



21st Century Community Learning Center Summer 2016 Enrollment Application Stokesdale, Grades K-5th & High Point, Grades 6-8th

STUDENT INFORMATION: *Please complete a separate application for each student.*

NAME: _____ **SCHOOL:** _____

BIRTHDAY: _____ (MM/DD/YY) **AGE:** _____ **SEX:** M F

GRADE: _____ (Please tell us the grade your child has just completed)

PARENTS/GUARDIANS: *Call this parent/guardian FIRST.*

 (Last) (First) (Middle)

 Relationship to Student

 Street Address City State Zip Code

 Employed By

 Email Address

 Work Phone / Home Phone / Cell Phone

Call if first parent/guardian can't be reached.

 (Last) (First) (Middle)

 Relationship to Student

 Street Address City State Zip Code

 Employed By

 Email Address

 Work Phone / Home Phone / Cell Phone

For each question below, if more space is needed, please explain on a separate piece of paper and attach it to this application.

Is there a separation, divorce or custody concern of which our staff should be aware? No Yes

Is any person prohibited from picking up the child by a court order? If yes, attach a copy of the court order and an explanation.

 Prohibited Person's Name Relationship to Child

EMERGENCY CONTACT and PICK-UP AUTHORIZATION:

STUDENT NAME: _____

Persons other than parents/guardians

List the person(s) you authorize to pick up your child or that you authorize Operation XCEL staff to contact to pick up your child, if neither parent/guardian on Pages 1 & 2 can be reached and: 1) you have neither picked up your child by Operation XCEL closing time nor telephoned the Operation XCEL director to confirm that an Operation XCEL staff member can stay at the site until you arrive; 2) your child is sick or injured but does not require immediate or major medical attention and you cannot be reached in a reasonable time (i.e. a low-grade fever, nausea or minor injury)

In the event of a medical emergency, 911 will be called to secure medical treatment for your child. If neither parent/guardian on Pages 1 & 2 can be reached, the emergency contacts listed below will be called to help our staff locate a parent/guardian and/or to meet your child at the medical facility

If none, write "NONE" in space below.

Name	Relationship to Child	Work Phone	Home Phone	Cell Phone
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEDICAL and OTHER NEEDS:

It is very important that we know if your child has a health concern (allergy to bee stings or food, diabetes, seizure disorder, etc.), fears, or is receiving special services for any condition. What conditions should we know about?

Will your child need medication during Operation XCEL on a regular basis? No Yes

(If YES, Please request Authorization to Administer Medication Form.)

For each question above, if more space is needed, please explain on a separate piece of paper and attach it to this application.



OPERATION XCEL DEMOGRAPHIC AND FINANCIAL DATA:

The contents of this form are kept confidential.

Operation Xcel accepts funding from various State and Community agencies. Information on this form helps us to provide our services at minimal or no cost. Therefore, it is essential that this form is completed in its entirety.

Please answer each question completely. Feel free to provide additional information.

Highest level of education (Mother): _____ Highest level of education (Father): _____

As of today are you married? (Answer "Yes" if you are separated, but not divorced): Yes No

What is the total number of dependents in your household? _____

Please circle the range that BEST describes your household income.

\$15,000 or less \$15,000 to \$25,000 \$25,000 to \$35,000 \$35,000 to \$45,000 \$45,000 to \$55,000
\$55,000 to \$65,000 \$65,000 to \$75,000 \$75,000 or more Other: _____

Check all that apply to the student's household:

- Single-Parent Home
- Parent/Guardian who has dropped out of school
- Parents with addiction
- Supplemental Security Income (SSI)
- Low- Income Home Energy Assistance
- Living with Grandparents
- Medicaid
- Food Stamps
- Free or Reduced Lunch
- Federal Public Housing Assistance or Section 8



Operation Xcel 2015 Summer Camp Permission Slip

As part of the Operation Xcel Summer Camp Program, we will be taking field trips throughout the weeks to come. Fridays are our regular field trip days; however, there will be other special events where students will be taken off campus throughout the summer.

Please read and sign below granting Operation Xcel permission to transport and take your child off site.

I, _____ understand that Operation Xcel will be taking
my child (children), _____ off site throughout our summer camp program.

I give my permission for Operation Xcel to transport and take my child off campus for the duration of the 2015 Summer Camp Program.

I understand that this field trip may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation. I also understand that in the event of a medical emergency, 911 will be called to secure medical treatment for my child. I agree that an Operation Xcel Program staff member may authorize emergency personnel to provide care in the event that neither parent/guardian may be contacted immediately.

By signing this form, however, I hereby release Operation Xcel, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child's failure to comply with local, state, and federal laws and District policies, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my child; or, (c) arising out of a designated driver's operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

Signature: _____

Date: _____



Summer Policy Agreement

1. **Physical Activity**– I permit my child to participate in physical activities as part of the 21st CCLC program.
2. **Transportation**–I understand and agree for the 21st CCLC program to transport my child to and from designated drop off and pick up points. Pick up and drop off points will be determined prior to my child attending the program.
3. **FERPA/HIPPA**– I understand the 21st CCLC program staff may have access to my child’s medical and academic information, but will always ensure privacy under federal law is maintained.
4. **Indemnity** – I understand that the 21st CCLC program activities may involve inherent risks, and I hereby assume all risks and hazards incident to my child’s participation in the 21st CCLC program. I further waive, release, absolve, indemnify directors, participants, coaches and referees, as well as all persons or parents transporting participants to and from 21st CCLC activities, from any legal claims, liabilities, damages and costs for any physical injury or damage to my personal property or my child’s participation in any 21st CCLC activity.
5. **Personal Items**: I understand that the 21st CCLC program is not responsible for any personal items lost, stolen, or damaged at the 21st CCLC programs.
6. **Inclement Weather**– I understand that programs aren’t available when school is closed due to inclement weather, teacher workdays, and/or holidays.
7. **Internet**: I give authorization for my child to gain access to the Internet or have Email/Internet communications in compliance with 15 USC §Chapter 91, The Children’s Online Privacy Protection Act and Title XVII, the Child’s Internet Protection Measures.
8. **Medical**: In the event of an emergency, I give authorization for the 21st CCLC program to contact emergency medical personnel.

I have read and understand the policies listed above. I understand that I can reference the parent handbook for further information on each policy as well as ask Operation Xcel Staff for further clarification of policies.

Parent Signature

Date

The parent/guardian signing above represents by executing this document that he or she has the full authority to give permission for the minor child to participate in this program and intends unconditionally for the fiscal agent of this 21st CCLC program to rely upon this representation for all purposes related to the program.