



**Attucks Middle School  
21<sup>st</sup> Century Community Learning Centers  
Broward County Public Schools  
2019-2020 REGISTRATION FORM**



Participant Information				
Last Name	First Name	Middle Name	Student ID	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City	State	Zip Code
Birth Date	Age	Grade in August	Country of Birth	
___/___/_____			<input type="checkbox"/> United States <input type="checkbox"/> Other _____	

Parent/Legal Guardian Information					
Full Name of Mother/Legal Guardian			Full name of Father/Legal Guardian		
Street Address (if different from participant)			Street Address (if different from participant)		
City	State	Zip	City	State	Zip
Home Phone		Mobile Phone		Home Phone	
Email Address:					
Are there any custody issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide documentation to the center coordinator.</i>					

Emergency Contact / Pick-Up Authorization			
In the event that a parent/guardian cannot be reached in an emergency situation, the following individuals are provided consent for emergency contact and authorized participant pick up.			
Contact Name	Relationship	Phone Number	Phone Number
1.			
2.			
3.			
Individuals <i>NOT AUTHORIZED</i> for pick up/participant contact:			
1.	2.	3.	
<b>Student Dismissal</b> The 21 <sup>st</sup> Century program dismisses students at times specific to site location. All locations follow sign out processes for students. Once a student signs out from program, they are no longer the responsibility of the 21 <sup>st</sup> Century program and its affiliates.			
Upon signing out from the program, my son/daughter will:			
<input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Walk			

For Office Use Only	Date Received:	Entry Date:	Entered by:

### Student Demographic Information

The demographic information gathered herein is solely used for statistical purposes. Student information is kept confidential.

Household arrangement	Household income	Free or Reduced Lunch
<input type="checkbox"/> Both parents <input type="checkbox"/> Single parent <input type="checkbox"/> Other arrangement  Number in Household: _____	<input type="checkbox"/> 0-9,999 <input type="checkbox"/> 40,000-49,999 <input type="checkbox"/> 10,000-19,999 <input type="checkbox"/> 50,000-69,999 <input type="checkbox"/> 20,000-29,999 <input type="checkbox"/> 70,000-99,999 <input type="checkbox"/> 30,000-39,999 <input type="checkbox"/> 100,000-over	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Ethnicity
		<input type="checkbox"/> Yes, Spanish/Hispanic/Latino <input type="checkbox"/> No, Not Spanish/Hispanic/Latino
Language Spoken	Race	Cultural Influence
<input type="checkbox"/> Bilingual Creole/English <input type="checkbox"/> Bilingual Spanish/English <input type="checkbox"/> Creole <input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multiracial	<input type="checkbox"/> American <input type="checkbox"/> British <input type="checkbox"/> Central/South American-Hispanic <input type="checkbox"/> Cuban <input type="checkbox"/> German <input type="checkbox"/> Haitian <input type="checkbox"/> Italian <input type="checkbox"/> Puerto Rican <input type="checkbox"/> West Indian <input type="checkbox"/> Other _____

### Medical Information

Name of Insurance Carrier and Plan Name	Family Physician	
Carrier Phone	Insurance ID number	Physician Contact Phone
	Please list ADA Accommodations needed	
	Has the participant ever been diagnosed with or received treatment, attention, or advice from a physician for:	
	<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Serious headache/Migraine <input type="checkbox"/> Other _____	
Please explain any medical issues stated above with treatment, attention, or advice from a physician		
_____ _____ _____		
Signature: _____ Date: _____		



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**PRIVACY RIGHTS**

I understand that pictures, and/or video will be taken during program activities/events. I give permission to Attucks 21<sup>st</sup> CCLC Program and/or its Community Partners to use said photos/videos of my student, family and myself to be used in educational, promotional or informational materials or press media for positive public relations purposes.  Yes  No Please Initial \_\_\_\_\_

I give consent to Attucks 21<sup>st</sup> CCLC to contact me via my email provided within this application for updates pertaining to my child and program activities.  Yes  No Please Initial \_\_\_\_\_ (Attucks 21<sup>st</sup> CCLC will not share your email address to third parties without your consent.)

**PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS** I give permission for the Attucks 21<sup>st</sup> CCLC Staff to review my child's school data (test scores, report cards, attendance, and other performance indices), for the purpose of providing targeted support and academic instruction and assessing the effectiveness of the After School Program. I also give permission for Attucks 21<sup>st</sup> CCLC staff to monitor my child's progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness.  Yes  No Please Initial \_\_\_\_\_

**Please READ and INITIAL the box next to each of the following rules.**

**By initialing you agree to comply with each requirement**

**ATTENDANCE**

_____	<ul style="list-style-type: none"> <li>• My child is expected to attend the Attucks 21st CCLC S.O.A.R Program <b>Monday through Thursday 3:30 p.m. to 6:05 p.m. for the Aftercare Program.</b> We do not operate on early release days or teacher planning days</li> <li>• <b>I understand that this is an academic and enrichment program and not childcare.</b> My child is expected to participate in both academic and enrichment activities.</li> </ul>
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**PARENT INFORMATION NIGHTS**

_____	At least one parent/guardian will be required to attend parent information meetings. There are 6 parent meetings during the 2019-2020 school year.
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**PICK UP**

_____	<ul style="list-style-type: none"> <li>• My child is not allowed to leave Attucks 21st CCLC site prior to 6:05 p.m. unless picked up by an authorized adult with current photo identification.</li> <li>• An authorized adult (18 years or older) is someone whose name has been listed on the Attucks 21st CCLC registration form.</li> <li>• My child must be picked up by 6:05 p.m. to ensure adult supervision</li> </ul>
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**DISCIPLINE**

_____	A written Incident Report will be completed and discussed with me whenever my child behaves inappropriately, uses improper language, or in any way disrupts the Attucks 21st CCLC S.O.A.R Program
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**DISCIPLINE POLICY IS AS FOLLOWS**

_____	<ul style="list-style-type: none"> <li>• 1st Offense: Site Coordinator talks to the child.</li> <li>• 2nd Offense: Site Coordinator talks to the child, notifies the parent by phone and the child can be suspended from the program for up to two days.</li> <li>• 3rd Offense: Site Coordinator talks to the child, notifies the parent in writing and the child can be withdrawn from the program for the remainder of the year.</li> </ul>
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_____	<b>**Destruction of property and injury to another person will result in automatic expulsion**</b>
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<b>Personal Electronics:</b>	
_____ 	No personal electronics of any kind are to be used during program hours unless permitted by the teacher for instructional purposes. Attucks 21st CCLC cannot be held responsible for loss or damage to any electronic devices.
<b>SPECIAL EVENTS AND GUESTS</b>	
_____ 	Special events will be brought onto our campus throughout the school year. Children will enjoy a variety of live and interactive presentations. I understand that participation is a privilege and not a right and may be revoked at any time by the program administration.
<b>ILLNESS:</b>	
_____ 	I agree to keep my child at home when I know that he/she is ill, has a fever of 100 degrees or higher, vomiting or has a contagious disease. Children can return to Attucks 21 <sup>st</sup> CCLC when fever/system-free for 24 hours.
<b>EMERGENCIES</b>	
_____ 	In case of emergency, staff will contact me and/or emergency contacts listed with Attucks 21st CCLC. I agree to update the Attucks 21st CCLC staff in writing with any new contact information. <b>I understand that if information is not current, my notification of an emergency can be delayed.</b>  <b>If immediate hospital attention is needed, staff will call 911. I understand that I will be held responsible for all costs incurred.</b>
<b>INCLEMENT WEATHER:</b>	
_____ 	<b>Should Broward County schools be closed due to inclement weather or any other issue, the Attucks 21<sup>st</sup> CCLC program will be closed as well. Emergency notifications will be posted on the homepage of our website and left on the Attucks 21<sup>st</sup> CCLC phone line.</b>
<b>HOMEWORK</b>	
_____ 	The Program provides designated times for instruction, enrichment activities and homework. During homework time, staff is available for assistance. <u>Though reasonable effort will be made, staff is not responsible for ensuring that all homework is complete.</u>
<b>DATA COLLECTION:</b>	
_____ 	I give permission for data relative to my child and me to be entered into the data collection system for program evaluation purposes. The information will be available to the Attucks 21 <sup>st</sup> CCLC site staff. I understand that all information provided will remain confidential.
<b>SCHOOL SUCCESS:</b>	
_____ 	I understand that the Attucks 21 <sup>st</sup> CCLC works with the Broward County Schools to help develop & deliver activities that engage & impact children. I give permission for the Attucks 21st Century program staff to receive attendance and progress reports, mid-term grades, end of year grades and test scores for the school year 2018-2019.