

## Deposit Record

\_\_\_\_\_  
(Afterschool Center)

\_\_\_\_\_  
(DATE)

CHECKS: \$ \_\_\_\_\_

CASH: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

I verify the above totals are correct.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

I have received the above cash and checks.

CHECKS: \$ \_\_\_\_\_

CASH: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

Signature \_\_\_\_\_

# Drill Documentation

School Site

\*Fire, Tornado, and Intruder Drill – Requirement - once a month

**Month/Year:**

Type of Drill(s) FIRE

Date \_\_\_\_\_ Time: \_\_\_\_\_ Number of Minutes for Drill \_\_\_\_\_

Number of People involved: \_\_\_\_\_ Adults: \_\_\_\_\_ Students: \_\_\_\_\_ Other: \_\_\_\_\_

Signature & Position \_\_\_\_\_

Comments: \_\_\_\_\_

Type of Drill(s) TORNADO

Date \_\_\_\_\_ Time: \_\_\_\_\_ Number of Minutes for Drill \_\_\_\_\_

Number of People involved: \_\_\_\_\_ Adults: \_\_\_\_\_ Students: \_\_\_\_\_ Other: \_\_\_\_\_

Signature & Position \_\_\_\_\_

Comments: \_\_\_\_\_

Type of Drill(s) INTRUDER

Date \_\_\_\_\_ Time: \_\_\_\_\_ Number of Minutes for Drill \_\_\_\_\_

Number of People involved: \_\_\_\_\_ Adults: \_\_\_\_\_ Students: \_\_\_\_\_ Other: \_\_\_\_\_

Signature & Position \_\_\_\_\_

Comments: \_\_\_\_\_

Other Drill(s) \_\_\_\_\_

Date \_\_\_\_\_ Time: \_\_\_\_\_ Number of Minutes for Drill \_\_\_\_\_

Number of People involved: \_\_\_\_\_ Adults: \_\_\_\_\_ Students: \_\_\_\_\_ Other: \_\_\_\_\_

Signature & Position \_\_\_\_\_

Comments: \_\_\_\_\_

Core Academy

(Date)

\*SLT- Site Lead Teacher  
STA- Student Teacher's Aide

CT-Certified Teacher

CTA-Certified Teacher's Aide  
N-Nurse

**TA-Teacher's/Program Aide  
Bus-Bus Driver (summer only)**



## **21<sup>st</sup> CCLC JOURNEYS NEW EMPLOYEE FORMS CHECKLIST**

**REQUIREMENTS FOR EMPLOYMENT**  
**VALID FINGERPRINTS ARE REQUIRED FOR EVERYONE**  
**19 YEARS OLD AND OLDER**

**ALL FORMS ARE AVAILABLE AT THE BOARD OF  
EDUCATION, COMMUNITY EDUCATION OFFICE**  
**[mbenton@winfield.k12.al.us](mailto:mbenton@winfield.k12.al.us)**

**MUST SUBMIT FOLLOWING BEFORE BEING ALLOWED  
TO WORK:**

- ▶ **COPY OF DRIVER'S LICENSE**
- ▶ **COPY OF SOCIAL SECURITY CARD**
- ▶ **COMPLETED APPLICATION with an email address to  
send PAYSTUB (NO PAPER CHECKS ARE PRINTED)**
- ▶ **COMPLETED FORMS:**
  - Direct Deposit (A voided Check attached)
  - W-4 Form – Federal Tax
  - A-4 Form – State Tax
  - Form I-9 – Top Section Only (Down to “Stop”)

**No one is allowed to work until background check clearance and**  
**E-Verification has been obtained**  
**NO EXCEPTIONS**  
**This Employer Participates in E-Verify**

## JOURNEYS VOLUNTEER APPLICATION

PARENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

### TYPE OF AFTER-SCHOOL VOLUNTEER WORK PREFERRED

- ☐ Tutor – 30 minutes/week \_\_\_\_\_ Reading \_\_\_\_\_ Math
- ☐ Listen to children read
- ☐ Read to children
- ☐ Help with a classroom bulletin board
- ☐ Assist with art activities
- ☐ Special occasion/Field trip snacks or drinks for your child's class
- ☐ I would be available to help at home. I can help prepare materials for arts & crafts or bulletin boards.
- ☐ Christmas or Valentine Party
- ☐ Parent committee
- ☐ STEAM Activity for your child's class
- ☐ P.E. Activities

**GRADE LEVEL YOU PREFER TO WORK WITH:** Elementary ☐  
Middle ☐

### DAYS THAT YOU WOULD LIKE TO VOLUNTEER AFTER SCHOOL

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Field Trip Chaperone / Summer Program \_\_\_\_\_

\*Please turn this form in to the Journeys Office. Thank you!

**WINFIELD CITY SCHOOLS**  
**JOURNEYS - 21<sup>st</sup> Century CCLC**  
**STUDENT ACCIDENT FORM**

1. Name \_\_\_\_\_ Home Address \_\_\_\_\_
2. Telephone# Home \_\_\_\_\_ Cell \_\_\_\_\_
3. School: \_\_\_\_\_ Sex \_\_\_\_M \_\_\_\_F Grade \_\_\_\_\_
4. Date of Accident: \_\_\_\_\_ Time (Approx.): \_\_\_\_\_
5. Place of Accident: \_\_\_\_\_ Classroom \_\_\_\_\_ School Grounds  
\_\_\_\_\_ School Building \_\_\_\_\_ Other
6. Teacher in charge when accident occurred: \_\_\_\_\_
7. Present at Scene of Accident: \_\_\_\_\_ yes \_\_\_\_\_ no
8. Nature of Injury:  
\_\_\_\_\_ Abrasion \_\_\_\_\_ Dislocation  
\_\_\_\_\_ Bite \_\_\_\_\_ Fracture  
\_\_\_\_\_ Bruise \_\_\_\_\_ Poisoning  
\_\_\_\_\_ Burn \_\_\_\_\_ Puncture  
\_\_\_\_\_ Concussion \_\_\_\_\_ Shock  
\_\_\_\_\_ Cut \_\_\_\_\_ Sprain  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_
9. Part of Body Injured:  
\_\_\_\_\_ Abdomen \_\_\_\_\_ Foot  
\_\_\_\_\_ Ankle \_\_\_\_\_ Hand  
\_\_\_\_\_ Arm \_\_\_\_\_ Head  
\_\_\_\_\_ Back \_\_\_\_\_ Knee  
\_\_\_\_\_ Chest \_\_\_\_\_ Leg  
\_\_\_\_\_ Ear \_\_\_\_\_ Mouth  
\_\_\_\_\_ Elbow \_\_\_\_\_ Nose  
\_\_\_\_\_ Eye \_\_\_\_\_ Tooth  
\_\_\_\_\_ Face \_\_\_\_\_ Wrist  
\_\_\_\_\_ Finger \_\_\_\_\_ Other (Specify) \_\_\_\_\_
10. Immediate Action Taken: \_\_\_\_\_
11. Witnesses: \_\_\_\_\_
12. Was a parent or other individual notified: \_\_\_\_\_ yes \_\_\_\_\_ no  
Time: \_\_\_\_\_ How: \_\_\_\_\_  
Name of individual notified: \_\_\_\_\_  
By whom? (name, please): \_\_\_\_\_



## JOURNEYS 21<sup>st</sup> Century ACCIDENT/INCIDENT REPORT

Where you can be reached

Place: Playground, lunchroom, (other- please explain) etc.

Details: (Please print legibly and be as specific as possible with events and times. If more space is needed use back of this sheet or additional pages)

Witnesses: \_\_\_\_\_

\*If Accident please fill out Student Accident Form.

**WINFIELD CITY SCHOOLS**  
**JOURNEYS – 21<sup>st</sup> Century CCLC**

P.O. Box 70  
Winfield, AL 35594  
(205) 487-4988 Fax: (205) 487-4603

**DISCIPLINE REFERRAL FORM**

STUDENT NAME	SEX	GRADE	SITE	AFTER-SCHOOL

**\*\* NOTICE TO PARENT \*\***

**This is to inform you of a disciplinary incident involving your child.**

Explanation of student offenses      Date \_\_\_\_\_ Time \_\_\_\_\_

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Teacher Signature \_\_\_\_\_

**Action Taken by student's teacher prior to this notice**

_____ Name in disciplinary notebook	Date: _____
_____ Time Out	Date: _____
_____ Conference with student	Date: _____
_____ Phone call to parents	Date: _____
_____ Conference with parents	Date: _____
_____ Letter to parents	Date: _____
_____ Other _____	Date: _____

_____ 1 <sup>st</sup> Offense	Date: _____
_____ 2 <sup>nd</sup> Offense	Date: _____
_____ 3 <sup>rd</sup> Offense – Terminated from Journeys Program	Date: _____

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

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

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

Time: \_\_\_\_\_

Notes: \_\_\_\_\_

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School Year Only  
21<sup>st</sup> Century Journeys After-School  
Homework & Attendance Procedures  
A 21<sup>st</sup> Century Community Learning Center

The continuation of funding for this program is based largely on your child's academic improvement and attendance. Therefore, the program takes an aggressive approach regarding the completion of assigned homework, projects, and daily attendance. The following procedures have been established to ensure all requirements related to academic achievement and attendances in the grant are achieved.

*Academic (homework):*

- Students are required to bring homework assignments to Journeys.
- If students have no assigned homework, they will be expected to do other academic activities assigned, during homework time.
- After 2 consecutive days of "no homework" in a subject area, the after-school staff will check with your child's day school teacher to verify homework assignments.
- The Journeys After-School Program is not a tutoring service. As soon as homework time is over, students have scheduled STEM or other enrichment activities that are required by 21<sup>st</sup> Century.
- The After-School Program does not take the place of parental academic "help". Parents will check homework assignments for completions and correctness. If students have tests of memorization for the next day, parents should review this with them.

*Attendance:*

Your child is REQUIRED to meet in the designated area for the After-School Program. If your child is NOT going to attend on a given day, please notify the after-school programs that he/she will not be attending that day (unless you have previously let our office staff know). This is necessary for the protection of your child. Call Marsha Benton at 487-4988 during the school day and Rachel Tramutolo after 3:00 p.m. at the same number. I agree to abide by the attendance procedures for the program as stated above.

\_\_\_\_\_ Parent

\_\_\_\_\_ Student

\*Do you wish to have your child work on and/or finish homework even if it overlaps the Recreation, Arts/Crafts, or other enrichment activity time? \_\_\_\_\_ YES \_\_\_\_\_ NO

Comments:

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# APPLICATION FOR AFTERSCHOOL EDUCATION SCHOLARSHIP

Winfield City Schools

(Please fill out a form for each child applying for scholarship in the Afterschool Program.)

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

## To be completed by Parents/Legal Guardian.

Is this child in Foster Care? \_\_\_\_\_ Yes \_\_\_\_\_ No

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Name of Siblings: \_\_\_\_\_ Grade/s \_\_\_\_\_ Ages \_\_\_\_\_

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

Does this child receive: Free Lunch \_\_\_\_\_ Reduced Lunch \_\_\_\_\_

How many children are in your family? \_\_\_\_\_ How many are currently enrolled in school? \_\_\_\_\_

How many of the children listed above, do you wish to be enrolled in the Afterschool Program? \_\_\_\_\_

Could you pay part of the fee? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much? \$ \_\_\_\_\_

Name of Father: \_\_\_\_\_ Weekly Take Home Pay. \$ \_\_\_\_\_

Employed by: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Weekly Take Home Pay. \$ \_\_\_\_\_

Employed by: \_\_\_\_\_

Total Family Take Home Pay. \$ \_\_\_\_\_ (Please check one) Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

If unemployed, what is the source of family income? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

## To be completed by School Official

Grades for Last nine weeks: Reading \_\_\_\_\_ Language \_\_\_\_\_ Science \_\_\_\_\_

Social Studies \_\_\_\_\_ Math \_\_\_\_\_ Other Subject \_\_\_\_\_

Standardized Test Scores: (most current) Reading \_\_\_\_\_ Language \_\_\_\_\_ Science \_\_\_\_\_

Social Studies \_\_\_\_\_ Math \_\_\_\_\_ Other Subject \_\_\_\_\_

Signature and Title of Person completing this section \_\_\_\_\_

Principal Signature \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**\*\*If approved, a registration packet for the Afterschool Program must be filled out by the parents/legal guardian and turned in to the Afterschool Program Site Coordinator. Parents/Legal Guardian will be asked to update this form every nine weeks to maintain their child's scholarship eligibility.**

Do not write below this line

Approved \_\_\_\_\_ Approved Dates From: \_\_\_\_\_ Until \_\_\_\_\_

Not Approved \_\_\_\_\_ Director: \_\_\_\_\_

Approved amount to pay. \$ \_\_\_\_\_

4/12/2016