



# Española Public School

## 21<sup>st</sup> Century Community Learning Centers

### **PARENT/GUARDIAN ACKNOWLEDGMENT FORM**

21<sup>st</sup> Century Community Learning Centers (CCLC) is an out of school time program offered **free of charge** through a federal grant administered by the New Mexico Public Education Department. The program offers academic, leadership, and enrichment opportunities for students and families. Program is offered Monday through Friday. All **21<sup>st</sup> CCLC students must participate on a regular basis.**

Family group activities will be offered on some evenings. Please attend as many activities as possible! Family participation is very important to our grant because 21<sup>st</sup> CCCL has a dual capacity framework, meaning we serve both students and families!

Your daughter/son is expected to meet expectations and participate. Instructors use positive reinforcement during the out of school time program to keep a positive and fun learning environment! To maintain a good learning environment, we will not allow harassment or bullying. We have a “zero tolerance” policy for any weapons or controlled substances. We follow the school district’s Code of Conduct Handbook practices and procedures. Expectations during the out of school time program are the same as during the traditional learning day. We have a behavior/discipline policy that states if a student has a discipline issue, the parent/guardian will receive EPS Disciplinary Form. If your child receives three of these forms, he/she will be suspended from the 21st CCLC program for three to five days. The fourth notice will result in termination from the 21st CCLC program. We reserve the right to suspend or terminate a student from the 21st CCLC program immediately, if a student’s behavior warrants it. Please refer to the Code of Conduct Handbook on the Parents-Students section the school district webpage [www.k12espanola.org](http://www.k12espanola.org) or in the Family Members Handbook available on the school site webpage.

The elementary program hours are 3:15 - 5:15 pm. Monday through Friday, on Thursday half days program will be from 1:00-3:00 pm. We will not be open on non-school days. Please read and discuss the family handbook with your child. Then, please sign this form and return it to the out of school time learning center coordinator along with the completed registration forms. You will be notified if there is a space available in your child’s grade level. No transportation will be available.

21<sup>st</sup> CCLC Family Handbook 2017-2018

\_\_\_\_\_  
Student Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

**Please return this signed form to your 21<sup>st</sup> CCLC School Coordinator with your 21<sup>st</sup> CCLC registration forms.**



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### STUDENT REGISTRATION

#### 21<sup>st</sup> CENTURY COMMUNITY LEARNING CENTER PROGRAM

**Student information:**

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Preferred Nickname (if applicable) \_\_\_\_\_

Grade student will be in during Academic Year 2017/2018 \_\_\_\_\_

Name of School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race (optional) \_\_\_\_\_ Age \_\_\_\_\_

Gender (select one)     Female     Male     Transgender

**Mailing Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent/Guardian Information:**

	Parent/Guardian 1 Information	Parent/Guardian 2 Information (if applicable)
Name		
Cell Phone		
Home Phone		
Work Phone		
Email Address		

How will your child get home from the program? (select one)

Parent/Guardian Pick-Up                       Other: \_\_\_\_\_

Person(s) authorized to pick up child besides parent/guardian(s)

Name	Contact Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



# Española Public School

## 21<sup>st</sup> Century Community Learning Centers

### MEDICAL AUTHORIZATION FORM

Student's name (please print):

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Person to be contacted in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Alternate person to be contacted in emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Please list below any health-related condition the director of the program should know about your child.  
(Reporting such conditions will not prevent your child from participating and will be kept confidential.)

Allergies/food (explain) \_\_\_\_\_

Allergic to any drug(s) (explain) \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart Condition \_\_\_\_\_

Epilepsy \_\_\_\_\_

Convulsions \_\_\_\_\_

Emotional Upsets \_\_\_\_\_

Asthma \_\_\_\_\_

Other Conditions? \_\_\_\_\_

List below any medication being taken now (including aspirin):

Circle any medications that your child will be bringing to the program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Are there any activities in which the child should not participate?

\_\_\_\_\_

Are there any physical restrictions?

\_\_\_\_\_

I, being a person authorized by law to give such permission, do hereby give my permission for emergency medical treatment to be given to the student listed on this form. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and, if unable to reach me, all reasonable attempts to contact the alternate listed above will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release 21<sup>st</sup> Century Community Learning Centers and all persons associated with this organization from any liability associated with any accident, injury or disease to the person who is the subject of this form.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# Espanola Public School

## 21<sup>st</sup> Century Community Learning Centers

### PARENTAL PERMISSION FORM

Student's name (please print):

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

The 21<sup>st</sup> Century Community Learning Centers (CCLC) program must provide documentation to the New Mexico Public Education Department and U.S. Department of Education concerning progress of the program. We may need to access attendance records, test scores, report cards, and/or transcripts. Additionally, we will distribute surveys to collect information in order to help improve program quality. All information will be strictly confidential. Please select one of the following choices for accessing this information for program quality enhancement purposes.

- I give my permission for the 21<sup>st</sup> CCLC program to access my child's grade/assessment and attendance data through my child's school.**
- I DO NOT give the 21<sup>st</sup> CCL program my permission to access my child's grade/assessment and attendance data through my child's school.**

Sometimes there may be activities during which your child uses the internet for tutoring and/or other academic activities. Students will always be monitored and supervised when they are on the internet. Please select one of the following choices:

- I give my permission for my child to access the internet.**
- I DO NOT give my permission for my child to access the internet.**

During the program, photographs or video recordings may be made of students performing various activities. These might be used in the newspaper, a flyer/brochure, and/or our web sites for promotion of the program. Please select one of the following choices:

- I give permission to use my child's photos/videos in the manners described above.**
- I DO NOT give permission to use my child's photos/videos in the manners described above.**

Parent or Guardian's Name (Please print):

\_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_