



## Lockland 21<sup>st</sup> Century Middle/High School Program



# 2020-2021 Registration Form

### Student Information

Student Name \_\_\_\_\_

Home Address (please be sure to include zip code) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age/Sex \_\_\_\_\_ / \_\_\_\_\_ Current Grade \_\_\_\_\_

Please check the area(s) you would like to improve or develop:

Math Skills     Reading Skills     Social Skills     Leadership Skills     Life Plans  
 Mood     Self-Esteem     Self-Confidence

Please tell us where learning takes place for you daily?

At Lockland School \_\_\_\_\_

At home \_\_\_\_\_

Are you new to the Lockland 21<sup>st</sup> Century Program family? Yes or No (please circle one)

### Parent and Emergency Contact Information

Parent/Guardian Name \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Emergency Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

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

Child's Medical Information

Does your child have any medical issues which we should be made aware? Yes or No (please circle one)

If yes, please explain

---

---

---

Does your child require medication? Yes or No (please circle one)

If yes, please explain

---

---

---

Does your child have chronic or reoccurring illnesses or medical conditions? Yes or No (please circle one)

If yes, please explain and submit a copy of instructions

---

---

---

Has your child had any serious injuries or operations? Yes or No (please circle one)

If yes, please explain

---

---

---

Does your child have any dietary restrictions or food allergies? Yes or No (please circle one)

If yes, please explain

---

---

---

Please provide the contact information for your child's physician.

---

---

In case of extreme emergencies please have my child transported to:

\_\_\_\_\_ Closest Hospital

\_\_\_\_\_ Preferred Hospital (list below name and address)

---

Y M C A 2 1 <sup>st</sup> Century After-School Program Registration Form cont'd...

Forms must be signed by a parent or guardian for students participating under the age of 18. If you have any questions, please contact your 21st CCLC Director prior to completing the permission form

I hereby give permission for the participant listed to take part in the 21st Century Community Learning Centers (CLC) activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the 21st Century Community Learning Center staff.

I give my consent to the School District and the 21st Century Community Learning Centers (CCLC) programs to take the participant's photograph during program activities, to be used for education and public relations purposes. I further give my consent to the School District and the 21st Century Community Learning Centers (CCLC) to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that the 21st Century Community Learning Center will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement. The student data will also be used to fulfill the State and Federal annual progress reporting requirements to obtain continued funding for the program.

**YMCA RELEASE AND WAIVER OF LIABILITY:**

I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise, or any other activity at the YMCA. I expressly acknowledge on behalf of myself and my heirs that assume the risk of any and all illness, which may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, death, loss, or damage which I may suffer as a result of my participation in these activities. I understand that the YMCA of Greater Cincinnati is not responsible for any personal property lost or stolen while using the YMCA facilities or while on YMCA premises. I give my permission to the YMCA of Greater Cincinnati to use photographs, film footage, audio, or video tape recordings, which may include my image or voice for the purpose of promoting and interpreting YMCA programs and services to the general public. I will adhere to the YMCA Code of Conduct. I understand that the YMCA of Greater Cincinnati will hold me accountable to the Code of Conduct and may restrict my access to the YMCA upon breach of the code.

**ACCEPTANCE:** I acknowledge the Waiver set forth above and, being in sympathy with the mission of the YMCA, hereby accept the policies and procedures of the YMCA of Greater Cincinnati.

I hereby certify that I have read and do understand all of the above information

---

**Parent/Guardian Signature**

**Printed Name**

**Date**

## Student Behavior Contract

- I understand I am responsible for my own behavior and disrespect of any kind toward any staff person, outside guests or my peers **will not** be tolerated and will be grounds for immediate and/or permanent dismissal from the program.
- I understand I am to treat the school building with respect and clean up after myself.
- I understand I am to arrive to the program by **3:05** each day unless otherwise stated and that late arrivals will require **a note from staff** to gain entry.
- I understand the use of profanity, language sexual in nature, capping, bullying, fighting, instigating and stealing **will not** be accepted and will be grounds for immediate and/or permanent dismissal.
- I understand my cell phone **must** be kept out of sight during program hours (field trips included when applicable).
- I understand that I **must** follow all program rules.
- I understand in order for me to participate in any Friday field trips (when applicable) or activity, I must: attend program daily each week, turn in all required classroom assignments, turn in all weekly progress checks and field trip permission slips on time. I also must respect myself and others while out in the community representing the 21<sup>st</sup> Century Program.
- I understand late permission slips will not be accepted **period** and turning them in on time is **my** responsibility.
- I understand I **must** attend tutoring and/or homework sessions daily (except on Fridays) and participate in all enrichment activities daily.
- I understand my child **must** leave program and the building immediately after homework and tutoring is over if refusing to participate in enrichments.
- I also understand that my child will be **excluded** from **all** Friday events if he or she isn't actively participating in **all** enrichment activities.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Site Coordinator's signature \_\_\_\_\_ Date \_\_\_\_\_

## Student Goals

### A goal is a dream with a deadline Napoleon Hill

Goals are essential to our lives. They help us to design our ideal life by being organized and focused in order to reach our desired outcomes for a life of gratitude and satisfaction.

Every successful person placed before them a goal to work towards. Each of us in the Lockland 21<sup>st</sup> Century Program would like to see you be successful so, we're asking you to set **three** goals that you would like to accomplish by the end of the school year.

Setting goals can help provide:

- a clearer sense of direction and focus on what's important to you
- clarity in decision-making
- control over your future
- motivation to reach the final outcome
- a sense of personal satisfaction and purpose in life

First and Last name \_\_\_\_\_ Date \_\_\_\_\_

Goal #1 (personal)

\_\_\_\_\_ Date to be accomplished \_\_\_\_\_

How can we assist you in accomplishing this goal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal #2 (personal)

\_\_\_\_\_ Date accomplished \_\_\_\_\_

How can we assist you with accomplishing this goal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal #3 (educational)

\_\_\_\_\_ Date accomplished \_\_\_\_\_

How can we assist you with accomplishing this goal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Growth and Self Esteem Questionnaire  
(Entry)**

First and Last Name \_\_\_\_\_

**Please answer the following questions with using True or False.**

- I believe everyone is born to succeed? \_\_\_\_\_
- I believe everyone has choices in life? \_\_\_\_\_
- I believe in and think highly of myself? \_\_\_\_\_
- I have the confidence to try new things? \_\_\_\_\_
- I take the time to journal about my day every day? \_\_\_\_\_
- I believe my life will turn out like my parents? \_\_\_\_\_
- I believe living in poverty or as a millionaire is a choice? \_\_\_\_\_
- I believe everyone has full control over their own lives? \_\_\_\_\_
- I believe everyone's life is predetermined for them? \_\_\_\_\_
- I believe anyone can be wealthy? \_\_\_\_\_
- I am happy, love and respect who I am? \_\_\_\_\_
- I spend time everyday visualizing on my future? \_\_\_\_\_
- I believe my environment and the people in it impact my life? \_\_\_\_\_
- I believe mental growth is a choice? \_\_\_\_\_
- I believe nothing is impossible? \_\_\_\_\_
- I strive for perfection because making mistakes leave me feeling bad? \_\_\_\_\_
- I believe successful people are born to successful parents? \_\_\_\_\_
- I believe successful people never come out of their comfort zones? \_\_\_\_\_
- I believe I don't have to come out of my comfort zone to be successful? \_\_\_\_\_
- I believe I have plenty of time to plan for my life after high school? \_\_\_\_\_
- I am concerned about where I am headed in life? \_\_\_\_\_
- I go to bed and wake up in a happy mood? \_\_\_\_\_
- I believe this program has something great to offer me? \_\_\_\_\_
- Overall, I believe I am equipped with everything I need to be successful? \_\_\_\_\_

**Please answer the following questions truthfully.**

Entering this program, if I had to describe myself, I would say I'm...

\_\_\_\_\_

I could use \_\_\_\_\_

\_\_\_\_\_

Regardless, I am \_\_\_\_\_

\_\_\_\_\_

*Please **READ, Tear Off and Keep This Important***  
*Parent and Student Information*  
Lockland Middle High School  
YMCA 21<sup>st</sup> Century Program Policies

\*Please make sure all forms are completed in their entirety and signed before submission. Incomplete forms will delay program participation. Please return registration form on or before 9/4/2020. Program will begin September 14, 2020 and will run through May 7, 2021

The Lockland 21<sup>st</sup> Century Middle/High School After-School Program is FREE and operates Monday-Friday, 3:05pm-6:00pm unless otherwise stated

\*The 21<sup>st</sup> Century Program operates on the same calendar as Lockland Schools which includes all school closures (now remote school days. Program will operate remotely on these days) and cancellations.

\*The YMCA 21<sup>st</sup> Century After-School Program follows the same dress code and rules of conduct as the regular school day. All late arrivals will require a note from staff to gain entry. Students attending school daily are NOT PERMITTED to leave school grounds prior to the start of program. Students having left school grounds before the start of program will be turned away for that day.

\*Enrichment activities and field trips (when applicable) are contingent upon program attendance, behavior and homework/ class work being completed. All missing assignments must be turned in the day before Friday activities.

\*Friday activities will require 100% program attendance weekly and participation. A signed permission slip and weekly progress check sheet must be turned in by Tuesday unless otherwise noted. All missing or late work must be in good standing with verification from teachers presented by Thursday to participate in Friday activities. Late permissions slips or progress sheets WILL NOT be accepted nor WILL PHONE CALLS granting permission. **NO EXCEPTIONS!** It is the students' responsibility to turn in all forms on TIME.

The Behavior Contract must be signed by both student and parent upon submission. The behavior contract defines the rules of the program and by signing it; both student and parent acknowledge what behavior is expected while in the program and what will not be tolerated.

All students must set three goals (two personal and one educational goal) to work towards throughout the program year. It is important that students complete this portion of the application and submit it with their completed packet. These goals will be visited in December and again in April. Goals are important and they give merit to our lives.

\*Beginning on September 21<sup>st</sup> weekly progress checks of grades and assignments will be conducted. Each Monday this sheet will be sent home along with Friday's activity permission slip (if applicable) and will need to be signed and returned the next day. Failure to return all forms weekly will result in missed trips (when applicable) or events for that week.

Success is our mission!

If you have any questions or concerns, please reach out to Carla Elliott at the email address below to receive her phone contact information. [carla.elliott@locklandschools.org](mailto:carla.elliott@locklandschools.org)