

Location: **High Point, NC**
Address: **314 Barker Ave.**
Phone: **336-338-3384**

(To be completed by Operation XCEL Staff)

Date Received _____ Start Date _____



**21st Century Community Learning Center
2016 - 2017 Enrollment Application
High Point, Grades 6th -8th**

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

NAME _____ SCHOOL _____

BIRTHDAY _____ GRADE _____ AGE _____ SEX: M F
MM/DD/YY

If enrolling for next school year, identify grade and age in which the child will be enrolled in fall.

BROTHERS & SISTERS ENROLLED IN SCHOOL: *If enrolling for next school year, list grade of student in fall.*

| Last Name | First Name | Middle Name | Grade |
|-----------|------------|-------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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.

STUDENT NAME: _____

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:

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 |
|------|-----------------------|------------|------------|------------|
| | | | | |
| | | | | |
| | | | | |

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.)*



PARENTAL/GUARDIAN AGREEMENT 2016 - 2017

My signature below indicates . . .

1. I understand that standards of student behavior that apply to school sites, off-site school-sponsored activities, and any form of transportation, apply during the Operation XCEL program. Standards include, but are not limited to the district's Student Handbook, policies and procedures, and school rules and procedures.
2. I 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. I understand the parent/guardian is responsible for medical expenses associated with the emergency.
3. I will provide written notification to Operation XCEL a minimum of one week before I withdraw my child from Operation XCEL Program.
4. I give my permission for my child to participate fully in Operation XCEL program activities.

I, the undersigned, swear that all information is true and accurate to the best of my knowledge.

Signature

Date

Relationship to Child



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

2016 – 2017 Operation Xcel Responsibility Contract

Students, Parents, Operation Xcel staff and Volunteers all share the responsibility to establish and maintain effective climate for learning.

As a parent/guardian, I will:

- Show respect and support for my child, the staff, and the volunteers
- Support the discipline policy
- Attend parent workshops
- Talk with my child each day about his or her day at Operation Xcel
- Monitor my child's TV viewing
- Let my child see me read
- Share all evaluations of progress and achievement with Operation Xcel Staff
- Adhere to attendance policy

Parent Signature: _____ Date: _____

As a student, I will:

- Always try to do my best work and believe that I can and will learn
- Be kind and helpful to my peers
- Obey all rules and show respect for myself, the facilities, and other people
- Show respect for property by not stealing or vandalizing
- Come to Operation Xcel prepared each day
- Spend at least 30 minutes each day reading at home
- Talk with my parents each day about my activities
- Represent Operation Xcel well when traveling off-site by showing respect to people and property

Student Signature: _____ Date: _____

Operation Xcel staff will:

- Show respect for each child and for his or her family
- Make efficient use of learning time and provide meaningful and appropriate activities
- Provide a safe and comfortable environment that's conducive to learning
- Help each child grow to his or her fullest potential
- Provide necessary assistance to parents so they can help their child
- Enforce Operation Homework rules fairly and consistently
- Use special activities to make learning enjoyable
- Demonstrate professional behavior and a positive attitude

Staff Signature: _____ Date: _____

Now, hand in hand, we will work together to carry out this contract:

Parent Initial: _____ Student Initial: _____ Staff Initial: _____



**CONSENT FORM FOR TAKING, STORING AND USING
IMAGES OF OPERATION XCEL STUDENTS, VOLUNTEERS AND STAFF**

Operation Xcel wishes to take photographs or videos of pupils, staff members, parents and/or volunteers for a variety of reasons ranging from archive records to press coverage of achievements. In order to comply with the Data Protection Act 1998, we are required to seek the permission of individuals, parents and/or guardians before recording and using such images.

I give permission for Operation Xcel 21st Century CCLC Program to:

1. Use, re-use, make derivative works, publish, and/or re-publish the photographs, in whole or part, individually or in conjunction with other photographs, in any medium throughout the world and for any purpose whatsoever, including (but not limited to) the Operation Xcel website, illustration, promotion, print media, television and multimedia.

2. Use my and/or the organization's name in conjunction therewith, as Operation Xcel in its sole discretion as it so elects.

I hereby release and discharge Operation Xcel, its employees, attorneys, licensees and assigns, from any and all claims and demands arising out of or in connection with the use of the photographs, including all claims for libel or violation of rights of publicity, privacy or copyright.

Please check one:

I am over the age of eighteen years and I have read, understood and agree with the foregoing

I represent that the person appearing in the photograph is a minor and that I am the parent or legal guardian of the minor and that I have read, understood and agree with the foregoing.

Parents, Subject, or Photographer's Signature Date Minor's Name (if applicable-under 18)

Witnessed by: _____
Print Name Signature of Witness Date



2016 – 2017 Transportation Form

Student Name: _____

After Operation Xcel has been dismissed, my student will get home by (check all that apply):

- Walking
- Being picked up (Names of people can pick up child should be listed on student enrollment application)

Parent Name (Print): _____

Parent Signature: _____

Date: _____

Staff Signature: _____

Date: _____

In the event of an emergency or Operation Xcel is unable to reach an authorized person to pick up this student (s), I agree to allow an OpX staff member to take my child home. I understand there's a risk involved anytime my child gets in a vehicle, therefore I do not hold Operation Xcel or its staff members responsible for accidents or injuries that could occur with my child in an Operation Xcel staff member's vehicle.

Signature below confirms that you agree to the statement above.

Parent Signature: _____

Date: _____

**GUILFORD COUNTY SCHOOL SYSTEM
TWO-WAY CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION
2016 - 2017**

Information to be released by:

Agencies/ Schools/ Persons:

Address:

Telephone:

Fax:

Information to be released to:

Agencies/ Schools/ Persons: Operation Xcel

Address: 9070 Highway 158., Stokesdale, NC 273572

Telephone: 336-644-3530 Fax: 866-877-6482

Name/Position: Operation Xcel Staff

Specific Information to be released:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Unlimited Disclosure | <input type="checkbox"/> Vision Testing Reports | <input type="checkbox"/> Health Evaluations |
| <input type="checkbox"/> Hearing/ Audiological | <input type="checkbox"/> Social/ Developmental History | <input type="checkbox"/> ADHD/ ADD Reports |
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> EC Records | <input type="checkbox"/> Speech/ Language Testing |
| <input type="checkbox"/> Psychoeducational Evals | <input type="checkbox"/> Medical Evaluations | <input type="checkbox"/> Current Medications |
| <input type="checkbox"/> Other _____ | | |

I give my permission for the information listed above regarding the student:

(full name) _____ (date of birth) _____

to be released as indicated. I understand that the purpose of the released information is for the provision of appropriate educational services for my student. I understand that the released information is protected under the Family Educational Rights and Privacy Act (FERPA) and that the agency/ school/ person(s) receiving the information will be responsible for its continued confidentiality. This release is valid for three (3) calendar years and can be revoked, in writing, at any time.

I also give my permission for the exchange of information (oral and/ or written) between the above named agencies/ schools/ persons.

Signed by _____ Date: _____

Circle Parent/ Legal Guardian/ Surrogate Parent/ Eligible Student

Witnessed by _____ Date: _____

PERMANENTLY RETAIN ORIGINAL SIGNED COPY WITH STUDENT'S EC FILES

For EC student, permission can be given only by the student's parent, surrogate parent, or legal guardian. For non-EC students, permission can be given by the student's parent or DSS, if the student is in the custody of DSS. Eligible students can provide their own consent. Any information exchanged is to be shared only between the above listed agencies/ schools/ persons.