



21st Century After School Learning Centers REGISTRATION FORM 2011-2012



RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL OFFICE

ALL SECTIONS MUST BE COMPLETED

Please Print

First Name:		Middle Name:	Last Name:	Date of Birth
Home Address:		Home Tel.#: _____ Cell Ph#: _____ Email: _____	Male or Female	
Attending School:		Grade	Homeroom Teacher	
Parent/Guardian full name:		Place of work and address:	Work Ph #:	
Child's Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian (specify) _____ <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other <input type="checkbox"/> Hispanic/Latino (specify) _____		Family Size <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		Lunch Status Do you currently qualify for: <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/> Full Price
Learning Center Applying To: Please check one: <input type="checkbox"/> Bowen Elementary • Grades 1 - 5 <input type="checkbox"/> Brookwood Elementary • Grades 1 - 5 <input type="checkbox"/> Glenwood Elementary • Grades 1 - 5 <input type="checkbox"/> Meadowlawn Elementary • Grades 1 - 5 <input type="checkbox"/> Southwood Elementary • Grades 1 - 5 <input type="checkbox"/> Townline Elementary • Grades 1- 5 <input type="checkbox"/> Crestwood Middle School • Grades 6-8 <input type="checkbox"/> Valleywood Middle School • Grades 6-8 <input type="checkbox"/> East Kentwood Freshman Campus • Grade 9 <input type="checkbox"/> Crossroads Alternative Ed High School • Grades 9-12			Household Income Please check one: <input type="checkbox"/> under \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$14,999 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$34,999 <input type="checkbox"/> \$35,000-\$39,999 <input type="checkbox"/> \$40,000-\$49,999 <input type="checkbox"/> \$50,000 and above	
<p>Days of Enrollment: Your child must enroll for a minimum of two afternoons per week. Families choosing all 4 days will be given first priority. THIS IS NOT A DROP-IN PROGRAM. Your child must attend the program on the days you choose. If you require a change in enrollment, please contact the Learning Center Coordinator. ALL CENTERS ARE OPEN MONDAY – THURSDAY.</p> <p>Please check days of enrollment.</p> <p><input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday</p>				

Kentwood Public Schools does not discriminate on the basis of race, color, national origin, sex, age, disability, religion, height, weight, or marital status in its programs and activities.

PAGE TWO - MEDICAL INFORMATION

Please check or state any health problems or disabilities that the school should be aware of:

- Allergies to insect bites... Requires Epi Pen... Requires Benadryl
Allergies to food - What food? Requires Epi Pen
Allergies to medications - Name? Reaction?
Asthma - Will you provide the school with an inhaler? Yes No Nebulizer? Yes No
Other? Specify

*If your child requires medication administration, diabetic monitoring, Epi Pens, Inhalers or has severe allergies please contact Learning Center Coordinator immediately.

I give permission for staff to administer the following over the counter medications:

(Prescription medication - see separate form) [] Sunscreen

Signature of Parent/Guardian: DATE:

Signature of parent/guardian is required for registration

In case of an emergency, a staff member from 21st Century Program will contact you immediately.

CIVIL RIGHTS/ NON-DISCRIMINATION

In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

STATEMENT OF HEALTH AND IMMUNIZATIONS

(School-age MUST be updated every year)

All children enrolled in ARCH Programs must meet local, state and Michigan Department of Education health requirements for school entry.

My child is in good health with only the following activity restrictions/health conditions.

My child's immunizations are up to date at school.

Parent Signature Date (Parent of 9th grader must sign)

Parent Signature Date (Parent of 10th grader must sign)

Parent Signature Date (Parent of 11th grader must sign)

Parent Signature Date (Parent of 12th grader must sign)

TRANSPORTATION POLICY NO ELEMENTARY (1ST - 5TH) CHILD IS ALLOWED TO WALK HOME ALONE FROM THE LEARNING CENTER. If you do not request transportation, you must designate a responsible adult (over 18) to pick up your child at the learning center.

- MY CHILD WILL BE PICKED UP AT THE LEARNING CENTER
MY CHILD MAY WALK HOME FROM THE LEARNING CENTER (middle & high school students only)

Name of Responsible Adult: Telephone#

I AM REQUESTING TRANSPORTATION



21st Century After School Program
CONSENT FORM
2010-2011 School Year
Grades: 1st grade through 12th grade



Kentwood Public Schools has partnered with City of Kentwood Parks and Recreation Department to offer an After School Program to enhance academic achievement and the educational experience. The Program will be staffed by both Kentwood Parks and Recreation personnel as well as Kentwood Public School personnel. In order to maximize the benefit this program offers to your student, the Program's staff would like to request access to your student's educational record to review information relating citizenship, grades, performance on standardized tests. Before this information can be shared, the parent/guardian of the student must give written consent. The parent/guardian has the right to request a copy of any information shared with the program. To give your consent, please complete the information below and sign your name.

I _____ give my consent for _____
 Printed parent/guardian's name printed child's name

to participate in the City of Kentwood Parks and Recreation Department After School program. I further give my consent for the Kentwood Parks and Recreation personnel, as well as Kentwood Public School personnel, to have access to the following information from my student's education record, including, record of citizenship, grades, performance on standard academic tests, and [other if applicable] so that program staff can tailor programs in ways that will best help students succeed in academic and non-academic situations.

 Parent/guardian signature date

FIELD TRIP AND MEDIA PUBLICATIONS PERMISSION:

I give permission for my child to participate in all of the regularly scheduled; on-going activities located at off-site facilities such as local parks, playgrounds, libraries, and local businesses? Yes No

I give permission to 21st Century Scholars Learning Center Programs to take videos/pictures that may include my child and might be used in publications (e.g. newspaper stories, newsletters/publications, local access television, 21st Century website). Yes No

21st Century Electronic Student Management System:
I understand by enrolling my child into a 21st Century Learning Center program, my child will be part of an electronic Student Management System that complies with full confidentiality and "Acceptable Use Policies" of the Kentwood Public Schools.

Signature of Parent/Guardian: _____

21st Century Community Learning Centers Evaluation:
I understand by enrolling my child into a 21st Century Learning Center program, my child will be part of a local and state wide evaluation. This evaluation complies with full confidentiality and "Acceptable Use Policies" of the Kentwood Public Schools. Participation in this research is entirely voluntary and you may choose to withdraw your child from participation at any time. Your child has the right to refuse to answer any particular questions. Your child's name will not be used in any written or published documents. Results from the evaluation will be used to fulfill reporting requirements to the State of Michigan and will also be used by staff members to improve the quality of the program.

Signature of Parent/Guardian: _____

Please return this form to your building Site Coordinator as soon as possible.

DO NOT SEND YOUR CHILD TO PROGRAM UNLESS NOTIFIED OF ENROLLMENT BY SITE COORDINATOR