



NEW RIVER MIDDLE SCHOOL

21st Century Community Learning Centers Broward
County Public Schools

2025-2026 Academic Registration Form



Participant Information

Last Name	First Name	Middle Name	Student ID	Gender
				☐ Male ☐ Female
Street Address		City	State	Zip Code
Birth Date	Age	Grade in August	Country of Birth	
___/___/___			☐ United States ☐ Other _____	

Parent/Legal Guardian Information

Full Name of Mother/Legal Guardian			Full name of Father/Legal Guardian		
Street Address (if different from participant)			Street Address (if different from participant)		
City	State	Zip	City	State	Zip
Home Phone		Mobile Phone		Mobile Phone	
Email Address:					
Are there any custody issues? ☐ Yes ☐ No If yes, please provide documentation to the center coordinator.					

Emergency Contact / Pick-Up Authorization

In the event that a parent/guardian cannot be reached in an emergency situation, the following individuals are provided consent for emergency contact and authorized participant pick up.

Contact Name	Relationship	Phone Number	Phone Number
1.			
2.			
3.			
Individuals NOT AUTHORIZED for pick up/participant contact:			
1.	2.	3.	

Student Dismissal

The 21st Century program dismisses students at times specific to site location. All locations follow sign out processes for students. Once a student signs out from program, they are no longer the responsibility of the 21st Century program and its affiliates.

Upon signing out from the program, my son/daughter will:

☐ Bus ☐ Car ☐ Walk

For Office Use Only	Date Received:	Entry Date:	Entered by:
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Community Resources	
Please indicate if you would like more information about:	
☐ Food and Nutritional Assistance (EBT Program, WIC, Pantries)	
☐ Health Insurance (Medicaid, Florida Kid Care)	
☐ Employment (Workforce One, Job Fairs, Career Counseling)	
☐ Counseling Services	
☐ Financial Assistance/Financial Literacy	
☐ Child Care Resource and Referrals	

Student Demographic Information		
The demographic information gathered herein is solely used for statistical purposes. Student information is kept confidential.		
Household arrangement	Household income	Free or Reduced Lunch
☐ Both parents ☐ Single parent ☐ Other arrangement Number in Household: _____	☐ 0-9,999 ☐ 40,000-49,999 ☐ 10,000-19,999 ☐ 50,000-69,999 ☐ 20,000-29,999 ☐ 70,000-99,999 ☐ 30,000-39,999 ☐ 100,000-over	☐ Yes ☐ No
		Ethnicity
		☐ Yes, Spanish/Hispanic/Latino ☐ No, Not Spanish/Hispanic/Latino
Language Spoken	Race	Cultural Influence
☐ Bilingual Creole/English ☐ Bilingual Spanish/English ☐ Creole ☐ English ☐ Spanish	☐ African American/Black ☐ Asian ☐ American Indian or Alaska Native ☐ Caucasian/White ☐ Native Hawaiian or Pacific Islander ☐ Multiracial	☐ American ☐ British ☐ Central/South American-Hispanic ☐ Cuban ☐ German ☐ Haitian ☐ Italian ☐ Puerto Rican ☐ West Indian ☐ Other _____

Medical Information		
Name of Insurance Carrier and Plan Name		Family Physician
Carrier Phone	Insurance ID number	Physician Contact Phone
 Please list ADA Accommodations needed		Has the participant ever been diagnosed with or received treatment, attention, or advice from a physician for:
_____ _____ _____ _____ _____ _____		☐ Allergies ☐ Asthma ☐ Diabetes ☐ Epilepsy/Seizures ☐ Serious headache/Migraine ☐ Other _____
Please explain any medical issues stated above with treatment, attention, or advice from a physician		
_____ _____ _____		
Signature:_____ Date:_____		



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Privacy Rights

I understand that pictures, and/or video will be taken during program activities/events. I give permission to **NEW RIVER MIDDLE SCHOOL** 21st CCLC Program and/or its Community Partners to use said photos/videos of my child, family and myself to be used in educational, promotional or informational materials or press media for positive public relations purposes. Yes ☐ No ☐ Please Initial _____

I give consent to **NEW RIVER MIDDLE SCHOOL** 21st CCLC to contact me via my email provided within this application for updates pertaining to my child and program activities. ☐ Yes ☐ No ☐ Please Initial _____ (**NEW RIVER MIDDLE SCHOOL** 21st CCLC will not share your email address to third parties without your consent.)

PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS I give permission for the **NEW RIVER MIDDLE SCHOOL** 21st CCLC Staff to review my student's school data (test scores, report cards, attendance, and other performance indices), for the purpose of providing targeted support and academic instruction and assessing the effectiveness of the After School Program. I also give permission for **NEW RIVER MIDDLE SCHOOL** 21st CCLC staff to monitor my child's progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness. ☐ Yes ☐ No ☐ Please Initial _____

Please READ and INITIAL the box next to each of the following rules.

By initialing you agree to comply with each requirement

Attendance

My child is expected to attend the **NEW RIVER MIDDLE SCHOOL** 21st CCLC Program Monday through Friday _____ time am to _____ time p.m. after school programming

I understand that this is an academic and enrichment program and not childcare. My child is expected to participate in both academic and enrichment activities.

Parent Information Nights

At least one parent/guardian will be required to attend the parent informational meeting and 2 monthly parent meetings.

Pick Up

My child is not be released from **NEW RIVER MIDDLE SCHOOL** 21st CCLC site unless picked up by an authorized adult with current photo identification.

An authorized adult (18 years or older) is someone whose name has been listed on the **NEW RIVER MIDDLE SCHOOL** 21st CCLC registration form.

My child must be picked up by _____ p.m. or program end time and I understand that my child cannot be picked up before ____PM without prior written approval.

Discipline

A written Incident Report will be completed and discussed with me whenever my child behaves inappropriately, uses improper language, or in any way disrupts the **NEW RIVER MIDDLE SCHOOL** 21st CCLC Program.

Discipline Policy

1st Offense: Teacher and or Site Coordinator conferences with the child and parent will be notified via phone call or during parent pickup.





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	2nd Offense: Site Coordinator will conference with the child and notify parent by phone. I understand that my child can be suspended from the program for up to two days.
	3rd Offense: Site Coordinator will conference with the child and notify the parent in writing and the child will be withdrawn from the program for the remainder of the summer.
	Destruction of property and injury to another person will result in automatic expulsion
Personal Electronics:	
	Personal electronics of any kind are prohibited during program hours unless permitted by the teacher for instructional purposes. NEW RIVER MIDDLE SCHOOL 21 st CCLC will not be held liable 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 hands-on and interactive presentations. I understand that participation is a privilege; not a right and may be revoked at any time by 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 NEW RIVER MIDDLE SCHOOL 21 st CCLC when fever/system-free for 24 hours without the use of fever reducing medicine.
Emergencies	
	In case of emergency, staff will contact me and/or emergency contacts listed with NEW RIVER MIDDLE SCHOOL 21 st CCLC. I agree to update the NEW RIVER MIDDLE SCHOOL 21 st CCLC staff in writing with new contact information. I understand that if information is not current, my notification of an emergency can be delayed.
	I understand that if immediate hospital attention is needed, staff will call 911 and I will be held responsible for all costs incurred.
Inclement Weather:	
	Should Broward County Schools be closed due to inclement weather or any other issue, the NEW RIVER MIDDLE SCHOOL 21 st CCLC program will be closed as well. Emergency notifications will be posted on the district website and be communicated by program administration.
Data Collection:	
	I give permission for data relative to my child to be entered into the data collection system for program evaluation purposes. The information will be available to NEW RIVER MIDDLE SCHOOL 21 st CCLC site staff. I understand that all information provided will remain confidential.
School Success	
	I understand that the NEW RIVER MIDDLE SCHOOL 21 st CCLC works with the Broward County Schools to help develop and deliver activities that engage and impact children. I give permission for the NEW RIVER MIDDLE SCHOOL 21 st Century program staff to receive attendance, report card grades and test scores for the school year 2025-2026.

