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 through July 31, 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.

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.

_________________________ Date
Parent/Guardian Signature

_________________________ Date
Director Signature

Directors: Please keep a copy of this form in the participants file August 2019.
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
(THE 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 6:05 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 CODE
21st 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 _______________
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): ________________________________

Phone Number: ___________________________  Email ________________________________

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

Revised 1/11/2019       All Pages Must Be Complete In Order To Participate       Page 6 of 12
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 and posttests 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 3½ 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: __________
Household Income
(Before Taxes)

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Equivalent Income Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0-$5,000</td>
<td>$45,001-$50,000</td>
</tr>
<tr>
<td>$5,001-$10,000</td>
<td>$50,001-$55,000</td>
</tr>
<tr>
<td>$10,001-$15,000</td>
<td>$55,001-$60,000</td>
</tr>
<tr>
<td>$15,001-$20,000</td>
<td>$65,001-$70,000</td>
</tr>
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<td>$20,001-$25,000</td>
<td>$70,001-$75,000</td>
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</tr>
<tr>
<td>$30,001-$35,000</td>
<td>$80,001-$85,000</td>
</tr>
<tr>
<td>$35,001-$40,000</td>
<td>$85,001-$90,000</td>
</tr>
<tr>
<td>$40,001-$45,000</td>
<td>Other:</td>
</tr>
</tbody>
</table>

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.)
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
☐ Associate’s Degree
☐ Bachelor’s Degree
☐ Master’s Degree
☐ Money Management/Budgeting
☐ Time Management

☐ Job Opportunities
☐ Changing Careers
☐ Buying a Car
☐ Buying a House/Apartment
☐ Parenting Tips

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: ________________________________
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:____________________________________________
Bay District Schools

AUTHORIZATION FOR RELEASE, INSPECTION, OR RECEIPT OF RECORDS

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:  Lead Coalition/ Gulf Coast State College  5230 US-98 Panama City, FL  32401

Medical Provider or Agency Name  Address

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

 Psychological Evaluations/Reports   Health/Medical/Birth Reports/Records

 Diagnostic Screenings/Reports/Records   Educational/Academic Reports/Records

 Social/Developmental History Reports   Standardized Test Data

 Attendance Records   Psychiatric Reports

 Other:

Please send release information to:

Lead Coalition/ Gulf Coast State College  5230 West US-98

Name of Individual or Agency  Address

850-769-1551 ext. 3263  Panama City  Florida  32401

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
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 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/Guardian cannot be reached) ___________________________ 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 __________________________________________

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

Date: _____________________________ __________________________

Signature of Parent/Guardian

Date: _____________________________ __________________________

Signature of Parent/Guardian

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.

________________________________________

Signature of Notary Public

Typed, Printed, or Stamped Name of Notary