



East Newark 21st CCLC Application 2022-2023

STUDENT INFORMATION			
Name (Last, First, Middle Initial)	Date of Birth	Age	Student ID #
Address			
City	State	Zip Code	
Phone Number (Home)	Phone Number (Cell)	Gender Male Female	
Race/Ethnic Background (Circle All That Apply) African-American (Black) Asian Caucasian Hispanic (Latino) Other (Please Specify) _____		Primary Language English Arabic Spanish Portuguese Other _____	

PARENT/GUARDIAN INFORMATION	
Name of Primary Parent/Guardian 1:	
Guardian Title (Please Circle One): Mother Father Grandmother Grandfather Other: _____	
Language(s) Spoken:	
Address:	
Home Phone:	Work Phone:
Cell Phone	E-Mail
Name of Primary Parent/Guardian 2:	
Guardian Title (Please Circle One): Mother Father Grandmother Grandfather Other: _____	



Language(s) Spoken:	
Address:	
Home Phone:	Work Phone:
Cell Phone	E-Mail

ADDITIONAL EMERGENCY CONTACTS & AUTHORIZED ADULTS FOR PICK UP (MUST BE AT LEAST 18 YEARS OLD)	
Name 1:	Relationship to Student:
Home Phone:	Cell Phone:
Name 2:	Relationship to Student:
Home Phone:	Cell Phone:



21st Century Community Learning Centers (21CCLC) Student Participation Release Form

I give my child, _____, permission to enroll and participate in the 21st Century Community Learning Centers (21st CCLC) program at _____.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Release of Child at Dismissal (4th - 8th Grade Only)

I give my child permission to walk home alone at dismissal: Yes _____ No _____

If no, my child will be picked up after-school by me or one of the following individuals:

Name 1:	Relationship to Student:
Home Phone:	Cell Phone:
Name 2:	Relationship to Student:
Home Phone:	Cell Phone:

If I am not available during emergencies, my child may be released to one of the following individuals:

Name 1:	Relationship to Student:
Home Phone:	Cell Phone:
Name 2:	Relationship to Student:
Home Phone:	Cell Phone:



Health Information

***To be completed by the parent/guardian. This confidential health information will only be used to ensure the safety of the children in this program.**

Please provide your child's medical history:

CONDITION	CIRCLE ONE		IF YES, SPECIFY
Food Allergies	YES	NO	
Behavioral / Emotional Issues	YES	NO	
Physical Disabilities	YES	NO	
Corrective Device	YES	NO	
Asthma	YES	NO	
Allergies to Penicillin	YES	NO	
Allergy to Insect Stings	YES	NO	
Convulsions / Seizures	YES	NO	
Does your child use an inhaler?	YES	NO	
Other:			

Does your child have special health care needs to require treatment or medication?

Please explain: _____

Does your child take medication for any condition or illness?

Please explain: _____

Are there any activities your child cannot participate in:

Please explain: _____

If my child requires emergency medical care and I cannot be reached, I give my consent to the 21st CCLC program to obtain the necessary medical care for my child. I agree to pay all costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.



PHOTO/VIDEO/INTERVIEW CONSENT

East Newark School and its programs host special events both in-school and away from school. Media representatives, newspaper, and television reporters, photographers and public relations personnel may be present at these special events to record our participants. In some cases, they may interview and/or photograph students who participate in these events. These photographs, videos, and interviews will only be used to promote our program, partners, and East Newark School.

Please Check the Appropriate Box Below:

- | | |
|--|--|
| <input type="checkbox"/> I give permission for my child to be photographed or recorded during events / activities and for such photographs to be displayed by East Newark School and its programs. | <input type="checkbox"/> <u>I do not give permission</u> for my child to be photographed or recorded during activities/events. As a result, my child may not participate in these events. |
|--|--|

PARTICIPATION IN PROGRAM/AGENCY EVALUATION STUDIES

21st Century Community Learning Center grant (21st CCLC) relies on evaluations to provide information about the quality of the services it provides and to identify ways in which participants benefit from our programs. To allow 21st Century Community Learning Center grant and its authorized evaluators to continue this work, we ask your permission to:

- Communicate with you and your child about the program and its effects in an individual or group interview or written survey.
- Contact your child's school and obtain information from your child's teacher, including records from the district office, information about your child's academic progress, attendance, promotion between grade levels and behavior.
- Speak with teachers, school staff and others about your child's progress and review records on your child participation in our program.

Any information collected about you and/or your child will be used only to assess our program and will not be made public. Your name and/or the name of your child will not appear in any report and, at the conclusion of all studies; records that include personal information will be destroyed.

Please Check the Appropriate Box Below:

- | | |
|---|--|
| <input type="checkbox"/> I give permission for my child to participate in studies of the 21st CCLC program. I also give consent for 21st CCLC program and firms authorized by East Newark School to obtain my child's records and to interview or survey program and school staff about my child. | <input type="checkbox"/> <u>I do not give permission</u> for my child to participate in any study conducted by the 21st CCLC. |
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I certify that the information provided in this document is true and accurate. I will inform program staff of any changes as they occur.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Participant's Name (Print)

Participant's Signature

Date