

## 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
						Male or Female
Home Address:			Home Tel.#:			Language spoken at
	Cell Ph#:		Ph#:		home:	
Attending Cohooli		Orresta	Email:			
Attending School:		Grade	Home	Homeroom Teacher		
Parent/Guardian full name:		Place of work and addres		nd address:	ess: Work Ph #:	
Child's Ethnicity		Family Size			Lunch Status	
African American Multi-racial					Do you currently qualify for:	
Asian (specify)						Free Lunch
□ Native American □ Pacific Islander				8 🛛 9 🖵 10		Reduced Lunch
White/Caucasian Other						Full Price
Hispanic/Latino (specify)						
(open.),						
Learning Center Applying To: Please check one:				Household Incom	-	
Please check one:				Please check one	:	
Bowen Elementary • Grades 1 - 5				☐ under \$5,000		
Brookwood Elementary • Grades 1 - 5						
Glenwood Elementary • Grades 1 - 5					0	
Meadowlawn Elementary						
Southwood Elementary •						
Townline Elementary • Grades 1- 5						
Crestwood Middle School • Grades 6-8						
Valleywood Middle School • Grades 6-8				□ \$40,000-\$49,999		
East Kentwood Freshman Campus • Grade 9				└ <b>│</b> \$50,000 and al	oove	
Crossroads Alternative Ed High School • Grades 9-12						
<b>Days of Enrollment:</b> Your child must enroll for a minimum of two afternoons per week. <u>Families choosing all 4 days will</u>						
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.						
Please check days of enrollment.						
🖵 Monday	🖵 Tuesday	,	🖵 We	dnesday	<b>]</b> Thur	rsday

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 sch Allergies to insect bites-insect type		Requires Benadryl
Allergies to food – What food?		Requires Epi Pen
Allergies to medications – Name?	Read	ction?
lacksquare Asthma – Will you provide the school with an inhaler? $lacksquare$	Yes No Net	oulizer? 🗖 Yes 📮No
Other? Specify		

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

Signature of parent/guardian is required for registration

#### In case of an emergency, a staff member from 21<sup>st</sup> Century Program will contact you immediately.

#### **CIVIL RIGHTS/ NON-DISCRIMINATION**

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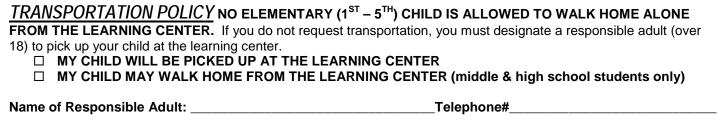
#### STATEMENT OF HEALTH AND IMMUNIZATIONS

(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 of 9 <sup>th</sup> grader must sign)
Parent Signature	Date
	(Parent of 10 <sup>th</sup> grader must sign)
Parent Signature	Date
	(Parent of 11 <sup>th</sup> grader must sign)
Parent Signature	Date
	(Parent of 12 <sup>th</sup> grader must sign)
Parent Signature	Date



□ I AM REQUESTING TRANSPORTATION

21st Century After School Program **CONSENT FORM** 2010-2011 School Year Grades: 1<sup>st</sup> grade through 12<sup>th</sup> 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.

\_\_\_\_\_ give my consent for \_\_\_\_\_\_ Printed parent/guardian's name

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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

## 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 21<sup>st</sup> 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, 21<sup>st</sup> Century website). D No

## 21<sup>st</sup> 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:

21<sup>st</sup> 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



date

printed child's name