



Liberty 21st Century Community Learning Center

24-25 SY Enrollment

Hosford 21st CCLC 3:05 -5:35 PM

11051 NW CR 12, Florida 32321

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Student Information

Please Print – One Application per

STUDENT

Circle Grade Currently enrolled in for the 24-25 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:

- | | |
|---|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Chronic Medical Condition | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Emotional or Behavioral Disorder | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Hearing Impairment (Or Deaf) | <input type="checkbox"/> Visual Impairment (Blind) |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> 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:	Parent/Guardian:
Home Address:	Home Address:
City, State, Zip:	City, State, Zip:
Home Telephone Number:	Home Telephone Number:
Employer:	Employer:
Work #: _____ Cell: _____	Work #: _____ Cell: _____
Email Address:	Email Address:
Driver's License #:	Driver's License #:
For office use only: Copy of DL on file <input type="checkbox"/>	For office use only: Copy of DL on file <input type="checkbox"/>

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

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

List any Diet Restrictions: (Allergies-Gluten, Dairy, Nuts, Etc.)

For office use only: Letter From Doctor on File: Yes No

Does your child take any medication? Yes No If Yes, Please List

I give consent to Liberty 21st CCLC staff to apply sunscreen and/or bug spray for my child provided by parent/guardian.

Yes 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?

Yes 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.

Attendance:

My child is expected to attend the Liberty 21st CCLC **Mon- Fri 2:50-5:20 PM for Tolar.**
3:05-5:35 for Hosford

I understand that in order for this program to meet state requirements my child must attend a minimum of four days a week. Regular attendance is necessary for maintain this service.

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 and 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.

My child is potty-trained.

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 5:35 p.m. at Hosford and 5:20 at Tolar. 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. **I understand that if information is not current, my notification of an emergency can be delayed.**

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 provides designated times for instruction, enrichment activities and homework. During homework time, staff is available for assistance. Though reasonable effort will be made, staff is not responsible for ensuring that all homework is complete and correct.

Data Collection:

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 Liberty 21st CCLC site staff. I understand that all information provided will remain confidential.

School Success:

I understand that the Liberty 21st CCLC works with the Liberty County Schools to help develop & deliver activities that engage & impact children. I give permission for the Liberty 21st Century program staff to receive attendance and progress reports, mid-term grades, end of year grades and test scores for the school year 2022-23 & 2023-2024. I also give my permission for the Liberty 21st Century Community Learning Center program staff to obtain the above information 6 months after my child's completion of the program to help the Liberty 21st CCLC complete required exit data collection.