21st Century Schools
Participant Registration Form

****PLEASE PRINT****

FOR OFFICE USE ONLY

Date entered in Computer: ___/___/___

Staff initials _____

Participant Last Name: | Participant First Name: | Middle Initial:

Address: | City, State, Zip Code:

Home Phone: | Age: | Birth Date: | Gender (M or F):

School: | Teacher: | Grade:

Lunch Status:

- ☐ Full Price Lunch
- ☐ Reduced Price Lunch
- ☐ Free Lunch

Ethnicity: (check one)

- ☐ Caucasian American
- ☐ African American
- ☐ Native American
- ☐ Asian American
- ☐ Hispanic American
- ☐ Native Hawaiian/
- ☐ Multiracial
- ☐ Native Hawaiian/ Pacific Islander
- ☐ Other: _____

Student Lives With:

- ☐ Both Parents
- ☐ Single Parent Mother
- ☐ Single Parent Father
- ☐ Guardian
- ☐ Mother/Stepfather
- ☐ Father/Stepmother
- ☐ Foster Care
- ☐ Other: _____

Student Will:

- ☐ Walk Home
  Release time: _____
- ☐ Be Picked Up

Is there any medical reason why your child shall not participate in certain physical activities?

☐ No ☐ Yes (If yes, explain below)

Please also list below anything else that the 21st Century Schools staff should know about your child.
(Examples: allergies, medications or special needs)

Parent or Guardian is responsible for notifying 21st Century Schools staff of any medical changes

21st Century Schools
Participant Registration Form

****PLEASE PRINT****

Parent/Guardian #1 Last Name | First Name | Relationship

Home Phone | Work Phone | Cell/Other Phone

Parent/Guardian Email Address

☐ Check box if you would like to receive email notifications from the 21st Century Schools program

Parent/Guardian #2 Last Name | First Name | Relationship

Home Phone | Work Phone | Cell/Other Phone

Both individuals listed above may access participant records including attendance data and payment information and make changes to the participant enrollment forms unless otherwise indicated in writing by the registering parent/guardian.

In the event of an emergency, the parents/guardians will be contacted first. List 2 other adults to be contacted if the parents/guardians cannot be reached.

Emergency Contact #1 (Name, Phone) | Emergency Contact #2 (Name, Phone)

Adults Authorized to Pick-up Student: All the adults authorized to pick up must be over the age of 18. If you wish to have someone under the age of 18 pick up your student, you must provide separate written authorization to be kept on file.

☐ All the adults listed above are authorized to pick up my child.

☐ All the adults listed above with the exception of _____ (Name) are authorized to pick up my child.

To list additional adults authorized to pick up your child, please use the lines below.

Last Name First Name Phone Relationship

1. _____

2. _____

3. _____

I hereby wish to register my child in the 21st Century Schools program and indicate the above to be complete and accurate.

_____ _____

Signature of Parent/Guardian **Date**

21st Century Schools
AGREEMENT TO TERMS AND CONDITIONS

Student Name: ___________________________________

Enrollment Agreement: I have received, read and fully understand all the Policies and Procedures contained in the 21st Century Schools Parent Handbook. I hereby agree to abide by all the Policies and Procedures therein. I further give my consent to the school district and 21st Century Schools to share participant records with each other for the purposes of providing educational support and assistance. In addition, I understand that participant records will be used to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program. In conclusion, I wish to enroll my child in the 21st Century Schools program offered by the Tazewell County Health Department.

______________________________ ______________________________

Signature of Parent/Guardian **Date**

- -

Internet Usage: I am familiar with and understand my child's School District Internet Policy. I understand that the same terms and conditions listed in the District's Internet Policy apply during Internet usage while in the 21st Century Schools program. Internet access is designed for educational purposes and the District and TCHD have taken precautions to eliminate controversial material. However, I also realize it is impossible for the District and TCHD to restrict access to all controversial and inappropriate materials. I will hold harmless the District, TCHD, their employees, agents, or board members for any harm caused by material or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of authorization with my child. I hereby request that my child be allowed access to the Internet on a district computer during time spent at the TCHD program.

______________________________ ______________________________

Signature of Parent/Guardian **Date**

- -

Photo Release: I give my permission for 21st Century Schools to use pictures or videos, either taken by staff, newspaper or television photographers, in the promotion of the afterschool program.

______________________________ ______________________________

Signature of Parent/Guardian **Date**

- -

Movie Agreement: I understand that movies will be watched during the 21st Century Schools program. There will be times that a PG movie may be viewed. If there are particular movies that you do not want your child to view, please notify our staff in writing. I will hold harmless the District, TCHD, their employees, agents, or board members for any harm caused by materials obtained during the viewing of the movie. I accept fully the responsibility for allowing my child to view these movies. I hereby request that my child be allowed access to view these movies during the time spent in the before and afterschool programs.

______________________________ ______________________________

Signature of Parent/Guardian **Date**

21st Century Schools
EMERGENCY MEDICAL CONSENT

Child's Full Name: _____ Birth Date: _____

In the event that my child requires medical and/or surgical care while I'm unable to be reached, I hereby give my consent for medical and/or surgical treatment for the child listed above. I agree to pay all costs and fees contingent for any emergency medical care and/or treatment for my child as secured or authorized under this consent. 21st Century Schools will make every effort to notify parents and guardians immediately in case of emergency.

STUDENT MEDICAL INFORMATION

Doctor: _____ Doctor Phone #: _____

Address of Doctor: _____ Date of last Tetanus Shot: _____

Hospital Preference: _____

Allergies:
_____
_____

Medications:
_____
_____

I authorize the 21st Century Schools staff to apply the following topical care items to my child as needed:

☐Triple Antibiotic Ointment ☐Sunscreen ☐Bug Repellant

This consent will be in effect beginning on (date) _____ and will continue while the child above is enrolled in this facility.

_____ _____
Signature of Parent/Guardian **Date**

21st Century Schools
MEDICATION RELEASE FORM
(Optional)

This form must be presented before any medication can be administered to your child. This includes over-the-counter and prescribed medications. All over-the-counter medications must be provided in the original container with the child's name on it while prescription medications must be provided in the original or duplicate container which includes the doctor's directions for distribution.

Child Name: _____ Date of Birth: _____

Name of Medication: _____

Quantity of Medication given to Program: _____

Recommended Time of Dosage: _____

Recommended Quantity of Dosage: _____ Half ☐ Whole ☐

Please note any additional information regarding administering medication to your child:

_____

_____

_____

_____

_____

_____

_____

_____

This consent will be in effect beginning on (date) _____ and will continue while the child above is enrolled in this facility or until all medication released to the program has been dispensed.

_____ _____
Signature of Parent/Guardian **Date**

_____ _____
Signature of Physician **Date**

_____ _____
Signature of Program Staff **Date**

Tazewell County Health Department
Established 1920

21st Century Schools
BEHAVIOR CONTRACT

Student and staff safety is very important. In addition to the rules enforced during the school day, the basic rules of 21st Century Schools are:

1. Be Kind – to yourself, each other and the environment (books, desks, etc.)
2. Be Respectful – follow directions and rules; Verbal harm (hurtful words) will not be allowed
3. Be Productive – do your assignments; find productive activities; cooperate

Participants will follow the Behavior Card System. The rules and punishment will be the same for all students unless there is a written discipline plan on file. The Behavior Card System will be implemented as follows:

At the beginning of each session each student will begin on Green.

Green Card	Good Behavior
Yellow Card	1st Behavior Violation (Verbal Warning)
Red Card	2nd Behavior Violation (Note Sent Home)
Blue Card	3rd Behavior Violation = Strike (Incident Report)

3 Strikes/Incident Reports will result in removal from the 21st Century Schools program.

In the case of a student harming or threatening harm to property, themselves, other students or staff, continually not following staff instructions, disrupting activities, using illegal substances, or any other endangering behavior, the child may be immediately removed from the program without going through the protocol listed above. Internet offenses follow are cause for immediate removal of computer privileges. Students may be temporarily suspended from 21st Century Schools programming pending investigation.

When removal is warranted according to the protocol listed above, the 21st Century Schools Director and the School Principal will be notified prior to its implementation. The Site Coordinator, School Principal and the Director of 21st Century Schools will then determine the length of program removal. The length of program removal will be no shorter than 2 weeks. In some cases, the severity of the student's behavior would make return unacceptable. Multiple discharges from the program are also cause for permanent removal.

I have thoroughly read the Behavior Contract and understand the rules for 21st Century Schools. In addition, I agree to help my child understand and follow all program rules.

Signature of Parent/Guardian	**Date**
Signature of Student	**Date**
Signature of Staff	**Date**