



SCHOOL DISTRICT OF INDIAN RIVER COUNTY
21st CENTURY PROGRAM REGISTRATION FORM
2020-2021

PLEASE PRINT

School Site _____ Teacher _____ Date _____

Student Name _____ Student Grade _____

Student Birthday _____ Male ___ Female ___ Student ID# _____

Mailing Address: _____ City _____ Zip _____

E-mail _____

Please see race codes listed on back & circle all applicable: I A B P W
Hispanic/Latino Ethnicity Yes No

Student resides with: (circle one) Both Parents Mother Father Guardian/Other(codes on back): _____

Does the Child live in a Single Parent Home (circle one): Yes No

Home Telephone Number _____

Parent/Guardian Name _____ Cell Phone _____

Work Place _____ Phone _____

Parent/Guardian Name _____ Cell Phone _____

Work Place _____ Phone _____

Child's Doctor's Name _____ Phone _____

Medical Problems? [] No [] Yes (Explain) _____

Taking Medication? [] No [] Yes (Explain) _____

The 21st Century Community Learning Center staff are not permitted to dispense any medications.

List of Allergies (include food) _____

Other Emergency Contacts/Persons permitted to pick up child from 21st CCLC Program.
(Children will ONLY be released to parents and the following persons.)

Name Telephone _____

Name Telephone _____

Name Telephone _____

**** Child will need to be picked up in the evening by parent or person listed above.

THERE WILL BE NO BUS TRANSPORTATION PROVIDED THIS YEAR.

I hereby consent for my child to participate in the 21st Century Community Learning Program (21st CCLC) and agree to release and discharge the Indian River County School District, its officers, agents and employees, exercising reasonable care within their scope of employment, from all liability, claims, damages, suits, judgments, and settlements involving personal injury and property damage resulting from or arising in connection with the 21st Century Community Learning Program (21st CCLC). I understand that periodic reports about 21st CCLC student's academic progress will be prepared for reporting to the 21st CCLC grant administrators.

Parent's Printed Name _____

Parent's Legal Signature _____

Race Codes listed on front (please **circle all** that apply on the **front side**):
If child is of mixed race circle all racial codes that apply.

I = American Indian/Alaskan Native

A = Asian

B = Black

P = Pacific Islander/ Hawaiian

W = White

Ethnicity:

Hispanic or Latino - please just **circle yes or no on front**

Child resides with:

If guardian or other please use following codes:

A = Aunt

B = Brother

C = Cousin

G = Guardian Ad Litem

GP = Grandparent

N = Neighbor

S = Sister

U = Uncle

V = Stepfather

W = Stepmother



School District of Indian River County – Video, Web, Photo Release

Date: _____ Student ID#: _____

The School District of Indian River County sponsors public information programs for education access television cablecast on Indian River County Cable systems and web cast via the district web site. This programming features student activities in our schools. These programs are videotaped by district staff or school staff and may also be used in the schools TV production programs. I agree to allow my child to be part of this videotaping as well as his or her photograph to be used on the School District of Indian River County web site or district publications.

I understand that the district web site is accessed worldwide. I agree to release the School District of Indian River County and its employees for any liability or loss of privacy that may result from the use of this picture or video on the World Wide Web or cable television programs. This form will be in effect from the date signed through summer school of the current school year.

Occasionally, local newspapers and/or television stations photograph/video students to appear in publications or broadcasts. I agree to allow my child to have his/her photograph published/broadcasted by these entities. I agree to release the School District of Indian River County and its employees for any liability or loss of privacy that may result from the use of these pictures/videos. This permission will be in effect from the date signed through summer school of the current school year. I understand I have the right to not sign this release and my privacy rights will be protected.

Student name

Parent or Guardian Signature



Please print Parents/Guardian name(s): _____



21st CENTURY PROGRAM PERMISSION SLIP FOR TRAVEL

This is to certify that our son/daughter _____ has permission to take part in **ALL FIELD TRIPS**, while attending the 21st Century Program and he/she has our permission to be transported by bus.

This statement indicates that my child understands that he/she must follow the rules and regulations of the 21st Century Program, as well as those of the School District of Indian River County.



I hereby consent for my child to participate in the 21st Century Program and all field trips and agree to release and discharge the Indian River County School Board, its officers, agents and employees, exercising reasonable care within their scope of employment, from all liability, claims, damages, suits, judgments, and settlements involving personal injury and property damage resulting from or arising in connection with the 21st Century Program.

Parent's Signature

Date

Child's Name

School

OVER →



**21st CENTURY PROGRAM
INDIAN RIVER COUNTY SCHOOL DISTRICT
STUDENT/PARENT ACKNOWLEDGMENT FORM**

The 21st Century Community Learning Center (CCLC) is a grant program offered at three locations in the School District of Indian River County: Pelican Island Elementary, Sebastian Elementary and Treasure Coast Elementary. The program offers safe havens to students and families while providing opportunities for on-going learning experiences. There will be an academic program and homework assistance/tutoring and enrichment activities offered Monday through Friday evenings. 21st CCLC funding is based on the number of days and hours students participate. **It is expected that each child attend every day from the beginning of the program until the end of the program.**

Adult Family member activities also will be offered monthly. These programs provide education and training that will give families additional skills to support their child's academic success. Family participation is a vital part of our grant funding and non-attendance can put the program at risk to be non-renewed. **As part of your child's participation in the 21st CCLC program a family member is required to attend these activities.**

Our program is set up with a staff to student ratio of 1:10 for academic subject areas and 1:15 for enrichment activities. Your child must be able to participate appropriately in a large group setting. Positive reinforcement is used in dealing with students. We will not allow harassment or bullying, and have a "zero tolerance" policy for any weapons or controlled substances. We have a behavior/discipline policy that states if your child has a discipline issue, you will receive a Behavior Notification form. If your child receives three of these forms, he/she will be suspended for three to five days. The fourth write up will result in termination from the program. We do reserve the right to suspend or terminate immediately if a child's behavior warrants it. Please refer to your parent handbook for more information.

Our program begins at the end of the school day and continues until 6:00 p.m. Monday through Thursday and until 5:30 p.m. on Fridays. We will not be open on non-school days or early release days due to limited space and because the teachers must work their regular school jobs.

Please read and discuss the Parent/Student handbook with your child. Then sign form and return it to the site coordinator at your child's school along with the completed registration forms. **You will be notified if there is a space available your child's grade level. Bus services will not be available this year.**



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Student Name

School

Parent/Guardian Name (Print)

_____/_____/_____
Date

Parent/Guardian Signature

Date

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