



21st Century Community Learning Center 2021-2022 Student Registration Packet

Hours of Operation:

School Days

3:00 PM-5:45 PM

*Subject to close due to inclement weather

and at Program Director's discretion.

Due to limited availability, program enrollment will be based on a lottery system. A site coordinator from your child's school will contact parents/guardians with information regarding the date your child may begin the TRACKS Program. Students cannot begin TRACKS until parents are notified. All TRACKS Sites will open August 10, 2021.

TRACKS SITE LOCATION (circle one): Phil Campbell East Franklin Tharptown Belgreen Vina Red Bay

Student's Full Name: _____ Birth Date (MM/DD/YYYY): _____

Age _____ Highest Grade Level Completed (circle one): PreK 1st 2nd 3rd 4th 5th or hasn't begun school

Race (circle): Native American Asian African American Hispanic or Latino White Other

Home Address: _____

Mailing Address: _____

Father's Full Name: _____ Phone: _____

Father is authorized to sign student out (circle): Yes No

Father's Employer: _____ Employer's Phone: _____

Mother's Full Name: _____ Phone: _____

Mother's Employer Name: _____ Employer's Phone: _____

Mother is authorized to sign student out (circle): Yes No

Student lives with (circle): Mom Dad Both Parents Grandparents Foster Parents Other

Legal Guardian(if not listed above): _____ Phone: _____

Mom/Legal Guardian Email Address: _____

Dad/Legal Guardian Email Address: _____

At least one parent email address is required

Please circle the answers below that BEST describe your child:

Bilingual (circle): Yes No

English Language Learner - English is NOT Native Language(circle): Yes No

Receive Special Education Services (circle): Yes No

In Gifted and Talented Program (circle): Yes No

List any medical concerns/health problems: Allergies, etc.

21st Century Community Learning Center Program

2021-2022 Permission Waiver

Student's Name: _____

I hereby grant permission for my child to participate in the 21st Century Franklin County After School/Summer Program events, activities, and field trips. This may include pre/post, tests, surveys, access to the Internet and enrichment activities. I give permission for my child's work or photos to be used in program implementation and promotion. I grant permission for the 21st Century Staff to have access to my child's school records.

Signature of Parent/Guardian

Date

I give permission for the 21st Century After School/Summer program to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

Signature of Parent/Guardian

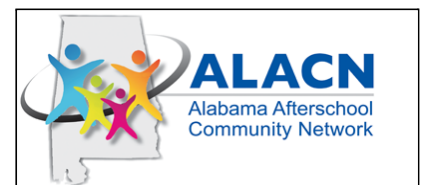
Date

PLEASE NOTE THE FOLLOWING:

- Students must not be disruptive or be a threat to themselves or others.
- If you move or change your home/cell phone numbers, please notify your TRACKS Site Coordinator ASAP.
- We do not wish to be intrusive, but we must be kept apprised of changes in guardianship, custody, additions, or deletions to the student's daily sign-out release forms as it relates to our care for your child.
- **Please inform anyone who picks up your child to bring a picture ID because we may ask for it at any time.**

Signature of Parent/Guardian

Date



21st Century Community Learning Center Program 2021-2022

Emergency Contacts (other than the parents, in case of accident or illness.) The people listed below have your permission to pick up your child, if you are unable to pick them up. People not listed below will not be allowed to check your child out of the program. We will call the parents at the phone number listed on the first page of this registration packet immediately.

	Name	Relationship to Student	Phone Number	Required for each person
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Special Legal/Custody Restrictions:





Health Assessment

21st Century Community Learning Center Program 2021-2022



To Parent or Guardian:

The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

Please complete both sides of this form and return with TRACKS Registration Packet.

Name of Student (Last, First, Middle)	Birth Date	Sex	School
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Address (Street)

Home Telephone Number:	Cell Phone Number:	Additional Phone Number:	Grade	Teacher/Homeroom If Known
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Name of Parent/Guardian (Last, First Middle)	Work Phone Number:
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Transportation *If known*

☐ Bus Rider Bus Number: ☐ Car Rider ☐ Special Needs Bus ☐ After School

Part I – Health Information

Place your child receives health care:

Physician's Name: _____

Address: _____

Phone: _____

☐ Community Health Center

☐ Health Department

☐ Hospital Clinic

☐ No Regular Place

☐ Private Doctor /HMO

Your child's Insurance Information:

☐ ALL KIDS

☐ Medicaid

☐ No Insurance

☐ Other _____

☐ Private Insurance

Place your child receives dental care:

Dentist's Name: _____

Address: _____

Phone: _____

☐ Community Health Center

☐ Health Department

☐ Hospital Clinic

☐ No Regular Place

☐ Private Dentist /HMO

Preferred Hospital: _____

Part II – Medical History Medical Equipment /Procedures Required at School

- | | | | | |
|---|---------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> Catheter | <input type="checkbox"/> Gastric Tube | <input type="checkbox"/> Nebulizer Treatments | <input type="checkbox"/> Oxygen Supplement | <input type="checkbox"/> Tracheostomy |
| <input type="checkbox"/> Vagal Nerve Stimulator (VNS) | <input type="checkbox"/> Ventilator | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Walker | |
| <input type="checkbox"/> Other <i>Please explain:</i> | | | | |



Health Assessment

21st Century Community Learning Center Program

2021-2022



Name of Student

Part III – Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	KNOWN HEALTH PROBLEMS If NO , go directly to the bottom of the page and provide parent/guardian signature If YES , and diagnosed by a physician, answer each question below.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Allergies: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____ </div> <div> <input type="checkbox"/> Hives/rash <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Medications <input type="checkbox"/> Epi-pen </div> </div>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma <input type="checkbox"/> Uses an inhaler at school <input type="checkbox"/> Uses an inhaler at home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Blood/Bleeding Problems: <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Requires medication <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Von Willebrand's, <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequent Nose Bleeds: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cancer/Leukemia: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cerebral Palsy: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cystic Fibrosis: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet </div> <div> <input type="checkbox"/> Insulin pump <input type="checkbox"/> Glucagon order <input type="checkbox"/> Oral medication </div> </div>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Emotional/Behavioral/Psychological: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Gastrointestinal/Stomach Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Genetic / Rare Disorders: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Headaches: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing Problems: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss <input type="checkbox"/> Hearing aid <input type="checkbox"/> Tubes <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart Condition: <input type="checkbox"/> Activity restrictions: <input type="checkbox"/> Medications taken at home: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hypertension (High Blood Pressure): <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Juvenile Arthritis/Bone-Joint Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Kidney/ Bladder/ Urinary Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Scoliosis: <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery <input type="checkbox"/> Family History
<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizures/Convulsions: Type of seizure: _____ Medications: <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____ <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Sickle Cell: <input type="checkbox"/> Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> YES <input type="checkbox"/> NO	Shunt: <input type="checkbox"/> VP shunt <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Spina Bifida:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Diet: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Problems: <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other Medical Conditions: <i>Please include <u>any</u> medications taken at home only.</i>

Signature Required

Parent/Guardian Signature: _____ **Date:** _____

21st Century Community Education Learning Center

2021-2022 Homework & Attendance Policy

The continuation of funding for this program is based largely on your child's academic improvement and attendance. Therefore, the program takes an aggressive approach regarding the completion of assigned homework, project and daily attendance. The following procedures have been established to ensure all requirements related to academic achievements and attendances in the grant are achieved.

Academic (Homework/Assignments):

- Students are required to bring homework assignment sheets or bring assignments written in a notebook or a newsletter from his/her teacher(s).
- If students have no assigned homework, they will be expected to do other academic/enrichment activities assigned during homework time.
- After 2 consecutive days of "no homework" in a subject area, the 21st CCLC staff will check with your child's classroom teacher(s) to verify homework assignments.
- The 21st CCLC program does not replace the place of parental academic support. Parents need to check their child's/children's homework assignments for completion and accuracy. If students have tests that students are expected to study at home, then parents should review the skills/content with their child/children.

Attendance:

- Your child/children are required to meet in the designated area for after-school program. If your child is NOT going to attend on a given day, please notify the after-school program staff that he/she will not be attending that day.
- **(IMPORTANT)** Students are required to attend the TRACKS program a minimum of 4 days a week.

I agree to abide by the attendance procedures for the program as stated above.

Parent/Guardian Signature: _____ Date: _____