

Data Clerk Initials:  
\_\_\_\_\_



## 21<sup>st</sup> Century Community Learning Center Program Intake/Discharge Form 2017/2018

SITE: \_\_\_\_\_ Intake Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ (Please Print Clearly)

Child's Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Pupil Identification Number: \_\_\_\_\_

Child's School: \_\_\_\_\_ **Grade child will be entering Fall 2017:** \_\_\_\_\_

Child's Gender:  Male  Female T-Shirt Size: \_\_\_\_\_

### **Caregiver's Information**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of most recent Health Assessment on file: \_\_\_\_\_  
*This information is collected for statistical purposes only.*

Child's Race:  African American  Asian or Pacific Islander  White  Native American  
 Hispanic/Latino  Unknown

Does the student receive services for special needs? (i.e. physical disability, learning support, behavioral assistance)

**YES** or **NO** If **YES**: 504 IEP

Primary Language Spoken at Home: **English** **Spanish** Other: \_\_\_\_\_

Limited English? **YES** **NO**

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### **FOR OFFICE USE ONLY:**

**Discharge Date:** \_\_\_\_\_

Reason Discharged:  Moved  Medical  Family Situation

Outside Activity Participation \_\_\_\_\_

Poor Attendance  Behavioral  Other (Please Explain): \_\_\_\_\_

**EMERGENCY CONTACT/PARENTAL CONSENT FORM**  
**PLEASE PRINT CLEARLY – FALL 2017/2018\***

<b>CHILD'S NAME</b>		<b>BIRTH DATE</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>EMERGENCY CONTACT PERSON (S)</b>			
NAME: _____		ADDRESS: _____	
TELEPHONE NUMBER WHEN CHILD IS IN CARE: _____			
<b>EMERGENCY CONTACT PERSON (S)</b>			
NAME: _____		ADDRESS: _____	
**TELEPHONE NUMBER WHEN CHILD IS IN CARE: _____			
<b>PERSON (S) TO WHOM CHILD MAY BE RELEASED</b>			
NAME: _____			
ADDRESS: _____			
TELEPHONE NUMBER WHEN CHILD IS IN CARE: _____			
NAME: _____		ADDRESS: _____	
TELEPHONE NUMBER WHEN CHILD IS IN CARE: _____			
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>			
<b>NAME</b>		<b>TELEPHONE NUMBER</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>SPECIAL DISABILITIES (IF ANY)</b>		<b>ALLERGIES (INCLUDING MEDICATION REACTION)</b>	
<b>MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b>		<b>MEDICAL SPECIAL CONDITIONS</b>	
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>			
<b>HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS</b>		<b>POLICY NUMBER (REQUIRED)</b>	
<b>PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
<b>OBTAINING EMERGENCY MEDICAL CARE - Parental signature required</b>		<b>ADMIN. OF MINOR FIRST-AID PROCEDURE - Parental signature required</b>	
<b>WALKS AND TRIPS - Parental signature required</b>		<b>SWIMMING - Parental signature required</b>	
<b>TRANSPORTATION BY THE FACULTY - Parental signature required</b>		<b>WADING - Parental signature required</b>	

Periodic Review

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**



**PARENT OR GUARDIAN CONSENT FORM**  
**Fall 2017/2018**

Name of Child: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Site: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FOR USE OF PERSONAL IMAGE**

While in the EducationWorks program, I give permission to display in the news media or electronically via the Internet or in other displays, the artwork created by my child. I consent to have my child's artwork, name, grade level, and school displayed, allowing this artwork and information to be viewed by the public.

I also grant to EducationWorks permission to display in the news media or electronically via the internet and in other displays, photographs, and/or video footage of my child taken in connection with his or her participation in the non-school hour programs provided through EducationWorks.

**CONSENT FOR CHILD TO WALK HOME**

I grant permission to EducationWorks Program to release my child at dismissal to walk home alone. I understand that EducationWorks will not be liable for anything that happens to my child once he/she leaves the program at dismissal time.

If there are any special instructions for walking home (i.e. my student may only walk home with her older brother/sister) please describe below.

\_\_\_\_\_

\_\_\_\_\_

**Please Note: A child will NOT be released to anyone whose name does not appear on the emergency contact form. This applies to all children, including those who walk home by themselves.**

**CONSENT TO RELEASE REPORT CARD**

During the 2017/2018 21<sup>st</sup> CCLC Program EducationWorks intends to work with students in a motivational program to raise their grades. This will require that you submit a copy of each of your child's report cards to the EducationWorks Site Coordinator at your program. With a counselor's assistance, children will formulate a plan to raise a grade by the next report card. We will keep you informed as this project progresses. Please sign below indicating that you will provide EducationWorks with a copy of your child's report card so that your child can participate in this effort. When not being used with your child and his/her counselor, his/her report card will be kept in your child's confidential file. **I have read and understand the above information. I agree to submit a copy of my child's report card in a timely manner.**

**CONSENT TO USE HAND SANITIZER**

I am aware that in the absence of soap and water, EducationWorks Program staff will administer hand sanitizer to my child.

<b>PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>	
<b>MEDIA CONSENT</b> – Parental signature required	<b>CONSENT TO WALK HOME</b> – Parental signature required
<b>RELEASE OF REPORT CARD</b> - Parental signature required	<b>USE OF HAND SANITIZER</b> - - Parental signature required

**Consent to Collect Information**  
**EDUCATIONWORKS**

Agency Name \_\_\_\_\_

Camden, NJ-21<sup>st</sup> CCLC: July 1,2017-June 18,2018  
Program Location and Model

**Purpose:**

EducationWorks manages the 21<sup>st</sup> CCLC program your child attends. When you enroll your child in the 21<sup>st</sup> CCLC program, EducationWorks will collect information from you to help manage the program. If you agree, we will also ask you and your children questions about 21<sup>st</sup> CCLC to make the program better.

**Process:**

When you sign-up for a 21<sup>st</sup> CCLC program, EducationWorks will ask you some questions about your child, such as his name, age and address, You will complete this information on the program's registration forms. This information will be entered into a database at EducationWorks. Staff will be able to see this information and use it to improve the 21<sup>st</sup> CCLC program. EducationWorks management staff may also visit the program and talk to your child about being at that program. This is a basic part of 21<sup>st</sup> CCLC for every child and every after-school site.

To learn more about your experience with 21<sup>st</sup> CCLC, EducationWorks may ask you and your child to complete short surveys, These surveys will be given at the start and at the end of the school year during regular after-school time, The survey will ask questions about what you and your child think about the program.

**Information Privacy and Sharing:**

The information that we collect about your child will not be shared with anyone outside of the 21<sup>st</sup> CCLC program. All of the information is stored in a database that is protected by a password. Only approved staff can see the information.

We will never share any single child's answers. We will only share results from the survey for the 21<sup>st</sup> CCLC program as a whole.

**Voluntary Surveys:**

You can decide if you want your child to participate in the 21<sup>st</sup> CCLC surveys. You can decide not to participate. This will not in any way affect your child's chance to enroll in the program.

**Questions:**

If you have any questions about this form, you may contact: Grace Connors via phone at 215-221-6900 or gconnors@educationworks.org

**PLEASE CHECK ONE OF THE BOXES and SIGN BELOW:**

- Agreement to Participate:** I have read and understand this form. I agree to allow my child to answer the surveys.
- Refusal to Participate:** I have read and understand this form. I do NOT give permission for my child to answer the surveys.

Child's Name \_\_\_\_\_ Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONSENT TO RELEASE EDUCATION RECORDS UNDER FERPA

Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_

The 21<sup>st</sup> CCLC program is an effort to improve the well-being of children and youth through effective academic support, enrichment and youth development activities during non-school hours. 21<sup>st</sup> CCLC programming provides safe, constructive activities to children when they are not in school, and has been demonstrated to improve in-school performance.

In order to assess and improve the quality of OST 21<sup>st</sup> CCLC programs, EducationWorks (EW) asks for permission to collect personally identifiable information from education records regarding children's school performance. EW will collect standardized test scores, report cards and school attendance, disciplinary and other relevant school records ("education records"). EW will use these education records to measure the impact of 21<sup>st</sup> CCLC programming on children's school performance and to improve the quality of those programs.

I am the parent or guardian of the student named above ("Student"). As authorized by applicable law, including but not limited to the Family Education Rights and Privacy Act, 20 U.S.C. 1232g, and 34 C.F.R. Part 99 ("FERPA"), I consent and authorize Mastery Charter Schools or the Camden City School District to release education records concerning the Student, to my Student's 21<sup>st</sup> CCLC program ("Recipients").

The School District releases these education records in connection with the Student's participation in a 21<sup>st</sup> CCLC program. The School District may disclose these education records only to the Recipients, and the Recipients may share this information only with other named Recipients, and with the Recipients' officers, staff, administrators and independent contractors under the Recipients' control. The Recipients may use these education records to research, study or evaluate 21<sup>st</sup> CCLC programs.

If I ask, the School District will provide me with a copy of the records disclosed.

FERPA and other applicable laws protect the confidentiality of and your right to privacy concerning the Student's education records. The Recipients shall keep all information concerning the Student confidential and private to the fullest extent provided by applicable laws, including FERPA. Neither The School District nor the Recipients require me to waive any rights under these laws, and I give my consent voluntarily.

\_\_\_\_\_  
Parent/Guardian Signature (or Student's signature, if  
Student is 18 years old or an emancipated minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of school in which Student is currently enrolled

\_\_\_\_\_  
Student's Grade

**EducationWorks**

\_\_\_\_\_  
Name of Student's OST Provider Agency

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
Name of Student's 21<sup>st</sup> CCLC Provider Location



## INDIVIDUALIZED EDUCATION PLANS (IEP)

Dear Parent,

If your child has an Individualized Education Plan (IEP) it would be beneficial to share a copy of this plan with us so we can work together and with your child’s teacher to ensure that the guidelines in the plan are put into practice.

The information in the plan will be shared with no one except your child’s Group Leader and the Site Coordinator of the After School Program.

You do not have to provide this information if you do not wish to do so.

**However, please complete the form below.**

\*\*\*\*\*

### Parent Sign-off Sheet

**Child’s Name:** \_\_\_\_\_

- I am providing a copy of my child’s IEP or IFSP.
- I am not providing a copy of my child’s IEP or IFSP and/or this is not applicable to my child.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

***“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 (21<sup>st</sup> CCLC), through a grant agreement with the New Jersey Department of Education.”***