

Location: Stokesdale, NC
Address: 9070 US Highway 158
Phone: 336-644-3035

(To be completed by Operation XCEL Staff)

Date Received _____ Start Date _____



21st Century Community Learning Center 2016 - 2017 Enrollment Application Stokesdale, Grades K-5th

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 summer 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

2016-2017

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 an 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
2016-2017**

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)
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Witnessed by: _____

Print Name	Signature of Witness	Date
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**Alternate Transportation Form
2016-2017**

_____ (student name) should be dropped off after school at Oak Springs Baptist Church, 9070 US Highway 158W for the Operation Xcel after school academic program each weekday, Monday – Friday.

Parent/Guardian Signature: _____

Date: _____

Parent Signature: _____

Date: _____



2016-2017

Please read the following and sign indicating you have read and understand all policies:

1. **Physical Activity**– I permit my child to participate in physical activity as part of the 21st CCLC program.
2. **Field Trips** – I permit my child to attend countywide 21st CCLC program fieldtrips and for all others will sign a separate authorization form.
3. **Image release** — I authorize photographing or digital images to be taken of my child to promote the 21st CCLC program.
4. **Transportation**–I understand and agree that for the 21stCCLC 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.
5. **FERPA/HIPPA**– I understand the 21st CCLC program staff may have access to my child’s medical and academic information but will ensure privacy under federal law is maintained.
6. **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 21stCCLC activity.
7. **Personal Items**: I understand that the 21stCCLC program is not responsible for any personal items lost or stolen at the 21st CCLC programs.
8. **Inclement Weather**– I understand that programs aren’t available when school is closed due to inclement weather.
9. **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.
10. **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 all the policies stated and have received a copy.

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

**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.