

# 21<sup>st</sup> Century Schools Participant Registration Form

**\*\*\*PLEASE EMAIL completed form to school or PRINT and deliver to school.\*\*\***

**FOR OFFICE USE ONLY**

Date entered in Computer: \_\_/\_\_/\_\_

Staff initials \_\_\_\_\_

Participant Last Name:                      Participant First Name:                      Middle Initial:

                                          

Address:    City, State, Zip Code:

                    

Home Phone:                      Age:                      Birth Date:                      Gender (M, F, Non-Binary):

                                                                

School:                      Teacher:                      Grade:

                                          

Lunch Status:                      Race: (check one)                      Ethnicity:

<input type="checkbox"/> Full Price Lunch <input type="checkbox"/> Reduced Price Lunch <input type="checkbox"/> Free Lunch	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Multiracial <input type="checkbox"/> Hawaiian/Pac Island <input type="checkbox"/> Other:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
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Student Lives With:    Student Will:

<input type="checkbox"/> Both Parents <input type="checkbox"/> Single Parent Mother <input type="checkbox"/> Single Parent Father <input type="checkbox"/> Guardian <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Foster Care <input type="checkbox"/> Other: _____	<input type="checkbox"/> Walk Home Release time: _____ <input type="checkbox"/> Be Picked Up
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Is there any medical reason why your child shall not participate in certain physical activities?

No                       Yes (If yes, explain below)

Please also list below anything else that the 21<sup>st</sup> Century Schools staff should know about your child.  
(Examples: allergies, medications, or special care or behavior needs)

**\*\*\*Parent or Guardian is responsible for notifying 21<sup>st</sup> Century Schools staff of any medical changes\*\*\***

# 21<sup>st</sup> Century Schools Participant Registration Form

\*\*\*\*PLEASE PRINT\*\*\*\*



Parent/Guardian #1 Last Name	First Name	Relationship
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Home Phone	Work Phone	Cell/Other Phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Parent/Guardian Email Address   Check box if you would like to receive email notifications from the 21<sup>st</sup> Century Schools program

Parent/Guardian #2 Last Name	First Name	Relationship
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Home Phone	Work Phone	Cell/Other Phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Both individuals listed above may access participant records including attendance data and payment information and make changes to the participant enrollment forms unless otherwise indicated in writing by the registering parent/guardian.**

In the event of an emergency, the parents/guardians will be contacted first. List 2 other adults to be contacted if the parents/guardians cannot be reached.

Emergency Contact #1 (Name, Phone)	Emergency Contact #2 (Name, Phone)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Adults Authorized to Pick-up Student:** All the adults authorized to pick up must be over the age of 18. If you wish to have someone under the age of 18 pick up your student, you must provide separate written authorization to be kept on file.

- All the adults listed above are authorized to pick up my child.
- All the adults listed above with the exception of \_\_\_\_\_ (Name) are authorized to pick up my child.

To list additional adults authorized to pick up your child, please use the lines below.

	Last Name	First Name	Phone	Relationship
1.	_____			
2.	_____			
3.	_____			

**I hereby wish to register my child in the 21<sup>st</sup> Century Schools program and indicate the above to be complete and accurate.**

Signature of Parent/Guardian	Date
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**21<sup>st</sup> Century Schools**  
**AGREEMENT TO TERMS AND CONDITIONS**

Student Name: \_\_\_\_\_

**Enrollment Agreement:** I have received, read and fully understand all the Policies and Procedures contained in the 21<sup>st</sup> Century Schools Parent Handbook. I hereby agree to abide by all the Policies and Procedures therein. I further give my consent to the school district and 21<sup>st</sup> Century Schools to share participant records with each other for the purposes of providing educational support and assistance. In addition, I understand that participant records will be used to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program. In conclusion, I wish to enroll my child in the 21<sup>st</sup> Century Schools program offered by the Tazewell County Health Department.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

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**Internet Usage:** I am familiar with and understand my child's School District Internet Policy. I understand that the same terms and conditions listed in the District's Internet Policy apply during Internet usage while in the 21<sup>st</sup> Century Schools program. Internet access is designed for educational purposes and the District and TCHD have taken precautions to eliminate controversial material. However, I also realize it is impossible for the District and TCHD to restrict access to all controversial and inappropriate materials. I will hold harmless the District, TCHD, their employees, agents, or board members for any harm caused by material or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of authorization with my child. I hereby request that my child be allowed access to the Internet on a district computer during time spent at the TCHD program.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

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**Photo Release:** I give my permission for 21<sup>st</sup> Century Schools to use pictures or videos, either taken by staff, newspaper or television photographers, in the promotion of the afterschool program.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

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**Movie Agreement:** I understand that movies will be watched during the 21<sup>st</sup> Century Schools program. There will be times that a PG movie may be viewed. If there are particular movies that you do not want your child to view, please notify our staff in writing. I will hold harmless the District, TCHD, their employees, agents, or board members for any harm caused by materials obtained during the viewing of the movie. I accept fully the responsibility for allowing my child to view these movies. I hereby request that my child be allowed access to view these movies during the time spent in the before and afterschool programs.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

06/2018



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**21<sup>st</sup> Century Schools**  
**EMERGENCY MEDICAL CONSENT**

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

In the event that my child requires medical and/or surgical care while I'm unable to be reached, I hereby give my consent for medical and/or surgical treatment for the child listed above. I agree to pay all costs and fees contingent for any emergency medical care and/or treatment for my child as secured or authorized under this consent. 21<sup>st</sup> Century Schools will make every effort to notify parents and guardians immediately in case of emergency.

**STUDENT MEDICAL INFORMATION**

Doctor: \_\_\_\_\_ Doctor Phone #: \_\_\_\_\_

Address of Doctor: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Medications:

\_\_\_\_\_  
\_\_\_\_\_

I authorize the 21<sup>st</sup> Century Schools staff to apply the following topical care items to my child as needed:

Triple Antibiotic Ointment       Sunscreen       Bug Repellant

**This consent will be in effect beginning on (date) \_\_\_\_\_ and will continue while the child above is enrolled in this facility.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

06/2018



**21<sup>st</sup> Century Schools  
MEDICATION RELEASE FORM  
(Optional)**

This form must be presented before any medication can be administered to your child. This includes over-the-counter and prescribed medications. All over-the-counter medications must be provided in the original container with the child's name on it while prescription medications must be provided in the original or duplicate container which includes the doctor's directions for distribution.

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Quantity of Medication given to Program: \_\_\_\_\_

Recommended Time of Dosage: \_\_\_\_\_

Recommended Quantity of Dosage: \_\_\_\_\_ Half \_\_\_\_\_ Whole \_\_\_\_\_

Please note any additional information regarding administering medication to your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This consent will be in effect beginning on (date) \_\_\_\_\_ and will continue while the child above is enrolled in this facility or until all medication released to the program has been dispensed.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Program Staff**

\_\_\_\_\_  
**Date**

**21<sup>st</sup> Century Schools  
BEHAVIOR CONTRACT**

Student and staff safety is very important. In addition to the rules enforced during the school day, the basic rules of 21<sup>st</sup> Century Schools are:

1. Be Kind – to yourself, each other and the environment (books, desks, etc.)
2. Be Respectful – follow directions and rules; Verbal harm (hurtful words) will not be allowed
3. Be Productive – do your assignments; find productive activities; cooperate

Participants will follow the Behavior Card System. The rules and punishment will be the same for all students unless there is a written discipline plan on file. The Behavior Card System will be implemented as follows:

At the beginning of each session each student will begin on Green.

Green Card	Good Behavior
Yellow Card	1 <sup>st</sup> Behavior Violation (Verbal Warning)
Red Card	2 <sup>nd</sup> Behavior Violation (Note Sent Home)
Blue Card	3 <sup>rd</sup> Behavior Violation = Strike (Incident Report)

3 Strikes/Incident Reports will result in removal from the 21<sup>st</sup> Century Schools program.

In the case of a student harming or threatening harm to property, themselves, other students or staff, continually not following staff instructions, disrupting activities, using illegal substances, or any other endangering behavior, the child may be immediately removed from the program without going through the protocol listed above. Internet offenses follow are cause for immediate removal of computer privileges. Students may be temporarily suspended from 21<sup>st</sup> Century Schools programming pending investigation.

When removal is warranted according to the protocol listed above, the 21<sup>st</sup> Century Schools Director and the School Principal will be notified prior to its implementation. The Site Coordinator, School Principal and the Director of 21st Century Schools will then determine the length of program removal. The length of program removal will be no shorter than 2 weeks. In some cases, the severity of the student's behavior would make return unacceptable. Multiple discharges from the program are also cause for permanent removal.

**I have thoroughly read the Behavior Contract and understand the rules for 21<sup>st</sup> Century Schools. In addition, I agree to help my child understand and follow all program rules.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Staff**

\_\_\_\_\_  
**Date**

