Autism Spectrum Disorder

Chronic Medical Condition

Emotional or Behavioral Disorder

Hearing Impairment (Or Deaf)

Intellectual Disability

Learning Disability

Physical Disability

Speech/Language Impairment

Visual Impairment (Blind)

Other Disability:

Are any other siblings being registered?

Yes No

If yes, please list siblings name and grade below:

Name and Grade:

Name and Grade:

Family Information

Parent/Guardian:

Relationship:

Primary Phone Number:

Phone Number:

| | |
|--|---------------|
| Email Address: | |
| Parent/Guardian: | Relationship: |
| Primary Phone Number: | Phone Number: |
| Email Address: | |
| Student Resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father Other: | |
| Legal Custody of student: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father Other: | |
| How will your child get home from the 21 st Century Program? <input type="checkbox"/> Parent Pick Up <input type="checkbox"/> Walker/Bike | |

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

| Medical Information |
|----------------------------|
|----------------------------|

| |
|--|
| Known Allergies: |
| Does your child take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 21st CCLC 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.

Academics:

_____ I understand that the purpose of this program is to help students in their academics and help improve on any retention. If my student is not willing or attempting to make any academic growth and has been given multiple opportunities to improve, that student may be dismissed from the program by the Site Coordinator.

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 if my child has three or more unexcused absences, they can be dismissed from the program.

_____ I understand participation in this program is voluntary and at any time I may choose to withdraw my student(s).

Pick Up:

_____ I understand my child is not allowed to leave a 21st Century site unless picked up by an authorized adult or stated otherwise as a walker/bike rider. **An authorized adult is only someone whose name is listed on the 21st Century registration form.*

_____ I understand that my child must be picked up **no later** than 5 minutes after dismissal.

_____ I understand if my child is consistently picked up early or late, they can be dismissed from the program.

Discipline:

_____ I understand a written Incident Report will be completed and discussed with me whenever my child behaves disrespectfully or improperly, uses improper language, or in any way disrupts the 21st Century Program.

Discipline Plan as follows:

- 1st Offense- Parent contacted and a warning issued.
- 2nd Offense- Student will receive a 3 day suspension.
- 3rd Offense- Student will be dismissed from the program.

**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. 21st Century 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 with 21st Century.

_____ 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.

Informed Consent to Participate in Research

The 21st Century Community Learning Center (referred to as 21st CCLC) program is federally funded by the United States Department of Education (referred to as DOE) and administered by the Florida Department of Education (referred to as FDOE). The Children's Forum, is a non-profit agency dedicated to children's advocacy monitor and assess attendance for all 21st CCLC programs across Florida to ensure all locations are meeting their goals and students are participating in most of the activities being offered.

Leon County Schools (referred to as LCS) applied for and received 21st CCLC grants to fund three program sites in Leon County. As the parent/guardian of children currently attending a 21st CCLC before- after-school and/or summer program, we are asking you and your child to take part in a research study to evaluate the effects of the program. The name of the research study is the **21st Century Community Learning Centers (21st CCLC) Evaluation**. This evaluation is being done through LCS, the Boys and Girls Club of the Big Bend, Florida Department of Education (FDOE), United Way of the Big Bend and Oasis Center for Girls.

The purpose of this study is to find out whether students attending the program regularly are meeting local and state academic standards and whether they have an increased awareness of healthy living and good decision-making. Both during and after participation in the services, the study will look to see whether program operations to support improvements in student learning and development are sufficient.

Participation is voluntary. You may choose to withdraw from the study at any time. There is no penalty if you choose not to take part in this study. Your decision to participate or not participate will not affect your child's status in the program, their education or their relationship with their teacher. Before you decide, please read the information below and provide your response at the end of this form. Your response and signature indicate acknowledgement of and consent for your child to participate in research.

If you have any questions or need additional explanation of any of the procedures explained below, please feel free to ask questions. You do not have to guess about things you are not sure of and asking questions does not imply you are agreeing to take part in the study.

Child Participant Information and Confidentiality

To be able to conduct this study, information about your child's grades and standardized test scores are collected to determine whether the program is improving their skills in core subject areas such as reading, writing, science, and math. In addition to grades and test scores, your child's individual attendance is tracked daily for each activity and program service. In cooperation with United Way of the Big Bend, Boys and Girls Club of the Big Bend, FDOE and Oasis Center for Girls, the information above may be made available to these entities. Attendance logs are then provided electronically daily to a data collection website created specifically for the Florida 21st CCLC 2019-2020 program grantees. Access to information kept by this website is limited to evaluators working on the project and security measures are taken to ensure all of your child's information is kept secure and confidential.

Other information collected for the study includes surveys that your child will be asked to complete about health and nutrition related to the curriculum being taught at your child's site. All of this information collected is kept private and is only used for the purposes of the evaluation of the 21st CCLC program. Evaluation findings are discussed in formative and summative reports that are submitted to FDOE. Information contained in these reports is combined so no individual child is able to be identified. Combined data is also provided electronically at the end of each program year to DOE via the 21st APR System. 21st APR is a federal information collection site which gathers data from all of the 21st CCLC program sites nationwide. Your child will also be asked to complete a satisfaction survey at the end of each school year. The satisfaction survey is anonymous and results provide information on how well the program met the needs of your child.

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.”