



# COA 21<sup>st</sup> CCLC - Project Impact 21<sup>ST</sup> Century Community Learning Center

## STUDENT Registration 2023 - 2024

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

GRADE Level: K, 1, 2, 3, 4, 5 6, 7, 8 9, 10, 11, 12

SCHOOL: ABC FCS FCBS Homeschool Other

Limited English Proficiency: ☐ YES ☐ NO

Identified with Special Needs or Disability: ☐ YES ☐ NO - If YES, please explain: \_\_\_\_\_

*Ethnicity (Please check one or more as needed):*

☐ American Indian / Alaskan Native ☐ Asian ☐ Black or African American

☐ Hispanic or Latina(o) ☐ White or Caucasian ☐ Unknown ☐ Cannot Answer

### Family Information/Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

FIRST Name \_\_\_\_\_ LAST Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ **\*Must have a working phone#.**

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

FIRST Name \_\_\_\_\_ LAST Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ **\*Must have a working phone#.**

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

FIRST Name \_\_\_\_\_ LAST Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ **\*Must have a working phone#.**

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

### Student Pick-Up/Drop Off:

☐ Ride school bus ☐ Picked up by parent, relative, or guardian ☐ Other (please specify): \_\_\_\_\_

### Medical Information:

Permission for Treatment by Doctor/Hospital: ☐ YES ☐ NO Health Insurance ☐ YES ☐ NO \_\_\_\_\_

Serious Health problems: ☐ YES ☐ NO If YES, please explain: \_\_\_\_\_

Medications: ☐ YES ☐ NO If YES, please explain: \_\_\_\_\_

**Special dietary needs or allergies: ☐ YES ☐ NO If YES, please explain: \_\_\_\_\_**



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**Parent or Guardian:** give/decline permission for my child (*circle one*) to participate in food related activities and special occasions wherein food is consumed. Please provide the following information:

- ☐ My child **DOES NOT** have a food allergy or dietary restriction. He or she may participate in activities.  
☐ My child **DOES NOT** have a food allergy or dietary restriction. He or she may not participate in activities.  
☐ My child **DOES** have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list): \_\_\_\_\_  
☐ My child **DOES** have a food allergy or dietary restriction. He or she may not participate in activities

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

**CONSENT FORM:** This consent form acknowledges my permission to allow the Franklin County School System, or the school to which my child is attending, to mutually share information about my child with the 21<sup>st</sup> CCLC Program for the purposes of creating individualized academic plans and tracking school progress and performance which will be used to enhance my child's performance in school. I understand that all information shared between the school system and the 21<sup>st</sup> CCLC program will be kept strictly confidential and will not be used for any other purpose or reason. This information will include use of photographs, report cards, State Testing scores, attendance, discipline records and other records of progress. The 21<sup>st</sup> CCLC Program has my permission to use my or my child's photograph publicly to promote the program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. This consent shall remain in effect until revoked in writing by me.

**Transportation Permission FORM:** This form acknowledges my permission to allow the 21<sup>st</sup> CCLC Program to transport my child, for the purposes of afterschool trips throughout the afterschool and summer program, August 1, 2022, to July 31, 2023. I understand that some trips may include trips outside of Franklin County. I authorize any medical treatment in case of an emergency and agree that I am responsible for the cost of such treatment. **Program Participation:** The undersigned agrees to hold harmless the 21<sup>st</sup> CCLC Program, its representatives and employees from all claims, damages, or other liabilities for injuries to my son/daughter which are not the result of gross negligence, or intentional neglect by the 21<sup>st</sup> CCLC Program, City of Apalachicola, the School District or its agents, representatives, or employees.

#### Parent/Guardian Notifications

\*Section 402.3125(5), F.S., requires that parents receive a copy of the *Child Care Facility Brochure*, "Know Your Child Care Facility" (CF/PI 175-24), or Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).

\*It is required that parents receive a copy of the brochure on *Influenza Virus, The Flu, A Guide to Parents*, during the months of August and September. \_\_\_\_\_

\**Rilya Wilson Act* - Outlines the provider's responsibilities for ensuring continuity of care and reporting absences of children in out-of-home placement that are enrolled at their facility/home. Please carefully review the Rilya Wilson Act flyer.

\**Distracted Adult* HB 1079 amended s. 402.305(9), F.S. requiring operators of childcare facilities parents/guardians with information pertaining to the dangers of leaving a child in a vehicle, including tips for prevention, during the months of April and September. \_\_\_\_\_

\*Section 65C-22.006(3) (c)2., F.A.C., requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or Section 65C-20.010(6)(c), F.A.C., requires that a written copy of the family day care provider's *discipline and expulsion policy* be available for review by the parent(s).

\*Section 65C-22.002(1)i., F.A.C., smoking is prohibited within the child care facility, all outdoor areas, during field trips, and in vehicles when being used to transport children. Owners/operators are to notify custodial parents and legal guardians, in writing, that *smoking is prohibited on the premises of the childcare facility*.

\*Received 21<sup>st</sup> CCLC Parent/Guardian PROGRAM HANDBOOK

*\*Your signature below indicates that you have received and reviewed the above items and that the information on this enrollment form is complete and accurate.*

Signature: \_\_\_\_\_

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