School Year 2022-2023

Espanola Public Schools 21st CCLC Program

STUDENT REGISTRATION PACKET





PARENT/GUARDIAN ACKNOWLEDGMENT FORM

21st Century Community Learning Centers (CCLC) is an out of school time program offered <u>free</u> of charge through a federal grant administered by the New Mexico Public Education Department. The program offers academic, leadership, and enrichment opportunities for students and families. Program is offered Monday through Friday. All <u>21st CCLC students</u> <u>must participate on a regular basis</u>. If program is offered both morning and afternoon, students are not required to attend both sessions.

Family group activities will be offered on some evenings. Please attend as many activities as possible! Family participation is very important to our grant because 21st CCCL has a dual capacity framework, meaning we serve both students AND families!

Your daughter/son is expected to meet expectations and participate. Instructors use positive reinforcement during the out of school time program to keep a positive and fun learning environment! To maintain a good learning environment, we will not allow harassment or bullying. We have a "zero tolerance" policy for any weapons or controlled substances. We follow the school district's Code of Conduct Handbook practices and procedures. Expectations during the out of school time program are the same as during the traditional learning day. We have a behavior/discipline policy that states if a student has a discipline issue, the parent/guardian will receive EPS Disciplinary Form. If your child receives three of these forms, he/she will be suspended from the out of school time program. We reserve the right to suspend or terminate a student from the out of school time program immediately, if a student's behavior warrants it. Please refer to the Code of Conduct Handbook on the Parents-Students section the school district webpage www.k12espanola.org or the remainder of this family handbook for more information.

The elementary program hours are 3:15 - 5:15 P.M. Monday, Tuesday, Wednesday, Thursday and Friday. We will not be open on non-school days. Please read and discuss this family handbook with your child. Then, please sign this form and return it to the out of school time learning center coordinator along with the completed registration forms. You will be notified if there is a space available in your child's grade level. No transportation will be available.

21st CCLC Family Handbook 2022-2023

Student Name

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Please return this signed form to your 21st CCLC School Coordinator with your 21st CCLC registration forms.





STUDENT REGISTRATION

Student information	OOL 21 st CENTURY COMMUNITY LEAF tion:	RNING CENTER PROGRAM
	(Middle)	(Last)
Preferred Nicknar	ne (if applicable)	
Grade student wil	l be in during Academic Year 2022/202	23
Name of School		
Date of Birth	Race	Age
Gender (select on	e) \Box Female \Box Male \Box Tr	ransgender
Mailing Address	:	
Street		_
City	State	Zip Code
Parent/Guardian	Information:	
	Parent/Guardian 1 Information	Parent/Guardian 2 Information (if applicable)
Name		
Cell Phone		
Home Phone		
Work Phone		
Email Address		
Required for survey data		
How will your chi	ild get home from the program? (select	one)
□ Parent/Guardian	n Pick-Up	
Person(s) authoriz	ed to pick up child besides parent/guar	dian(s)
Name		Contact Phone Number
1		
2		
3		
Signature of Parent or Guardian		Date





MEDICAL AUTHORIZATION FORM

Student's name (please p	rint):		
First	Middle	Last	
Person to be contacted in	assa of amarganav		
	e .		
Name		Relationship	
Phone			
Alternate person to be co	ntacted in emergency:		
Name		Relationship	
Phone			

Please list below any health-related condition the director of the program should know about your child. (*Reporting such conditions will not prevent your child from participating and will be kept confidential.*) Allergies/food (explain)

Allergic to any drug(s) (explain)
Diabetes
Heart Condition
Epilepsy
Convulsions
Emotional Upsets
Asthma
Other Conditions?

List below any medication being taken now (including aspirin):
Circle any medications that your child will be bringing to the program

- 1. _____
- 3. _____
- 4. ______ 5. _____

Are there any activities in which the child should not participate?

Are there any physical restrictions?

I, being a person authorized by law to give such permission, do hereby give my permission for emergency medical treatment to be given to the student listed on this form. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and, if unable to reach me, all reasonable attempts to contact the alternate listed above will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release 21st Century Community Learning Centers and all persons associated with this organization from any liability associated with any accident, injury or disease to the person who is the subject of this form.

Signature of Parent/Guardian





PARENTAL PERMISSION FORM

Student's name (please print):

First _____ Middle _____ Last_____

The 21st Century Community Learning Centers (CCLC) program must provide documentation to the New Mexico Public Education Department and U.S. Department of Education concerning progress of the program. We may need to access attendance records, test scores, report cards, and/or transcripts. Additionally, we will distribute surveys to collect information in order to help improve program quality. All information will be strictly confidential. Please select one of the following choices for accessing this information for program quality enhancement purposes.

□ I give my permission for the 21st CCLC program to access my child's grade/assessment and attendance data through my child's school.

□ I DO NOT give the 21st CCL program my permission to access my child's grade/assessment and attendance data through my child's school.

Sometimes there may be activities during which your child uses the internet for tutoring and/or other academic activities. Students will always be monitored and supervised when they are on the internet. Please select one of the following choices:

□ I give my permission for my child to access the internet.

I DO NOT give my permission for my child to access the internet.

During the program, photographs or video recordings may be made of students performing various activities. These might be used in the newspaper, a flyer/brochure, and/or our web sites for promotion of the program. Please select one of the following choices:

I give permission to use my child's photos/videos in the manners described above. I DO NOT give permission to use my child's photos/videos in the manners described above.

Parent or Guardian's Name (Please print):

Parent or Guardian's Signature: _____ Date: _____