

2021-2022 School Year (NML 21st CCLC / LEAP / RISE) Registration Form



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 protocols for the safety of students and staff during the after school program.

| Student Last Name | First Name | MI | Date of Birth | Student ID |
|-------------------|------------|----|------------------|------------|
| | | | ____/____/20____ | |

IMPORTANT: A wait list may be in place. Students cannot attend prior to receiving an acceptance notice. See additional requirements and policies regarding your schools specific program.

| GRADE _____ | ETHNICITY | LIVES WITH | ADDRESS | TRANSPORTATION CHOICE |
|---|---|---|--|--|
| GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other _____ | <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 | Street # and Name: _____ | Choose ONLY 1 <input type="checkbox"/> Car Rider <input type="checkbox"/> School Bus <input type="checkbox"/> High School Student Driver |
| | | | City: _____ | |
| PRIMARY LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ | | | State: _____ | BUS INFORMATION - After receiving a 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. |
| | | | Zip: _____ | |
| | | | PRIMARY PHONE # () - | |

| Parent/Guardian Last Name | First Name | Phone Number (other than what is listed above) | Relationship to Student |
|---------------------------|------------|--|-------------------------|
| | | () - | |
| | | () - | |

EMERGENCY 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 THE CHILD.

| Last Name | First Name | Phone Number | Relationship to Student | Check all that apply |
|-----------|------------|--------------|-------------------------|--|
| | | | | <input type="checkbox"/> Allowed to Pick Up <input type="checkbox"/> Lives With |
| | | | | <input type="checkbox"/> Allowed to Pick Up <input type="checkbox"/> Lives With |

[] 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.

PLEASE EXPLAIN:

[] Check box if student has any allergies. List them below.

Please note there is not a nurse on staff during program hours. If a medical emergency arises, NML 21st CCLC reserves the right to call an ambulance if deemed necessary. You will be contacted immediately. Paramedics will examine your child. If paramedics state that transportation to the hospital is not necessary, it will only happen with your permission.

PLEASE 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 students who attend the 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 RELEASE: 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 NML 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.

I understand that, generally, the 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/Guardian SIGNATURE

Parent/Guardian PRINTED NAME

DATE

| | | |
|--|--|------------------|
| | | _____/_____/2021 |
|--|--|------------------|