

# CDA4Kids 21<sup>st</sup> CCLC STUDENT REGISTRATION 2019-2020

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Last Name First Name  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parents/Guardians \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Student # _____
CCLC Consent Y or N
Field Trip Auth. Y or N
Internet Agreement Y or N
Media/ Internet Y or N
After Bus School Y or N
Special Svc/IEP Y or N

Does your student receive Special Services or have an IEP? \_\_\_ Yes \_\_\_ No

Is there any special information that we should know about the student? \_\_\_\_\_

## **HEALTH HISTORY**

Please check the conditions that pertain to your child. Your signature authorizes medical information to be in your child's file.

\_\_\_ADHD \_\_\_Diabetes \_\_\_Epilepsy \_\_\_Heart Disease \_\_\_Mild Asthma \_\_\_Severe Asthma Other: \_\_\_\_\_

Allergies (Specify): \_\_\_\_\_ Current Medications: \_\_\_\_\_

Does your child have a **LIFE THREATENING** illness or condition that may require the attention of School Health Services \_\_\_Yes \_\_\_ No

(If yes, please explain) \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **EMERGENCY AND ALTERNATIVE PICK-UP INFORMATION**

In the event a parent or guardian cannot be reached, please list below local relatives or friends we may contact and release your student to in case of illness or school emergency. Also include any childcare organization that may be picking up your student.

Name	Relationship/Organization	Home Phone#	Work Phone#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## **CDA4Kids ATTENDANCE GUIDELINES**

Students are expected to attend at least 75% of the time they are in the program to maximize program benefits.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **WALKING HOME**

Elementary students may NOT walk home after CDA4Kids ends between November and mid March.

\_\_\_Yes, my child may only walk home during Daylight Savings Time

\_\_\_No, my child may not walk home, and will ride the bus or be picked up promptly each day.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **TRANSPORTATION GUIDELINES**

In an effort to ensure the safety of CDA4Kids participants please have a parent or responsible individual present at the time of bus drop off. It is also mandatory that students follow the rules of the bus and the instructions of the bus driver.

\_\_\_ 1<sup>st</sup> Offense – Warning – Student **Must** have parent/guardian signed slip returned to the driver to ride the bus.

\_\_\_ 2<sup>nd</sup> Offense – Off Bus – Student will no longer be allowed to ride the after school bus.

\_\_\_ Severe Violation – Off Bus – Conference with parent, student, driver, director, & principal required before student is allowed to ride any CDA SD # 271 School Bus.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PICK-UP GUIDELINES**

Prompt pick-up of students is mandatory. If an emergency delays pick-up, please contact the CDA4Kids staff immediately. Students that are not picked-up by the end of the program will have their parent/guardian and emergency contacts contacted for transportation. If parent/guardian or emergency contacts cannot pick up the student immediately then the Police will be called to shelter the student. If a late pick-up occurs a second time then the student will be dismissed from the program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIELD TRIP PERMISSION SLIP**

There are times when CDA4Kids enrichment activities will take place in the community. Rather than asking for your permission to transport your child by School District 271 School Bus on each occasion, your signature below indicates approval to take your child on all program field trips.

Through published calendars, newsletters or special notes, we will inform you of the times/dates of each field trip prior to the event. This will give you the opportunity to be in touch with your child’s teachers if you have questions or choose for your child not to participate. **Please check appropriate line**

I grant permission,  I do not grant permission for my child to be transported on field trips by school bus.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE/PERMISSION TO CONTACT**

During the year, publishing opportunities for students often arise. Teachers may want to display student work on the Internet or the media often requests permission to publish photographs and names of students. Please check the appropriate box to indicate whether your student may participate in coverage that may identify your child by photograph and/or name. **(Last names will not be used on the internet.)**

**Yes**, my child’s photograph, name and/or project may be published on/in:  TV  Newspaper  Internet

**No**, my child’s photograph, name and/or project may **NOT** be published:  TV  Newspaper  Internet

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNET AGREEMENT**

The District recognizes that Internet resources are integral to the learning environment. As a result, your child will be provided Internet access for educational purposes. Filters are in place to block inappropriate content and student activity on the Internet will be monitored through adult supervision. *(Students are automatically provided access to the Internet unless a parent indicates otherwise.)*

I **DO NOT** agree that Internet access is important and my child may **NOT** use the Internet

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Sign only if you have checked the “DO NOT” statement above)**

**CDA4Kids 21<sup>st</sup> COMMUNITY LEARNING CENTERS (CCLC) CONSENT TO SHARE INFORMATION**

Due to the fact that the CDA4Kids after school program is largely funded by Federal and State dollars, we are required to monitor demographic and academic data in regards to our participants. This information will be kept confidential by the receiving district or 21stCCLC.

Use of this form permits School District #271, School District #271 Food Services, 21st Century Community Learning Centers and the State Department of Education to share confidential information and work together in providing services for students.

I authorize the Coeur d’Alene School District, 1400 Northwood Center Ct., CDA, ID 83814, 21st Century Community Learning Centers and the State Department of Education to exchange information related to: \_\_\_\_\_

(Student name)

**SAFETY, RESPECT AND POSITIVE BEHAVIOR POLICY**

Our team at CDA4Kids strives to promote and maintain a safe, respectful and positive enrichment program for all participants. With your help and support, we can minimize disruptive behaviors. We ask for you to work closely with us to teach and encourage your child to be respectful and follow all school rule and CDA4Kids policies. In an effort to maintain a safe, respectful, and positive program negative behaviors will be documented and handled as follows:

- 1) 1<sup>st</sup> offense: verbal warning, student to teacher talk, phone call or note to parent
- 2) 2<sup>nd</sup> offense: parent to teacher conference
- 3) 3<sup>rd</sup> offense: possible suspension from the program

The best thing you can do to help your child comply would be to talk to them about expected behaviors and the consequences of negative behaviors. We are open to ideas you may have, specific to motivating your child to thrive in this environment. Please feel free to contact us, as we hope to maintain open communication with you.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions, suggestions or want to get involved with CDA4Kids please call 664-8241 x 1060**