



21st Century Community Learning Center for Bound Brook and Manville Schools
PO BOX 8045, Bridgewater, NJ 08807
Office Telephone: 908-725-7223, Roosevelt School Cell: 908-947-6275

August 2025

Dear Parents/Guardians,

Thank you for your interest in the 21st Century Community Learning Center. The 21st Century Program operates during after school hours and has been in operation since October 1, 2007. The dates for the 2024-2025 school year are as follows:

Fall Cycle: Weeks of September 8, 2025 to December 22, 2025

Winter Cycle: Weeks of January 5, 2026 to April 1, 2026

Spring Cycle: Weeks of April 13, 2026 to June 16, 2026

The program will be held at Roosevelt School and is for students entering 3rd and 4th grade.

General information about the program is listed on the following page for your review. Enclosed you will find the registration packet and program information. Enrollment in the 21st CCLC Program is for students entering 3rd and 4th grade and we encourage you to register as soon as possible. Once the program is full we will begin a waitlist.

The program is completely free!

Registration information for the Summer Cycle will be provided to parents as the dates approach. Please keep in mind that five business days are required to process registrations before students may attend the program.

We are looking forward to building a partnership with you and your family this year. Please complete and return the necessary paperwork to us as soon as possible. Feel free to contact me with any questions or concerns at 908-725-7223 or to blyons@middleearthnj.org. Thank you for your consideration in this matter and I look forward to working with you!!

Sincerely,
Rebecca Lyons (Miss Becky)
21st CCLC Project Director



"This project was funded in its entirety with federal funds under the *Every Student Succeeds Act, Title IV, Part B, 21st Century Community Learning Centers (21st CCLC)*, through a grant agreement with the New Jersey Department of Education."



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21st CCLC Roosevelt School 2025-2026 September 8, 2025 – June 16, 2026

REGISTRATION

- Enrollment in the 21st CCLC Program is available on a first come, first served basis. A wait list will be instituted for students who register after the program is filled.

GENERAL INFORMATION

- The 21st CCLC Fall Cycle will be held in **Roosevelt School** and is for students entering 3rd and 4th grade
- Students will report directly to the multipurpose room following school dismissal.
- The fall program will begin on September 4, 2024 and will be held from 3:10 PM to 6:10 PM, Monday to Friday, during the school year.
- There will be **NO PROGRAM** on half days!
- The program is completely free!
- The program on Mondays-Fridays provides both academic remediation and enrichment, as well as character education, physical education and recreational opportunities in a supervised and positive environment, as follows:
 - 3:10 PM- 4:10 PM Snack and Recreation time
 - 4:10 PM- 5:10 PM Academics/ Tutoring/ Homework time
 - 5:10 PM -6:10 PM Programs, groups and club time
 - 6:10 PM Dismissal

Academic remediation is conducted by certified Manville district teachers. The remainder of the program will be implemented by Middle Earth staff, and other youth serving specialists. A trained counselor from Catholic Charities also participates in the program.

- A calendar will be sent out monthly explaining events, meetings, and closures so that families have ample time to plan.
- Nutritious snacks will be provided every regular program day.



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FINAL PAGE MUST BE SIGNED OR YOUR CHILD CANNOT ATTEND PROGRAM
PLEASE FILL EACH PAGE OUT COMPLETELY OR YOUR CHILD WILL NOT BE ACCEPTED INTO THE PROGRAM

Please PRINT requested information in BLACK OR BLUE ink. Please send completed forms to the Main Office at school or to Becky Lyons/Middle Earth 21st CCLC, PO Box 8045, Bridgewater, NJ 08807.

Child's Information:

Last Name _____ First Name _____

School _____ Grade _____

Birth Date _____ Gender _____

Race (please circle): Asian Black Hispanic or Latino Native American
 Pacific Islander White Other _____

Language spoken at home (please circle): English Spanish Other (specify) _____

Are there any days your child will not be able to attend the program? Yes No

If Yes: What Days? _____

Is there any other pertinent information you would like us to know about your child? Yes No

If Yes: _____



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Parent/ Guardian Information:

1. Parents/Guardian Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Cell Phone Number _____
Employer _____ Work Phone Number _____
Email Address _____

2. Parents/Guardian Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Cell Phone Number _____
Employer _____ Work Phone Number _____
Email Address _____

Which parent/guardian should be contacted first in case of emergency? _____



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Emergency local contacts:

List at least three adults (over age 18), with different phone numbers, to be called in the event of an emergency if parents cannot be reached. Contacts are expected to act on behalf of parents. Parental permission to pick up your child is implied. Contacts should be available at the indicated LOCAL phone number during 21st CCLC hours. Contacts should be made aware that they are listed.

1. Name _____ Phone Number _____

Relation to Child _____

Can this person pick up your child without prior notification? [] Yes [] No

2. Name _____ Phone Number _____

Relation to Child _____

Can this person pick up your child without prior notification? [] Yes [] No

3. Name _____ Phone Number _____

Relation to Child _____

Can this person pick up your child without prior notification? [] Yes [] No



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Medical Information:

Please share relevant information that would be useful in meeting your child's needs. If you answer Yes please explain.

Allergies?: [] Yes [] No

If Yes: _____

Medical conditions/disabilities?: [] Yes [] No

If Yes: _____

Current medications/dosage?: [] Yes [] No

If Yes: _____

Medication information is for emergency medical personnel. 21st CCLC staff members are not permitted to administer medication.

Does your child require: Epi-Pen? [] Yes [] No **Inhaler?** [] Yes [] No

Does your child have any social, emotional, speech, language, academic, family situations, etc. that we should be aware of? [] Yes [] No

If Yes: _____

Do you have a family Doctor? [] Yes [] No

Child's Physician: _____

Address: _____ Phone Number: _____

Do you have Health/Medical Insurance? [] Yes [] No *If Yes Please Complete the Following 2 Lines:*

1. Family's Insurance Co. _____

2. Insurance Policy Number _____



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Dismissal Instructions:

Dismissal is at 6:10 PM SHARP on regular school days.

I give my child permission to walk home at dismissal

OR

I give my child permission to walk to the car of an authorized pickup person

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Mentoring

Each child will be given the opportunity to meet with a Middle Earth mentor once per week during the program. During this time your child will be able to receive one on one time to work with a mentor on things such as mindfulness, academics, issues that the students may be facing, etc.

_____ Yes, I would like my child to participate in mentoring during Middle Earth’s program.

_____ No, I would not like my child to participate in mentoring during Middle Earth’s program.



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Publication Permission / Media Release Form

Please have a parent/guardian select from the following options below.

I GRANT MIDDLE EARTH (and its collaborators) PERMISSION to publish photos and/or videos of _____ (Print Child's Name Here) on the agency's social networking sites, website, promotional material, and printed material.

I DO NOT GRANT MIDDLE EARTH (and its collaborators) PERMISSION to publish photos and/or videos of _____ (Print Child's Name Here) on the agency's social networking sites, website, promotional material, and printed material.

 I GRANT MIDDLE EARTH (and its collaborators) PERMISSION to publish written or spoken statements from _____ (Print Child's Name Here) on the agency's social networking sites, website, promotional material and printed material.

I DO NOT GRANT MIDDLE EARTH (and its collaborators) PERMISSION to publish written or spoken statements from _____ (Print Child's Name Here) on the agency's social networking sites, website, promotional material, and printed material.

 Please **DO NOT** include my child's name in any publication.

I understand that the press release, publication, websites, and/or other media resources have a large audience and my child's photo or statement will be available to the general public. I further understand that Middle Earth assumes no liability or responsibility whatsoever concerning any consequences of such use. I have the right to give this permission as I am the child's parent or legal guardian. I understand that if I give notice to Middle Earth that I object to any particular publication on the website, it will be removed as soon as possible.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____



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ENROLLMENT AGREEMENT

2025-2026 School Year

THIS PAGE MUST BE SIGNED OR YOUR CHILD CANNOT ATTEND OUR PROGRAM

My child will participate in the 21st CCLC for the school from September 4, 2024- June 16, 2025. When my child is accepted by the 21st CCLC, we understand that this is a contract which includes the following provisions:

1. The 21st CCLC staff will assume full responsibility for my child from the time he/she signs into the program until they sign out at dismissal time. Each child will be checked in upon arrival. Any child who has reported to 21st CCLC must be signed out by an authorized person by 6:10 PM or must have signed permission to walk home (see above registration form, under Dismissal instructions).
2. I will contact the 21st CCLC cell phone (908-947-6275) to report my child’s absence from the program due to illness, vacation or other circumstance. For my child’s safety, I understand that I will be contacted every time my child attends school but does not sign in at the program.
3. I understand and agree that Middle Earth is not liable for personal injury, illness, or any other condition or effect that results directly or indirectly from my child’s participation in the program.
4. The 21st CCLC Office must be notified, in writing, of home address changes, work or home phone number changes for myself and my emergency contacts.
5. If a medical emergency arises, the 21st CCLC staff will first attempt to contact me. If I or the emergency contact cannot be reached and the emergency is such that immediate medical attention is necessary, my child will be treated by Professional Emergency Personnel.
6. I give my permission for my child to participate in walks and field trips. Specific details will be provided.

I agree to adhere to the Middle Earth 21st Century Community Learning Center Program Enrollment Agreement and the policies and procedures listed in the parent handbook and student handbook. I give my child permission to participate fully in these programs. Failure to abide by any part of this agreement may result in dismissal of my child(ren) from the program.

Parent/Guardian Signature: _____

Date: _____



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Release of Information

Each year the Department of Education requires the 21st Century Community Learning Center to hire an outside evaluator to assess the effectiveness of the program. In order to do this the evaluator needs access to student data that includes grades, test scores, lunch status, etc. No names are given to the evaluator, all he will see is the data provided per grade level.

By Signing below I agree to give Middle Earth access to the following information about my child:

- Report Card Grades
- Standardized Test Scores
- Behavioral Information
- School Attendance Information
- Free/Reduced Lunch Status
- IEP (If Applicable)
- 504 Plan (If Applicable)

Student Name

Parent Name

Parent Signature

Date



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