



Success Through Academic Readiness

21ST CCLC AFTERSCHOOL PROGRAM
DISTRICT SCHOOL BOARD OF PASCO COUNTY



Welcome to our 21st Century Learning Center PLACE program. Florida 21st Century Community Learning Centers (21st CCLC) is a federally funded program that provides students in low-performing schools with an array of academic enrichment activities outside the regular school day at no charge to its participants. Adult family members, of actively participating students served by 21st CCLC, are also offered educational and personal development opportunities.

The 21st CCLC PLACE program is an out-of-school time enrichment program for elementary school students at no cost. Our goal is to support and prepare students for global citizenship in the 21st century by providing them with enhanced skills and tools necessary to function in a global economy. Fun, hands-on project based learning activities will be offered to students that will incorporate: science, technology, engineering, the arts and math (STEAM), physical activity, healthy living and sports instruction. Homework assistance and targeted tutoring will also be provided to students by certified teaching staff in needed academic areas. In addition to providing academic and personal enrichment, the staff will build caring and positive relationships with their students serving the needs of the whole child.

One of the requirements of this program is that students attend regularly and remain in the program until closing time. In addition, we ask that parents participate in at least two family events throughout the year. We offer monthly events on site for your convenience. Please understand that these requirements must be met in order to attend our program.

21st CCLC PLACE... Putting students on the path to success.

Thank you and we look forward to serving your child(ren) and you!

MISSION Statement

The PLACE 21st CCLC Program will assist children in becoming college, career and life ready by fostering a caring and creative environment which emphasized the social, emotional, physical and intellectual development of each child.



Registration Form

Student Number		Student Legal Name (first, middle, last)				Preferred Name	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Age	Name of School	Grade	Teacher/Team		
Student Address (house/apartment #, street name, city, state, zip code)							
Indicate w ho the student lives w ith: (check only one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other							
Mother or Guardian							
Home Telephone #			Cell Telephone #			Work Telephone #	
Address if not the same as student (house #, street name, apartment #, city, state, zip code)							
E-mail Address							
Father or Guardian							
Home Telephone #			Cell Telephone #			Work Telephone #	
Address if not the same as student (house #, street name, apartment #, city, state, zip code)							
E-mail Address							
Is there a custody issue regarding this student? <input type="checkbox"/> YES <input type="checkbox"/> NO				Is there a court order regarding this student? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NOTE: Florida statute provides that both parents have equal rights and access to their child and his/her records, unless a court order states differently.							
I have and w ill maintain health/accident insurance for my child <input type="checkbox"/> YES <input type="checkbox"/> NO							
Does the student have allergies? If yes, describe below . <input type="checkbox"/> YES (list below) <input type="checkbox"/> NO							
Please indicate if your child has a qualifying disability, w hich may require reasonable accommodation(s) in order to participate in this program. You are entitled to, at no cost to you, the provision of reasonable accommodations. Additional information w ill be required from your medical provider regarding the medical diagnosis and subsequent limitations. <input type="checkbox"/> NO (My child has no qualifying disability) <input type="checkbox"/> YES (My child has a qualifying disability)							
In order to assist in caring for your child, the DELTA ACADEMY staff may w ant access to student educational records or meet w ith teachers to discuss participant needs and supports. Although the DELTA ACADEMY is not your student's educational institution, and, thus, does not have a "legitimate educational interest" as defined by FERPA (Family Educational Rights and Privacy Act), we believe that open communication w ith school staff supports our efforts to contribute to the community of caring for each participant. By signing the attached FERPA-compliant records release, you give permission to the DELTA ACADEMY staff to obtain and utilize information gathered through conversation or educational records for the purpose of providing support to your child w hile attending the DELTA ACADEMY.							

REGISTRATION BACK PAGE

Student Legal Name (first, middle, last)

IN CASE OF EMERGENCY

Please list the names of persons who can be called to assume responsibility for your child if you cannot be reached in the event of an emergency. Please be certain the people listed are aware that you have given us their names as Emergency Contacts. **If no one other than the parent/guardian is authorized to pick up your child, please indicate that below by writing "NO ONE".**

Name (first, middle initial, last)	Relationship to Student	Best Telephone #

PLEASE PROVIDE THE FOLLOWING INFORMATION

<p style="text-align: center;"><u>Race</u></p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian/Other Pacific Islander</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> Multi-racial (2 or more races)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other</p>	<p style="text-align: center;"><u>School Information</u></p> <p>School Name: _____</p> <p>Entering Grade Level: _____</p> <p>School Type: _____</p> <p>Pasco County School ID: _____</p>
<p style="text-align: center;"><u>Ethnicity</u></p> <p><input type="checkbox"/> Non-Hispanic</p> <p><input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Mexican/Mexican-American/Chicano</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Other Spanish/Hispanic/Latino</p>	<p style="text-align: center;"><u>Household Composition</u></p> <p><input type="checkbox"/> Dual Parent-Married</p> <p><input type="checkbox"/> Dual Parent-Non Married, Female Head of Household</p> <p><input type="checkbox"/> Dual Parent-Non Married, Male Head of Household</p> <p><input type="checkbox"/> Single Parent-Female Head of Household</p> <p><input type="checkbox"/> Single Parent-Male Head of Household</p> <p><input type="checkbox"/> Other-Relative-Kinship Care: Dual Parent-Married</p> <p><input type="checkbox"/> Other-Relative-Kinship Care: Single Parent-Female Head of Household</p> <p><input type="checkbox"/> Other-Relative-Kinship Care: Single Parent-Male Head of Household</p> <p><input type="checkbox"/> Other Non-Relative (such as guardian, foster parent, family friend, etc.)</p>
<p style="text-align: center;"><u>Household Income Before Taxes</u></p> <p>\$ _____</p>	

I certify that the above information is true and complete to the best of my knowledge

Parent/Guardian Signature

Date

THIS SECTION TO BE COMPLETED BY AGENCY ADMINISTRATION PERSONNELProgram Entry Date: _____ Dismissal Arrangements: *Walking Home* *Parent/Caregiver Pickup* Changes to Dismissal Arrangements: *Walking Home* *Parent/Caregiver Pickup* Date: _____

Withdrawal Date: _____ Withdrawal Reason: _____

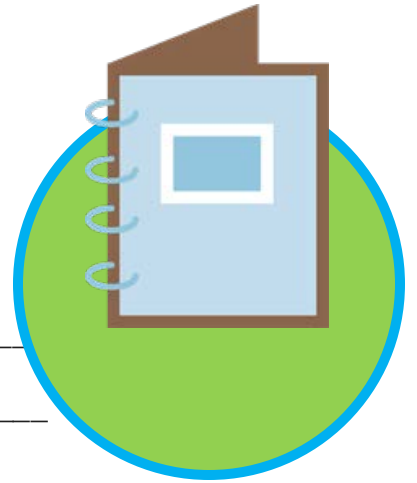
Site Director Name/Signature: _____ Date: _____



Success Through Academic Readiness



Homework Contract



Student Name: _____

School: _____ Grade: _____

Date of Contract: _____

This contract is my word that I will do my best in all of my classes, respect authority and be good to myself. When I feel unmotivated, I will tell myself that I am doing my work to become a better student and to prove to not only myself, but others that I am capable of being responsible and accountable.*

____ I PROMISE I will keep track of my homework assignments every day and write them in my planner before leaving each class.

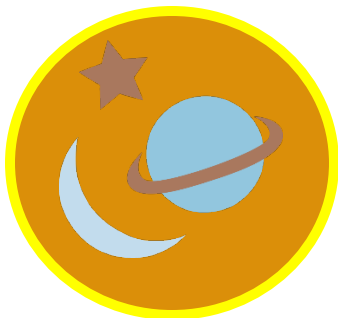
____ I PROMISE I will bring all books and workbooks needed to finish my homework assignments.

____ I PROMISE I will make sure I know when my assignment is due.

____ I PROMISE to seek assistance for any subject I am having trouble in.

____ I PROMISE to complete all of my homework every day.

____ I PROMISE I will maintain this contract until the end of the school year.



Student Signature





21ST CCLC AFTERSCHOOL PROGRAM
DISTRICT SCHOOL BOARD OF PASCO COUNTY



Student Data and Evaluation Consent Form

In order to monitor the effectiveness of our program funded by the 21st Century Community Learning Center (21st CCLC) and its future success, an independent evaluator is conducting an ongoing evaluation. As the parent/guardian of _____ currently attending our 21st CCLC program, we are asking you and your child to take part in a research study. The intention of the evaluation is to learn how these services help students, and how they can be improved in order to meet the grant requirement.

Participation is voluntary. You may choose to withdraw from the study at any time. There is no penalty if you choose not to take part in the study. Your decision to participate or not participate will not affect your child's status in the program.

Specifically we ask permission to:

____ 1. Obtain demographic data including: racial/ethnic group, gender, grade level, English proficiency, free or reduced price lunch eligibility, and special needs from the Florida Department of Education for students in the 21st CCLC program.

____ 2. Contact your child's school to obtain records showing his or her progress, including information about enrollment, grades, and citywide and statewide test scores, and 21st CCLC program attendance.

____ 3. Survey and/or interview you and your child about the 21st CCLC program and its effects.

____ 4. Talk to teachers and staff about your child's progress and participation in the 21st CCLC program, and review program records on participation in the program.

Individual student data we collect will only be used to assess the 21st CCLC program and will not be made public. Participation in the evaluation will not affect your child in school, in the 21st CCLC program, or in any other way. We will not use your name or your child's name in any report. At the end of the evaluation, we will destroy all records that include personal information.

Please select one of the options below and return this form to the Program Director.

____ YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give permission for my child to participate in the evaluation of the 21st CCLC program. I also consent for the evaluator and the site director to obtain my child's records, interview program and school staff, and interview me and my child for evaluation purposes.

____ NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the information and I DO NOT give permission for my child to participate in the evaluation of the 21st CCLC program.

If at any time you change your mind about this decision, please contact the Site Director.

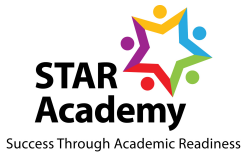
Student Name: _____ Student # _____

School: _____

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date



Pasco County Schools

Kurt S. Browning, Superintendent of Schools
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638



Mary Grey, Supervisor, Director
813/ 794-2180 Fax: 813/ 794-2487
727/ 774-2180 TDD: 813/ 794-2484
352/ 524-2180 E-Mail: mgrey@pasco.k12.fl.us

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) REQUEST TO RELEASE/ACCESS STUDENT RECORDS

I, _____, (Name of parent of minor student), HEREBY REQUEST that the School Board of Pasco County, its employees, agents, and assigns (hereinafter SCHOOL BOARD), provide release of student records, for: _____

(Name of Student) which are in

possession of the SCHOOL BOARD, to the STAR ACADEMY 21st CCLC Program.

I understand that I can limit the SCHOOL BOARD'S release of records to certain specified records. I wish to have the SCHOOL BOARD ___ give access to and/or communicate regarding all student records in its possession OR ___ only allow access to and/or communication related to_____.

If the "all student records" option is chosen, I understand that the records provided may include materials that are not student records, or that may otherwise be confidential, including but not limited to criminal records, whether student was an offender or victim of any type of crime.

I further understand that all such records may be confidential under Federal Law and Florida Law, including, but not limited to §1002.22, Florida Statutes and 20 U.S.C.A. § 1232g, and I waive all rights of confidentiality as to this request, thereby allowing SCHOOL BOARD to openly communicate with the DELTA ACADEMY 21st CCLC Program staff,

The reason for this release of records is to allow the DELTA ACADEMY 21st CCLC Program staff to access student educational records or meet with teachers to discuss participant needs and supports.(20 U.S.C.A. 1232g(b)(2)(A) requires the requestor to specify the reason for the request for release).

I agree to release, hold harmless, and indemnify the SCHOOL BOARD for any and all damages or claims arising out of the SCHOOL BOARD'S compliance with my request to provide access to my student's records to the DELTA ACADEMY 21st CCLC Program.

Parent/Guardian (or eligible student)

Date

Witness

Date



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DISTRICT SCHOOL BOARD OF PASCO COUNTY



**Participant and Parent/Guardian
Statement of Commitment**

The STAR ACADEMY 21st Century Community Learning Centers program is an enrichment program for students that offers a variety of stimulating activities to promote school success and personal well-being in a safe environment at no cost. **Active attendance and engagement are essential to the student and program's success.**

I understand the requirements of the 21st CCLC program included:

- Parent(s)/Guardian(s) must attend at least two (2) family events during the school year in order for the student to remain active in the program.
- **Failure to attend regularly and remain in the program until closing time may result in termination from the program.**
- Parents/guardians are required to notify the program if the student will be absent and prior to withdrawal from the program.
- Student will participate in programming related to project-based learning activities with an emphasis on reading, science, and/or math skills, as provided.
- Parents/guardians will participate in a satisfaction survey process at the end of the school year.
- Student will participate in a satisfaction survey at the end of the school year.

I have read, understand and agree to comply with the requirements listed above. I realize that failure to comply with these requirements may result in loss of my funded space within this program.

Parent or Guardian Signature

Date

Student Signature

Date





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School Board Employee Authorized Pick Up Liability Waiver

STUDENT(S): _____

CLIENT(S): _____

The parents/guardian of the enrolled minor(s) listed below (hereinafter RELEASOR), hereby agree and acknowledge that the District School Board of Pasco County, the PLACE 21st CCLC Enrichment Program, and any and all of their respective employees, agents, or assigns (hereinafter collectively referred to as SCHOOL BOARD) shall in no way be liable for any damages of any nature whatsoever which are caused or materially contributed to by the negligence, misfeasance, malfeasance, recklessness, intentional acts, unintentional acts, or any other acts of the SCHOOL BOARD once a child has been released from school, released from a school-sponsored activity, checked out, picked up, or has in any other way been turned over to care and supervision of the RELEASOR, whether the child remains on SCHOOL BOARD property or not. Furthermore, the RELEASOR hereby agrees and acknowledges that it will indemnify, protect, and hold harmless the SCHOOL BOARD for any and all damages of any nature whatsoever, including reimbursement for legal fees and costs incurred, which are caused or materially contributed to by the negligence, misfeasance, malfeasance, recklessness, intentional acts, unintentional acts, or any other acts of the SCHOOL BOARD once a child has been released from school, released from a school-sponsored activity, checked out, picked up, or has in any other way been turned over to care and supervision of the RELEASOR, whether or not the child remains on SCHOOL BOARD property.

Client Signature

Date



DISTRICT SCHOOL BOARD
OF PASCO COUNTY



DISTRICT SCHOOL BOARD OF PASCO COUNTY MEDIA RELEASE NON-CONSENT FORM



The District School Board of Pasco County (DSBPC, the District) strives to celebrate the accomplishments of its students by sharing information with the community. To do this, the District may submit press releases to local media (newspapers, radio, television, online news blogs) that include student names, student work, student photographs, and video and/or voice recordings.

In addition, the District may choose to publish and/or display this information in District-sponsored publications, at various school or public functions, on the District's local cable channel, website(s) and various social media channels, or in the school yearbook. While the intent of this practice is to be informative and celebratory, the District recognizes that concerns may arise regarding a student's right to privacy.

Pursuant to the Federal Family Educational Rights and Privacy Act (FERPA), school districts are permitted to release "school directory information" unless parents exercise their right of refusal. Under the FERPA law, this information could include: student name, residential address, e-mail address, phone numbers, photographs/images, school locations, field of study, degrees, honors and awards received and participation in athletics and other activities.

It is the intent and practice of the School District to publish, post, or release **ONLY** a child's name, photograph, audio and/or video recording, displays of student work or other school-related information and **ONLY** as related to student achievement (e.g. academic/athletic recognition or award) or student accomplishment (e.g. a specially selected piece of work).

If you agree to allow the DSBPC to publish and/or display such information about your student for non-commercial purposes and without cost, no action is required.

If you **DO NOT** grant permission for the District to release your child's name, photograph, schoolwork, and/or video or voice recording in the manner stated above, **you must complete, sign and return this Media Release Non-Consent form to your child's school.** Please note that the Media Release Non-Consent Form is available in the administrative office of your child's school and on the District web site, and a signed form is considered valid for one (1) school year.

By signing and returning this form to my child's school, I formally state that I **DO NOT** grant permission to the District School Board of Pasco County to release my child's name, photograph, audio and/or video recording, or displays of work to the media; to publish information about my child's accomplishments or achievements in District-sponsored publications; or to display such information on the District's local cable channel, website(s), various social media channels, in the school yearbook, or at school or public functions during the current school year.

Last Name of Student _____ First Name _____

Student # _____ Grade _____ School _____

I understand fully the conditions set forth in this document.

Name of Parent or Guardian (Please Print) _____

Signature of Parent or Guardian _____

Date _____ Contact Phone Number _____

DISTRIBUTION: Original - School or Department Data Entry; Copy – Individual

Student Survey



Success Through Academic Readiness

Grade: _____

School: _____

Date: _____

Thank you for your time. This survey will only take a couple of minutes to complete.

What outdoor games and activities interest you?

- Field sports (Frisbee games, handball, kickball, baseball, etc.)
- Net sports (tennis, volleyball, badminton, etc.)
- Solitary exercise (jumping rope, Hula-Hooping, etc.)
- Track
- Other (please specify) _____

What indoor games and activities interest you?

- Board games
- Science Experiments
- Robotics
- Hands-on engineering
- Crime scene investigation
- Movie Making and digital animation
- Art
- Exercise (Zumba, aerobics, etc.)
- Dance
- Other (please specify) _____

What kind field trips interest you?

- Parks
- Museums
- Recycling Center
- Zoo
- Planetarium
- Botanical Gardens
- Historical Sites
- Wildlife Preserve
- Symphony Orchestra
- Movies
- Energy Marine Center (EMC)
- Other (please specify) _____



Parent/Guardian Survey

Program Site:

21st CCLC Program

District School Board of Pasco County

21st CCLC Program requests your help. Please complete the following Parent/Guardian Survey in order to help us best serve your child and your family's needs.. Thank you for your time.

Parent/Guardian Name: _____ Student Name: _____

Home Telephone: _____ Best time of day to reach you: _____

E-mail: _____ Date: _____

1. *Have you heard of eSembler?*

- _____
- YES NO

2. *Are you aware that our 21st CCLC Program has a website?*

- _____
- YES NO

3. *Please indicate which parent activity you would be interested in attending. Parents are required to take part in at least two (2) family events during the school year in order for the student to remain active in the program.*

- | | |
|--|--|
| <input type="checkbox"/> Family Book and Movie Night | <input type="checkbox"/> Family Art Project Night |
| <input type="checkbox"/> How to Access My Child's Grades and Attendance Through eSembler | <input type="checkbox"/> How Do I Go About Getting My GED |
| <input type="checkbox"/> What Does My Child's Standardized Test Reports Mean? | <input type="checkbox"/> Father/Daughter – Mother/Son Dance |
| <input type="checkbox"/> Recipe Exchange | <input type="checkbox"/> Cultural Night |
| <input type="checkbox"/> Family Science Night | <input type="checkbox"/> Family computers-student TECHsperts (kids show parents) |
| <input type="checkbox"/> Family Nutrition and Cooking Classes | <input type="checkbox"/> Household Budget Basics |
| <input type="checkbox"/> Dinner Theater | <input type="checkbox"/> How to Help My Child with Homework? |
| <input type="checkbox"/> Family Sports Night | <input type="checkbox"/> Zumba |

Your suggestion:



4. *Would you like to participate as an Advisory Board Member?*

YES NO

5. *Are you a District School Board of Pasco County approved volunteer?*

YES NO

6. *Would you be willing to volunteer for the program?* Any help is appreciated.

YES NO

7. *Do you know how to become a District School Board of Pasco County approved volunteer?*

YES NO

8. *What skills or knowledge do you have that you would be willing to share with the program? i.e., dance, art, music, languages, fitness, technology, culinary, other.*

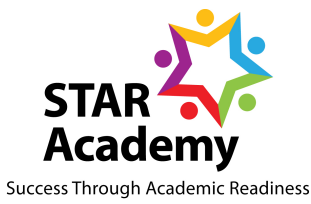
9. *What is the best time slot for a parent activity?*

4:00 – 5:00 5:00 – 6:00 6:00 – 7:00

10. *What is the best day to schedule parent activities?*

Monday Tuesday Wednesday Thursday Friday

Thank you very much for taking the time to complete this survey. Your feedback is valued and very much appreciated!



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Parent Handbook Verification

We are pleased you have shown an interest in signing your child up for our 21st CCLC Program. We look forward to working with you and your student over the course of the program and will provide an educational, fun and safe environment.

My signature indicates that I have received a copy of the PLACE 21st CCLC Afterschool Program Parent Handbook or reviewed the handbook on line at <http://connectplus.pasco.k12.fl.us/do/cclc/>.

Printed Name of Student

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date