



Liberty 21st Century Community Learning Center 25 Summer Enrollment

Hosford & Tolar 7:30am-3:30pm

11051 NW CR 12, Florida 32321

Telephone: 850.643.2275 • Fax: 850.643.5131

email: • beth.brown@lcsb.org

Student Information

Please Print – One Application per

STUDENT

Circle Grade Currently enrolled in for the 25-26 SY: PK K 1st 2nd 3rd 4th 5th 6th 7th 8th

Name of School Attending:

Student Name (registered school ma1e):

Student Name (preferred name):

Date of Birth: / /

Gender: ☐ Male ☐
Female

Primary Phone: () -

Ethnic Origin of Child: ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander ☐ Hispanic or Latino
☐ Black or African American ☐ White or Caucasian American ☐ Other:

Is your child eligible for Free and Reduced Lunch? ☐ Yes ☐ No

Is your child enrolled in extracurricular activities? ☐ No ☐ Yes Days: (M T W TH F) Time:

Is your child enrolled in LEP or ESOL program? ☐ Yes ☐ No

Does your child have a special need/disability? ☐ No ☐ Yes

For office use only: IEP/504 on file
☐

If Yes, how would you best specify your child's need/disability? Please check all that apply:

- ☐ Autism Spectrum Disorder
- ☐ Chronic Medical Condition
- ☐ Emotional or Behavioral Disorder
- ☐ Hearing Impairment (Or Deaf)
- ☐ Intellectual Disability

- ☐ Learning Disability
- ☐ Physical Disability
- ☐ Speech/Language Impairment
- ☐ Visual Impairment (Blind)
- ☐ Other Disability:

Has your child been retained? ☐ Yes ☐ No If yes, please indicate what grade level(s)

Subject(s) your child has difficulty with:

Are any other siblings being registered? ☐ Yes ☐ No If yes, please list your child(ren)'s name and school:

1) Grade

2)
Grade

3) Grade

4)
Grade

Family Information

Parent/Guardian:

Home Address:

City, State, Zip:

Home Telephone Number:

Employer:

Work #:

Cell:

Email Address:

Driver's License #:

Parent/Guardian:

Home Address:

City, State, Zip:

Home Telephone Number:

Employer:

Work #:

Cell:

Email Address:

Driver's License #:

For office use only: Copy of DL on file ☐

For office use only: Copy of DL on file ☐

Student Resides with: ☐ Both Parents ☐ Mom ☐ Dad ☐ Other:

Legal Custody of student: ☐ Both Parents ☐ Mom ☐ Dad ☐ Other:

For office use only: Copy of Court Order on file ☐ Pg1

Student's Mailing Address:		
City:	State:	Zip:

Emergency Contacts & Authorized Persons Allowed to Pick Up Your Child

Name:		Telephone:	
Relationship:	Driver's License on file <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Authorized to Pick Up	
Name:		Telephone:	
Relationship:	Driver's License on file <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Authorized to Pick Up	
Name:		Telephone:	
Relationship:	Driver's License on file <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Authorized to Pick Up	
Name:		Telephone:	
Relationship:	Driver's License on file <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Authorized to Pick Up	

Is There Any Person NOT Allowed To Pick Up Your Child?

Name:			Relationship:	
Race:	Height:	Weight:	For office use only: Copy of court papers on file <input type="checkbox"/>	
Comments:				Call 911 <input type="checkbox"/>
Name:			Relationship:	
Race:	Height:	Weight:	For office use only: Copy of court papers on file <input type="checkbox"/>	
Comments:				Call 911 <input type="checkbox"/>

Medical Information

Doctor:		Insurance Company:	
Address:		Policy / Group #:	
City:	State:	Name Policy is Under:	Phone:
Phone:	Zip:	Hospital Preference:	
List any Health Restrictions: (Allergies, Vision, Hearing, Etc.)			
For office use only: Letter From Doctor on File: <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any Diet Restrictions: (Allergies-Gluten, Dairy, Nuts, Etc.)			
For office use only: Letter From Doctor on File: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child take any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please List			
I give consent to Liberty 21 st CCLC staff to apply sunscreen and/or bug spray for my child provided by parent/guardian. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Initial			
Actions to Take if Medical Care is Needed:			
Are there any unusual factors in the child's life which the teacher of staff should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain			

Privacy Rights

I understand that pictures, and/or video will be taken during program activities/events. I give permission to Liberty 21st 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 _____

Program Expectations

Please read and initial each of the following rules.
By initialing you agree to comply with each requirement.

Enrollment: _____ **Limited Enrollment . First come First served. (staff-student ratio)**

Attendance:

_____ My child is expected to attend the Liberty 21st CCLC **Mon- Thurs 7:30-3:30 PM**

_____ I understand that in my child must attend a minimum of three days a week.

_____ Any day that my child does not attend school, he/she cannot attend the Liberty 21st Century Community Learning Center.

_____ **I understand that this is an academic and enrichment program- not childcare. My child must be able to participate safely in a small group of 10-15 students.**

_____ **I understand that my child must be potty-trained to attend this program.**

Parent Information Nights:

At least one parent/guardian will be required to attend a parent information meeting once per nine weeks in order to stay in compliance with grant requirements.

_____ Parents are encouraged to volunteer for at least 2 hours per semester in the program.

Pick-up:

My child is not allowed to leave Liberty 21st CCLC site unless picked up by an authorized adult with current photo identification.

An authorized adult is ONLY someone whose name has been listed on the 21st CCLC registration form.

Parents must sign out their child every day. After 2 Late pick-ups students will be dismissed.

My child must be signed out and picked up by 3:30 p.m. If 30 min late sheriff department will take possession of your child/ren and students will be dismissed.

Transportation:

I understand that Liberty 21st CCLC program may provide field trip transportation; I give my permission for my child to participate in the program provided transportation.

Discipline:

A written Incident Report will be completed and discussed with me whenever my child behaves disrespectfully or improperly, uses improper language, or in any way disrupts the Liberty 21st CCLC Program.

Discipline Policy is as follows:

1st Offense: Site Coordinator talks to the child and notifies the parent in writing.

2nd Offense: Site Coordinator talks to the child, notifies the parent in writing and the child can be suspended from the program for up to two weeks

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.

****Destruction of property and injury to another person will result in automatic expulsion****

Personal Electronics:

_____ No personal electronics of any kind are permitted to be used during program hours. Liberty 21st CCLC cannot be held responsible for loss or damage to any electronic devices.

Special Events and Guests:

_____ 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.

Illness:

_____ 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 Liberty 21st CCLC when fever/system-free for 24 hours.

Emergencies:

_____ In case of emergency, staff will contact me and/or emergency contacts listed with Liberty 21st CCLC. I agree to update the Liberty 21st CCLC Administration in writing with any new contact information. It is my responsibility to notify 21st CCLC of changes.

_____ **If immediate hospital attention is needed, staff will call 911. I understand that I will be held responsible for all costs incurred.**

Inclement Weather:

_____ **Should Liberty County schools be closed due to inclement weather, the Liberty 21st CCLC program will be closed as well. Emergency notifications will be posted on the homepage of our website and left on the Liberty 21st CCLC phone line.**

Homework:

_____ The Program gives homework time, staff is not responsible for for completion, nor accurateness.

Data Collection:

_____ I give permission for Liberty 21st CCLC to obtain & enter data relative to my child and myself into the data collection system.

School Success:

_____ I give permission for the Liberty 21st Century staff to receive attendance, and all grades and test scores for the 24-25 & 25-26SY for up to 6 months after completion of the program.