

Dear Parents,

Your child has been selected to receive an application for the FREE Belle Glade Excel 21st Century Community Learning Centers before- and after-school program. Please take a moment to fill out the application and return it to the school secretary or your child's teacher.

21st CCLC Program Goals:

Goal 1: Increase Academic Achievement

Goal 2: Increase student awareness of nutrition/physical fitness and visual and/or performing arts. Goal 3:

Improve adult family member involvement and literacy

21st CCLC Program Information:

The program will take place at Belle Glade Excel Charter School.

There are a limited number of students who will be accepted into the program. Completing an application does not automatically enroll your child. Students who are accepted into the program will receive an acceptance letter before the program begins.

The program begins on Monday, August 15, 2016.

Hours and days of operation: After School (M, T, W, TH, F) from 7:00 am – 8:00 am and 2:35 pm-6:35 pm. Students are expected to be present each day and remain for the duration of the program day.

An afternoon snack and dinner is provided as well transportation home after the program day by Belle Glade Excel Charter School bus. You must indicate your need for transportation on the application on the registration form by circling bus rider.

Students will receive instruction in the areas of reading, math and science through project-based learning as well as participate in other academic and social enrichment activities. There will also be opportunities for family events, student performances, and parent education.

If you have any additional questions, please contact the Site Coordinator. Thank you and we look forward to serving you and your child this year in 21st CCLC!!!

Sincerely,

Arrissa Patterson-Young, Director

Belle Glade Excel 21st Century Community Learning Center

REGISTRATION FORM

Student First and Last Name

Address

City

State

Zip

Home Telephone

Age of student

Birth date

Sex (M or F)

Ethnicity (please circle):

Native American Asian American Caucasian American African
American Hispanic American Other

Primary Language _____

Which programs would you like to register (please circle):

Before-school 7:00 am – 8:00 am After-care: 2:35 pm-6:35 pm Summer: 7:30 am – 5:00 pm

Activities that your child enjoys the most (circle all that apply)

Chorus Sports Science Art Music Reading Math Games Technology

Parent/Guardian

Home Telephone Cell Phone

Work Phone Email address

Physical limitations or special needs of participant

School attended during the day Grade

Teacher

How will your child get home? Circle one: BUS RIDER CAR RIDER

Has this student ever been retained? Circle one: YES NO If yes, what grade level?

Family Data Circle one: Two Parent Family Single Parent Family/Female Single Parent Family/Male

If attending a private school during the day, please list the first and last names, FL driver license numbers and phone numbers for adults who are authorized to transport this student home from the 21st CCLC after school program:

Drivers Full Name	FL Driver License Number	Phone

STUDENT AGREEMENT

I agree to attend the after school program four days a week each week unless I have been excused for medical reasons.

I agree to remain in the after school program for the entire scheduled program each day and to attend the program for the full school year unless I change schools.

I agree to follow the rules for conduct at all times.

I agree to participate in the after school program fully at all times.

I agree to participate in at least one family night event.

I understand that noncompliance to this agreement is grounds for my being dismissed from the 21st CCLC Program.

PARENT/LEGAL GUARDIAN AGREEMENT

I agree to have my child attend five days a week each week in the after school program unless he/she has been excused for medical reasons.

I agree to have my child remain in the after school program for the entire time each day unless prior written notification has been given.

I agree to support the after school program guidelines for conduct.

I agree to participate in a parent/teacher conference each semester and to attend at least one school function, such as Open House, SAC meeting, PTA meeting, etc.

I agree to participate in at least one family night event per month.

I understand that noncompliance to this agreement is grounds for my child to be dismissed from the 21st CCLC Program.

SCHOOL SITE COORDINATOR AGREEMENT

I agree to meet with the student and parent/guardian at least once each semester to discuss the after school program, answer questions, and/or discuss concerns.

I agree to ensure the safety and well-being of all participants while participating in the after school program and any related activities.

I agree to implement a fair and consistent conduct policy for all participants in the after school program and to notify the parent/guardian should a discipline problem arise.

In the event that a child is being recommended to be dismissed from the after school program for the noncompliance to this agreement, I agree to meet with the child and family prior to dismissal.

Student Signature and Date

Parent/Guardian Signature and Date

School Site Coordinator and Date____

HEALTH EMERGENCY INFORMATION CARD

Student First and Last Name

Address_____

City

State

Zip

Home Telephone

Age of student

Birth date

Sex (M or F)

Parent/Guardian

Home Telephone____ Cell Phone

Place of Business____ Work Phone

Emergency Contacts:

Name Phone Number

Name Phone Number

Name Phone Number

Student Health Information:

Allergies

Medications

Doctor _____ Phone Number

Health History

In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me I hereby authorize the school to call the physician indicated and follow his instructions. If it is not possible to contact the physician, the school may take whatever action is deemed necessary.

Parent Signature _____ Date

Dear Parents,

Student Release Authorization Form

In an effort to ensure the safety of our 21st Century learners, any person who is not the legal parent or legal guardian **will not** be allowed to pick up and/or sign out a student without your written consent.

By signing below I agree that my child **can** be released to any individual indicated below without contacting me for verification as long as they produce a valid picture ID to a 21st CCLC staff member. I also acknowledge that if valid picture identification cannot be produced, 21st CCLC staff WILL NOT release my child. Any changes must be submitted to the 21st CCLC Site Coordinator in writing.

Print Student Name

Print Parent Name

Parent Signature__ Date

I authorize my child to be released to the following individuals:

PLEASE PRINT

- First Name ___ Last Name
- First Name ___ Last Name
- First Name ___ Last Name
- First Name ___ Last Name

Individuals who ARE NOT authorized to pick up/sign out my child:

NOTE: We cannot deny a legal parent or legal guardian access to their child unless there is a court order in place preventing contact.
Please make contact with the 21st CCLC Lead Teacher immediately if you have a custody issue.

1. First Name ___ Last Name
2. First Name
_ Last Name