

STeAM

2017-2018

21st Century Community Learning Center at:

Jinks Middle School & Everitt Middle School

Site Coordinator: Sara Patton (850) 767-3700

Program Director: Janice L. Lucas (850) 913-3263

Purpose: This program provides STeAM (Science, Technology, Engineering, Arts and Math) academic enrichment opportunities during non-school hours to help students meet state and local student standards in core academic subjects, such as reading and math. STEAM After School offers students a variety of hands-on interactive enrichment activities and literacy and other educational services to the families of participating children.

Types of Projects: Each eligible entity that receives an award from the state may use the funds to carry out a broad array of before- and after-school activities (including those held during summer recess periods) to advance student achievement. These activities include:

- Remedial education activities and academic enrichment learning programs, including those which provide additional assistance to students to allow the students to improve their academic achievement;
- Mathematics and science education activities;
- Arts and music education activities;
- Tutoring services, including those provided by senior citizen volunteers, and mentoring programs;
- Programs that provide after-school activities for limited English proficient (LEP) students and that emphasize language skills and academic achievement;
- Recreational activities;
- Telecommunications and technology programs;
- Programs that promote parental involvement and family literacy;
- Programs that provide assistance to students who have been truant, suspended, or expelled to allow them to improve their academic achievement;
- Drug and violence prevention programs;
- Please Counseling programs; and
- Character education programs.



**Participant and Parent/Guardian
Statement of Commitment**

The 21st Century Community Learning Centers program is a **FREE Learning Center program** for students that offers a variety of stimulating activities to promote school success and personal well-being in a safe environment. **Active attendance and engagement are essential to the students' and program's success.**

I understand the requirements of the 2st CCLC program include:

- Parent(s)/Guardian must attend at least (2) family events beginning August 2018 through May 2019 in order for your teen to continue and/or remain active in the program.
- Failure to stay for the full academic portion of project-based learning activities may result in termination from the program.
- Jinks/Everitt Middle School reserves the right to dismiss students participating in Credit Recovery from the Credit Recovery program if they get three absences in the After School Program.
- Youth with regular attendance receive the most benefit from our program. Youth missing more than 8 days in any one month period may be at risk of losing his/her funded space within this program.
- Youth will participate in programming related to project-based learning activities with an emphasis on reading, science and/or math skills, as provided.
- Youth will complete pre- and post-assessments to monitor their progress as required by the federally funded grant contract.
- Parents/Guardians will participate in a satisfaction survey process at the end of the school year.
- Youth will participate in a satisfaction survey at the end of the school year.

I have read, understand and agree to comply with the requirements listed above. I realize that failure to comply with the requirements listed above will result in the student being dismissed from the program and loss of the funded space within the program.

Parent or Guardian Signature	Date
Youth Signature	Date

REQUIRED

This section is to be completed by parent or guardian and center director or supervisor in charge of this 21st Century Community Learning Center program.

_____ parent/guardian of _____ give my
Print Parent/Guardian Name **Print Youth Name**

Permission for the staff of this 21st CCLC program, located at this school, to review my child's academic and behavior progress reports or their report card in order to document growth and progress in my child during his/her time in this program. This includes information about whether my child has an identified exceptionality, an Individual Education Plan or Academic Improvement Plan, and suggestions from my child's teacher(s) on how my child can best be helped in the program.

Parent/Guardian Signature	Date	Director Signature	Date
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Directors: Please keep a copy of this form in the participants file

August 2019

Student Name: _____

Student School: **Everitt Middle School**

21st Century Student Registration Form
Summer 2018
Date: _____

Please fill in every blank. If the blank does not apply please fill in: N/A

Student's Name: _____

DOB (MM/DD/YYYY): _____ Age: _____ Gender: _____

Student SSN: _____

Home address: _____ City: _____ State: _____ Zip Code: _____

School Student Attends: _____

Student ID Number: _____

What grade will the student be in **during this program**: _____

Student T-Shirt size (Circle one): **Adult:** XS S M L XL XXL **Youth:** XS S M L XL XXL

Ethnicity of Student (Circle all that apply):

Multi-Racial White African American Hawaiian Native American Asian Hispanic

FOR OFFICE USE ONLY

Received By: _____ Date: _____

Copied By: _____ Date: _____

Checked By: _____ Date: _____

Data Entered By: _____ Date: _____

TRANSPORTATION INFORMATION FORM
(THIS FORM IS TO BE FILLED OUT WITH THE MEMBERSHIP APPLICATION)
 21st Century Community Learning Center

WALKING

I give this student, _____, permission to walk home from the 21st Century CCLC site. He/she is expected to sign out at **approximately 5:30 p.m.** and walk home.

It is expressly understood and agreed that 21st Century CCLC / Gulf Coast State College shall not be responsible or legally liable for any losses of personal property, or for any bodily injuries, or the results thereof, incurred or suffered by your child once he/she has left the premises to walk home.

Other Special Instructions for Walking Home:

Parent Name (Please Print)

Parent/Guardian Signature

RIDING THE BUS

I give this student, _____, permission to ride the bus home from the 21st Century CCLC site.

Parent Name (Please Print)

Parent/Guardian Signature

CAR POOL / BEING PICKED UP

I give this student, _____, permission to be picked up by a listed contact **ONLY** and taken home from the 21st Century CCLC site.

Parent Name (Please Print)

Parent/Guardian Signature

TRANSPORTATION: CONDUCT CODE21st CENTURY COMMUNITY LEARNING CENTER (CCLC)**STANDARDS**

Acceptable standards of conduct are expected of bus passengers. Drivers shall ensure that youth observe regulations at all times.

DISCIPLINE

A student experiencing discipline problems, on a 21st Century CCLC bus ay be suspended. During a period of suspension, the 21st Century CCLC shall not be responsible for transporting the student. Buses will routinely have a para professional on board with students.

STUDENT CONDUCT

1. Recognize that the bus driver and bus para are the authority on the bus; obey and be courteous to the driver, the para and to fellow students.
2. Never run alongside a moving bus.
3. Wait until the bus and other traffic comes to a full stop and the bus door is opened before moving toward the bus.
4. Use the handrail when boarding the bus.
5. Go directly to your assigned seat and remain seated unless otherwise directed by the driver.
6. Do not carry onto the bus any glass items, reptiles, insects, pets, weapons or sharp instruments.
7. Keep the aisles clear at all times.
8. Hold books and other belongings firmly on your lap.
9. Large or heavy articles that cannot be held on your lap should be transported by your parents.
10. Exemplary behavior is expected while riding the bus.
11. Observe complete silence at all railroad crossings.
12. Do not destroy or damage any part of the bus.
13. Do not throw objects on the bus or from a window. Keep arms and head inside the bus at all times.
14. Do not tamper with the emergency doors.
15. No eating, drinking, smoking, yelling, or fighting is allowed on the bus.
16. Take all your belongings off the bus each day. 21st Century CCLC is not responsible for articles left on school buses.
17. Report any illness or injury sustained on or around the bus immediately to the driver.

PARENT/GUARDIAN RESPONSIBILITIES

1. Parents should not expect to have conferences with the bus driver. If necessary, conferences can be arranged through the Program Director/Site Coordinator.
2. Parents should make a reasonable effort to understand and cooperate with those responsible for youth's transportation, and accept responsibility for the proper conduct of their children.
3. Parents are to refrain from boarding the buses. Parents may access their children only at designated stops unless he driver has authorization for a change approved by the Program Director and the Bay District Director of Transportation.
4. Parents will be responsible for reimbursement to 21st Century CCLC for any damages that their children may have caused to the bus.

I have read and helped the student to understand the *Standards of Conduct for Transportation*.

Signature of Parent or Guardian _____ Date _____

Student Name: _____

Student School: **Everitt Middle School**

FAMILY CONTACT / PICKUP INFORMATION

21st CENTURY COMMUNITY LEARNING CENTER (CCLC)

Please make sure to list the legal parents/guardians (If that is you, please list yourself)

Also, please be aware that anyone not on this page CANNOT pick-up

Name of person completing this application (Please print): _____

Relationship with student: _____ Are you the legal guardian? _____

Student lives with (circle one):

Mother Father Both Parents Relative Guardian Foster Home

Primary language spoken at home: _____

EMERGENCY CONTACTS

Adult Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Place of Employment: _____

Email Address: _____

My child may be released to this contact: Y N

Adult Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Place of Employment: _____

Email Address: _____

My child may be released to this contact: Y N

OTHER PICKUP CONTACTS

Adult Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____

My child may be released to this contact: Y N

Adult Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____

My child may be released to this contact: Y N

Adult Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____

My child may be released to this contact: Y N

Adult Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____

My child may be released to this contact: y N

PERMISSIONS PAGE
 21st CENTURY COMMUNITY LEARNING CENTER (CCLC)

Circle Yes or No for the Following Questions:

1. Does your student fall under the Limited English Proficiency? **LEP** **ESOL** **Does Not Apply**
2. The student has my permission to be transported by Bay District Schools for STEAM activity purposes? **Yes** **No**
3. The student has my permission to participate in pre ans post tests and/or surveys? **Yes** **No**
4. The student has my permission to participate in academic and remedial programs through 21st CCLC? **Yes** **No**
5. Does your child have any serious health problems? **Yes** **No**
If YES, explain: _____

6. Does your child have special needs? **Yes** **No**
If YES, explain: _____

7. Does your child have any food allergies? **Yes** **No**
If YES, explain: _____

DISCLAIMER:

I hereby make application for my child’s membership to the 21st Century CCLC. I understand that by signing this application my child will be enrolled into the 21st Century Program, designed to provide academic enrichment for approximately 3 ½ hours per day (1 hour in the morning and 2½ hours in the afternoon). It is expressly understood and agreed by the undersigned that the 2st Century CCLC is not liable for the loss of property or injury directly resulting from 2st Century CCLC negligence or willful act of an employee of the organization.

Due to 21st Century policies, it is understood that all members must attend daily in order to qualify for the 21st Century program. No membership dues will be collected. ***By signing this application it is also understood that parents must attend at least two (2) parent events a semester.***

I fully understand and agree to all the conditions stated on this form and have counseled my child to confirm to these rules and the authority of the employees of 21st Century CCLC.

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

21st CCLC FAMILY SERVICES FORM
Summer 2018

Household Income
(Before Taxes)

Circle one

- | | |
|-------------------|-------------------|
| \$0-\$5,000 | \$45,001-\$50,000 |
| \$5,001-\$10,000 | \$50,001-\$55,000 |
| \$10,001-\$15,000 | \$55,001-\$60,000 |
| \$15,001-\$20,000 | \$65,001-\$70,000 |
| \$20,001-\$25,000 | \$70,001-\$75,000 |
| \$25,001-\$30,000 | \$75,001-\$80,000 |
| \$30,001-\$35,000 | \$80,001-\$85,000 |
| \$35,001-\$40,000 | \$85,001-\$90,000 |
| \$40,001-\$45,000 | Other: |

Household Composition

Circle One

- Dual Parent – Married
- Dual Parent – Non-Married, Female Head of Household
- Dual Parent – Non-Married, Male Head of Household
- Single Parent – Female Head of Household
- Single Parent – Male Head of Household
- Other-Relative/Kinship Care: Dual Parent-Married
- Other-Relative/Kinship Care: Single Parent-Female Head of Household
- Other-Relative/Kinship Care: Single Parent-Male Head of Household
- Other Non-Relative (*such as guardian, foster parent, family friend, etc.*)

Current Number in Household: _____

Is there a Member of Household 65 years old or older? Yes No

Total Number Under Age 18 in Household: _____

Is there a Member of Household handicapped? Yes No

Current Head of Household: Female Male

Current Single Parent: Yes No

If Yes(Circle one): Male Female

This form is for data gathering and family services program planning purposes only. The information is not shared or used for any other purpose and is kept strictly confidential as required by the 21st Century Community Learning Center (CCLC) and the LEAD Coalition of Bay County/Gulf Coast State College. **(This program is possible by a grant from the Florida Department of Education 21st CCLC.)**

FAMILY SERVICES FORM

Parent Name: _____

Parent/Guardian/Family Member, please check a box from the list below that indicates any PERSONAL GOALS that YOU would like assistance in achieving.

We have connections with agencies and organizations who will help you reach the goals you desire. If, for example, you would like to get your GED, change jobs, go back to school or something that will put you in a better position to take care of your family, please write that information here. If there is more or something different you would like to achieve, please explain in the space provided. The LEAD Coalition will create programs based on the information that we gather from this form.

- | | |
|----------------------------|--------------------------|
| GED | Job Opportunities |
| Associate’s Degree | Changing Careers |
| Bachelor’s Degree | Buying a Car |
| Master’s Degree | Buying a House/Apartment |
| Money Management/Budgeting | Parenting Tips |
| Time Management | |

Please list any other areas/topics that you would like to learn more about or would like to accomplish:

I certify that the above information is true and complete to the best of my knowledge:

Parent/Guardian Signature: _____

Date: _____



STeAM 21st Century Community Learning Center at Jinks/Everitt Middle School

Please fill in every blank. If the blank does not apply please fill in: NO

I grant the LEAD Coalition (LEAD)/Gulf Coast State College (GCSC), its community partners and employees the right to take photographs of me and my child. I authorize LEAD/GCSC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that LEAD/GCSC may use such photographs of me/my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

Adult Signature: _____

Adult Printed name: _____

Address: _____

Date: _____

Child's Printed Name: _____



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



Student Name: _____

Student School: Everitt Middle School

<p>Bay District Schools</p> <p><u>AUTHORIZATION FOR RELEASE, INSPECTION, OR RECEIPT OF RECORDS</u></p>
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Bay District Schools is hereby authorized to (Check the box/boxes that apply):

Release or Copy Records	Receive Records	Permit the inspection of listed records/information
Regarding: _____		
Name of Student	Date of Birth	Parent/Guardian

To: <u>Lead Coalition/ Gulf Coast State College</u>	<u>5230 US-98 Panama City, FL 32401</u>
Medical Provider or Agency Name	Address

PLEASE CHECK THE APPLICABLE RECORDS THAT ARE TO BE RELEASED/COPIED INSPECTED:

- | | |
|--|---|
| Psychological Evaluations/Reports
Diagnostic Screenings/Reports/Records
Social/Developmental History Reports
Attendance Records
Other: _____ | Health/Medical/Birth Reports/Records
Educational/Academic Reports/Records
Standardized Test Data
Psychiatric Reports |
|--|---|

Please send release information to:

<u>Lead Coalition/ Gulf Coast State College</u>	<u>5230 US-98 Panama City, FL</u>
32401 Name of Individual or Agency	Address

_____	_____	_____	_____
Phone	City	State	Zip

THIS RELEASE SHALL BE EFFECTIVE 365 DAYS FROM THE DATE OF SIGNING

IMPORTANT – PLEASE NOTE

The person or agency receiving these records must not transfer the information obtained to any other person or agency without obtaining the written consent of the parent or legal guardian, or the student if eighteen years of age or older.

Pursuant to Public Law 93-380, you, the parent / guardian, are hereby notified that you have the right to inspect educational records, to have a copy of said records if you wish to pay the cost of duplication, and to challenge the content of said records on the grounds that they may be inaccurate, misleading or inappropriate.

Please check one of the following:

- I certify that I am age eighteen or older and I am the person who is the subject matter of the records listed above.
- I certify that I am the parent or legal guardian of the person who is the subject matter of the records listed above, and that said person is under the age of eighteen. I understand that the information and/or reports that are shared with the school may become part of the student’s record. Furthermore, school records are subjected to the regulations imposed by the Family Education Rights and Privacy Act of 1974 (PL 94-142) (Statute: 20 U.S.C. § 1232(g) Regulations: 34 CFR Part 99). Those records used to make educational decisions about students are subject to review by the parents/guardians and students 18 years of age or older.

_____	_____
Signature of Parent/Guardian or Student 18 years of age or older	Date

Student Name: _____

Student School: Everitt Middle School

**BAY DISTRICT SCHOOLS
EXTRACURRICULAR ACTIVITIES
AUTHORIZATION FOR MEDICAL
TREATMENT**

This form when completed will cover the school year.
Update of the information will be the responsibility of
the parent or guardian.

Note: **This form will be used only when
a parent or legal guardian cannot
be notified and emergency**

We, the undersigned as the parents/guardians of _____ hereby consent to any
Student Name
and all emergency medical and surgical treatments, including anesthesia and surgical procedures, which may be deemed advisable
by qualified physicians selected by agents or officials of the Bay County School Board. The intention thereof is to grant authority to
administer and to perform examinations, treatments, anesthesia, surgical procedures, and diagnostic procedures which may now, or
during the course of the patient's care, be deemed advisable or necessary by qualified physicians.

Medical Insurance Company _____ Policy # _____

Address of Insurance Company _____ Group # _____

Student's Address _____ Phone # _____ Age: _____

Parent/Guardian _____ Phone # _____

Business _____ Phone # _____

Emergency contact if parent can not be reached: Name _____
Phone # _____

Is your child presently under medical treatment/taking medication? Yes _____ No _____

If yes, describe:

Frequency of Medication: _____

Does your religion prohibit any specified medical procedure? Yes _____ NO _____

If yes, describe: _____

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signatures below:

Signature of Parent/Guardian _____

Date: _____

State of Florida, County of _____ Sworn to and subscribed before me this _____ day of
_____, 20__ by _____ Who is personally known to me or who
has produced _____ as Identification.