

Registration Form 2020-2021 School Year (NML 21st CCLC / LEAP / RISE)

SCHOOL _____

Please Return This Form To _____

Registration Form must be completed in its entirety. Incomplete forms will not be processed. Spots are limited. Students cannot attend prior to receiving acceptance notice. WCSSD NML 21st CCLC will adhere to all normal WCSSD COVID 19 day protocols for the safety of students and staff during the after school program.

Student 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"/>

CHOOSE ONE: On-Site Program _____ Virtual Program _____

**IMPORTANT: A wait list may be in place. Students cannot attend prior to receiving an acceptance notice.
See additional requirements and policies regarding both On-Site & Virtual Programming.**

Grade _____ Gender (check 1) <input type="checkbox"/> F <input type="checkbox"/> M	Ethnicity (check 1) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other _____	Lives With (check 1) <input type="checkbox"/> Both parents <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 _____	Full Address _____ _____ _____ Zip Code _____ Phone (1) _____ Phone (2) _____ Parent E-mail _____	TRANSPORTATION (choose only one) <input type="checkbox"/> Car Rider <input type="checkbox"/> HS Student Driver <input type="checkbox"/> School Bus BUS INFORMATION - After receiving program acceptance notice, your student can begin attending the program as a car rider until he/she is routed on a bus - which can take up to 2 weeks. Once routed, the bus will not drop student off at any location other than the primary address listed in the day school enrollment system. Students must ride the bus at least 2 days per week to remain on the bus list. CAR RIDER INFORMATION - Car rider pick-ups must arrive a minimum of 10 minutes prior to program end time. Only authorized persons as indicated on this form may pick up your student.
	Primary Language (check 1) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other			Medical Information (Please list any allergies or other medical conditions.)

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. Indicate if these individuals are authorized to pick up the child and/or will serve as an emergency contact. ID's will be checked before the student will be released. If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick up your child.

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"/>

*Note: Please complete the required information on the back of this form. Incomplete or unsigned forms will not be processed.

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[] Check box if medical or legal restrictions are in effect. List persons not allowed to see student at site and/or persons not allowed to pick up your student per legal restrictions. Provide explanation below. Supporting documentation must also be listed in regular day school record.

Explain

PARTICIPATION: I give permission for my child to participate in the WCSD 21st CCLC activities. I understand that my child cannot begin attending the program prior to receiving an acceptance notification. I understand that consistent attendance is required and that my child may be removed from the program for lack of attendance. I understand that the program is not a homework completion program. However, homework help will be offered as a part of the program. Other activities include academic assistance, personal enrichment, indoor/outdoor recreation, and activities that may utilize food products. I understand that I am responsible for letting the program staff know of any food allergies or medical issues (now or in the future) that prohibit my child from participating in any activities. I understand that there is not a school nurse during the program. I hereby release, indemnify and hold harmless 21st CCLC and its employees from any and all claims and demands, cost, charges and expenses for harm, injury, damage or loss which may be sustained by participation as a result of or relation to participation in 21st CCLC. If a medical emergency arises during program, I understand that staff will take all steps possible to ensure the safety of my child and will call, if necessary, a public emergency vehicle for transportation to an emergency facility and that I will be responsible for any transportation charges and medical expenses incurred. I understand that data information about my child's participation and progress is required for state/national department of education data reporting, program evaluation and program funding (this information will not include personal identifiable information). I give permission for WCSD's 21st CCLC to utilize my child's record in Infinite Campus (local school registration system) for purposes of program enrollment, educational support/assistance and my child's safety. I give permission for my child's artwork, poetry or other work produced in conjunction with WCSD's 21st CCLC to be used for educational or public relations purposes. I understand that WCSD 21st CCLC does not provide one-on-one instruction or one-on-one supervision. I understand that consistent attendance is required in order to remain in the program regardless of program type choice. I understand that transportation will not be provided if my is enrolled in the Virtual Program AND students who attend the On-Site Person program who are slated to ride the bus must ride at least 2 days per week in order to remain on the bus list.

MEDIA: I hereby give my consent to the School District's 21st Century Community Learning Centers to take the participant's photograph during program activities, to be used for education and public relations purposes in conjunction with WCSD 21st CCLC. YES_____ NO _____

BEHAVIOR: I understand that WCSD 21st CCLC is a voluntary program and follows a strict behavior policy in order to create a healthy and enjoyable small group learning environment. I understand that one discipline referral (regardless of level) could result in removal from the program at any time. I also understand that there is zero tolerance regarding bus behavior. Furthermore, I understand that suspension or removal from the WCSD 21st CCLC bus can result in removal from the day school bus as well.

PROGRAM CHOICE: I understand that students may NOT be enrolled in both programs and that regular attendance is required in both programs.

Virtual Program: I understand that my child must be enrolled in distance learning during day school in order to be eligible for the WCSD 21st CCLC Virtual Program. If my child is in the WCSD 21st CCLC Virtual Program, I am responsible to provide technology, access to internet and supplies. I understand that my child can be enrolled in day school distance learning and still choose to enroll in the On -Site 21st CCLC after school program. In such case, I am responsible for my child's transportation. Students may not attend both programs.

I also understand that the 21st CCLC Virtual Program may be discontinued at any time and for any reason. I understand that, generally, the On-Site program will follow all COVID-19 protocols and safety measures which are implemented during day school but, may, in some cases, be stricter than day school due to limited resources.

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

PARENT - Signature _____ PARENT - Print Name _____ Date _____