

The 21st Century Learning Enrichment After School Program (L.E.A.P)



2023-2024 Registration Form

School: Jefferson K-12

Integrated Services Coordinator: Jordan Lipman
 Contact Information: jlipman@jeffersonschools.net



Student Information **One Application Per Student**

Student Name:

Student ID Number: FLEID Number:

Grade Level for the 2023/2024 School Year:

Date of Birth: Gender: Male Female Primary Phone:

Address (street and zip code):

Ethnic Origin of Child:
 American Indian/Alaska Native Asian/Pacific Islander
 Hispanic or Latino Black or African American White or Caucasian American
 Decline to State
 Other:

Is your child enrolled in extracurricular activities? No Yes
 Days: (M T W TH F) Time:

Is your child receiving ESOL services? Yes No

Child's Primary Language: Languages Spoken at Home:

Does your child have a special need/disability? Does your child have an IEP/504 on file?
 Yes No Yes No

If yes, how would you best specify your child's need/disability? Please check all that apply:
 Autism Spectrum Disorder
 Chronic Medical Condition
 Emotional or Behavioral Disorder
 Hearing Impairment (Or Deaf)
 Intellectual Disability
 Learning Disability
 Physical Disability
 Speech/Language Impairment
 Visual Impairment (Blind)
 Other Disability:

Are any other siblings being registered?
 Yes No
 If yes, please list siblings name and grade below:

Name and Grade:

Name and Grade:

Family Information	
Parent/Guardian:	Relationship:
Primary Phone Number:	Phone Number:
Email Address:	
Parent/Guardian:	Relationship:
Primary Phone Number:	Phone Number:
Email Address:	
Student Resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father Other:	
Legal Custody of student: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father Other:	
How will your child get home from the 21 st Century Program? <input type="checkbox"/> Parent Pick Up <input type="checkbox"/> Bus	

Emergency Contacts & Authorized Persons for Pick Up	
Name:	Phone Number:
Relationship:	Authorized to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone Number:
Relationship:	Authorized to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone Number:
Relationship:	Authorized to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone Number:
Relationship:	Authorized to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Any Persons NOT Allowed to Pick Up Your Child?	
Name:	Relationship:
Comments:	Call 911: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Relationship:
Comments:	Call 911: <input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Information

Known Allergies:

Does your child take any medications? Yes No

If yes, please list:

Actions to take if medical care is needed:

Are there any unusual factors in the child's life which the staff should be aware of?

Yes No

If yes, please explain:

Privacy Rights

I understand that pictures and/or video will be taken during program activities/events.

I give permission to 21st CCLC Program to use said photos/videos of my student, family, and myself to be used in educational, promotional, informational materials, or press media for positive public relations purposes.

Yes No

Please Initial _____

Program Expectations

Please read and initial each of the following expectations. By not agreeing/initialing to the expectations, students may not be accepted into the program.

Academics:

_____ I understand that the purpose of this program is to help students in their academics and help improve on any retention. If my student is not willing or attempting to make any academic growth and has been given multiple opportunities to improve, that student may be dismissed from the program by the Site Coordinator.

Attendance:

_____ I understand that in order for this program to meet grant requirements, attendance and participation is mandatory.

_____ I understand my child is required to attend the full duration of the program.

_____ I understand if my child has three or more unexcused absences, they can be dismissed from the program.

_____ I understand participation in this program is voluntary and at any time I may choose to withdraw my student(s).

Pick Up:

_____ I understand my child is not allowed to leave a 21st Century site unless picked up by an authorized adult. *An authorized adult is only someone whose name is listed on the 21st Century registration form.*

_____ I understand that my child must be picked up **no later** than 5 minutes after dismissal. (6:00 PM)

_____ I understand if my child is consistently picked up early or late, they can be dismissed from the program.

Discipline:

_____ I understand a written Incident Report will be completed and discussed with me whenever my child behaves disrespectfully or improperly, uses improper language, or in any way disrupts the 21st Century Program.

Discipline Plan as follows:

- 1st Offense- Parent contacted and a warning issued.
- 2nd Offense- Student will receive a 3-day suspension.
- 3rd Offense- Student will be dismissed from the program.

** I understand that if my child jeopardizes the safety of students and staff, my child will be dismissed immediately. Reasonable efforts will be made to assist students within the program, but the program reserves the right to suspend or terminate a child at any time if a serious problem exists. **

Parent Information Nights:

_____ I understand at least one parent/guardian will be required to attend Adult Family Literacy meetings in order to stay in compliance with grant requirements.

Personal Electronics:

_____ I understand no personal electronics of any kind are permitted to be used during program hours. 21st Century cannot be held responsible for loss or damage to any electronic devices.

Emergencies:

_____ I understand in case of emergency, staff will contact parent/guardian, first, and then emergency contacts listed with 21st Century.

_____ I understand that if information is not current, my notification of an emergency can be delayed.

_____ I understand if immediate hospital attention is needed, staff will call 911.

_____ I agree to update the Site Coordinator, in writing, with any new contact information.

I have read, understand, and agree to comply with the requirements and expectations listed above. I realize that failure to comply with these requirements and expectations may result in my child being dismissed from the program and/or a loss of funding within this program.

Date: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature _____

Nondiscrimination Notification

“The Jefferson County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status, or genetic information.”