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|  | | | | | | | | **Liberty 21st Century Community Learning Center** **2023-24 Enrollment Application**  **Hosford School Site 3:05PM -5:35 PM**  16864 NE State Road 65 Hosford, Florida 32334  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 23-24 SY: PK K 1st 2nd 3rd 4th  5th  6th 7th 8th | | | | | | | | | | | | | | | | | | | |
| Name of School Attending in the 23/24 School Year: | | | | | | | | | | | | | | | | | | | |
| Student Name (registered school na1e): | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | 1. Grade | | | | | | | | |
| 1. Grade | | | | | | | | | | | 1. 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 | | | | | | | | | | | **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** | | | | | | | | | | | | | | | | | | | |
| Student’s Mailing Address: | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | State: | | | | | | | | Zip: | | | | |
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| Emergency Contacts & Authorized Persons Allowed to Pick Up Your Child | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | Telephone: | | | | | | | |
| Relationship: | | | | | | Driver’s License on file  Yes  No | | | | | | | | | | Authorized to Pick Up | | | |
| Name: | | | | | | | | | | | | Telephone: | | | | | | | |
| Relationship: | | | | | | Driver’s License on file  Yes  No | | | | | | | | | | Authorized to Pick Up | | | |
| Name: | | | | | | | | | | | | Telephone: | | | | | | | |
| Relationship: | | | | | | Driver’s License on file  Yes  No | | | | | | | | | | Authorized to Pick Up | | | |
| Name: | | | | | | | | | | | | Telephone: | | | | | | | |
| Relationship: | | | | | | Driver’s License on file  Yes  No | | | | | | | | | | 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 | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | Call 911 |
| Name: | | | | | | | | | | Relationship: | | | | | | | | | |
| Race: | | | Height: | | | | | Weight: | | **For office use only:** Copy of court papers on file | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | Call 911 |
| **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 \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
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| **Program Expectations** | | | | | | | | | | | | | | | | | | | |
| **Please read and initial each of the following rules. By initialing you agree to comply with each requirements** | | | | | | | | | | | | | | | | | | | |
| **Attendance:** | | | | | | | | | | | | | | | | | | | |
|  |  | My child is expected to attend the Liberty 21st CCLC **Mon- Fri 2:50-5:20p.m. for Tolar & 3:05-5:35p.m for Hosford AfterSchool Program.7:30-3:30 PM for Summer.** | | | | | | | | | | | | | | | | | |
|  |  | I understand that in order for this program to meet state requirements my child must attend a minimum of three 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 personal enrichment program and not childcare.**  **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. Late pick-ups will be dismissed. | | | | | | | | | | | | | | | | | |
|  |  | My child must be signed out and picked up by 5:35 p.m. at Hosford and 5:20 at Tolar. | | | | | | | | | | | | | | | | | |
| **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\*\*** | | | | | | | | | | | | | | | | | |
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| **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. |
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| **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. |
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