

CLUB240 BEFORE/AFTER SCHOOL STUDENT REGISTRATION 2019-20

Student Name _____ Grade _____
Last First Middle
 Date of Birth _____ Birth Place _____ Male _____ Female _____
 Home Address _____ City _____ Zip _____
 Primary/Parent _____ Mailing / PO Box (if applicable) _____
 Home Phone _____ Cell _____ Work Phone _____
 Other Parent/Guardian _____ Home Phone _____ Cell _____

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 Srv/IEP Y or N

Does your student receive Special Services? Yes No Does your student have a current 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 Medication: _____

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. _____	_____	_____	_____
4. _____	_____	_____	_____

SPECIAL RULES FOR THE AFTER SCHOOL BUS/PARENT PICK UP/WALKING HOME EARLY:

1. Students must have an After School Bus Pass to ride the school bus. Bus Drivers will not allow students on the bus without an After School Bus Pass.
 2. Student will only be allowed to depart the bus at the satellite stop indicated without permission from the parent / guardian.
 3. If the parent / guardian have indicated that they will pick up the student at the designated satellite location and the parent / guardian is not there, the student will be returned to school.
 4. If the student needs to be returned back to the school more than twice, then the student will not be allowed to ride the bus again until the parent / guardian makes arrangements with the Transportation Department.
- 1st Offense – Warning – Student **Must** have slip signed by parent/guardian and returned to the driver in order to ride the bus.
 2nd 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.

Please indicate below the satellite bus stop location and if a parent/guardian will pick student up from satellite stop

Student is to be dropped off at which satellite location: _____
 Student has Parent / Guardian's permission to walk home from the satellite location.
 Parent / Guardian will pick student up at the satellite location.

Please indicate below if the student has permission to walk home early from program

Student has permission to walk home early from the afterschool program before it ends if student so chooses

Parent or Guardian's Signature: _____

Date: _____

CLUB 245 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: _____

PLEASE COMPLETE INFORMATION ON BACK SIDE

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 or Guardian’s 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 or Guardian’s 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 or Guardian’s Signature: _____ Date: _____

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

21st 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 N. Northwood Center Ct., CDA, ID 83814, 21st CCLC and the State Department of Education to exchange information related to: _____

(student name)

Parent/Guardian Signature: _____ Date: _____

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) 1st offense: verbal warning, student to teacher talk, phone call or note to parent
- 2) 2nd offense: parent to teacher conference
- 3) 3rd 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 or Guardian’s Signature: _____ Date: _____

Questions, Suggestions or want to Get Involved please call 664-8241 x 1060