

Office Use Only  
 CNP(F/R): Yes No  
 Hispanic Y N  
 Race: \_\_\_\_\_  
 Circle all that apply:  
 Bilingual ESL/LEP SpEd  
 Gifted

Sheffield City Schools



DID YOUR CHILD  
 ATTEND 21<sup>ST</sup> CENTURY  
 LAST YEAR?  
 YES  
 NO

**21<sup>st</sup> Century REGISTRATION Form  
 2018-2019 SCHOOL YEAR**  
**\$10.00 Registration Fee Required/Plus 1<sup>st</sup> week tuition**  
**L.E. WILLSON ELEMENTARY SCHOOL**

Student's Name: \_\_\_\_\_  
 (Last) (First) (Middle I.)

Name student is called \_\_\_\_\_

Full Address: \_\_\_\_\_

Current grade in school: \_\_\_\_\_ School: \_\_\_\_\_

Age of Student \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex (M or F): \_\_\_\_\_ Race: \_\_\_\_\_

*Please mark the days your child will attend the after-school program: 2:45 p.m. – 5:30 p.m.*  
 \_\_\_\_\_ **FULL TIME Monday – Friday**  
 \_\_\_\_\_ **PART-TIME (Mark days) \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday**  
**MUST ATTEND AT LEAST THREE (3) DAYS FOR PART-TIME**  
**The program closes on those days recognized by the school as holidays, including teacher workdays.**

**Parent(s) or Guardian(s) with whom student lives:**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relation to child \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

**Persons with permission to pick up child other than parent(s):**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: Additional names may be submitted for attachment to this packet. \*Please notify staff if during the school year, someone is NOT permitted to pick up your child. (Corresponding court order must be submitted)

I hereby **grant permission for my child** to participate in the 21<sup>st</sup> Century After-School Program events, activities, and field trips. This may include pre/post tests, surveys, access to the Internet, and enrichment activities such as; dance, karate, sports, art, field trips, and computer instruction. I give permission for my child's work or photos to be used in program implementation and promotion. I also grant permission for the 21<sup>st</sup> Century Director and after-School Site Director to have access to my child's school records.

X \_\_\_\_\_  
 Parent/Legal Guardian Signature Date

**Sheffield City Schools  
21<sup>st</sup> Century Community Learning Center  
Emergency Medical Authorization**

Student's Name: \_\_\_\_\_

In the event of illness or injury to my child, which in the judgment of the 21<sup>st</sup> Century Community Learning Center staff, requires emergency treatment, my permission is granted to call the following doctors or 911, after attempts made to contact me by telephone have been unsuccessful:

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

The hospital of my choice is \_\_\_\_\_

Is your child covered by insurance? (Please circle) YES NO Insurance Provider: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Contract Number \_\_\_\_\_

My child is allergic to the following:

Medications: \_\_\_\_\_

Food: \_\_\_\_\_

Other: \_\_\_\_\_

**List any special needs:** \_\_\_\_\_

**EMERGENCY CONTACT PERSON OTHER THAN PARENT/GUARDIAN**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**Note: The staff will not administer any prescription or nonprescription drugs for any reason. Please notify the teacher if your child is ill with a communicable disease.**

Please list any special information that is important for us to know:

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

I hereby release the Sheffield City Schools Board of Education from any claim arising out of the doctor's actions.  
**All medical expenses shall be the parent's responsibility.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**Sheffield City Schools**  
**21<sup>st</sup> Century Community Learning Center- After-School Parent Contract**

In consideration of my child's participation in the 21<sup>st</sup> Century Community Learning Center's After-School program, I agree to the following: (Please read, initial beside each statement, and sign the bottom of form)

1. I agree to pay a non-refundable tuition of \$5.00 per day, to be paid **each Thursday** for the following week that my child participates in the program. (see Fee Schedule) Reduced rate for siblings. \_\_\_\_\_
2. I agree to pay a \$10.00 registration fee upon TURNING IN AN APPLICATION \_\_\_\_\_
3. I understand that in the event of continued late pick-up of my child or for continued disruptive behavior of my child, the **Sheffield City School System reserves the right to remove my child from the after-school program.**\_\_\_\_\_
4. I understand that the program ends at 5:30 PM. I agree that I will pick up my child no later than 5:30 PM and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I understand that my child must be signed out daily. I understand that in the event that my child is not picked up by 5:30 PM, a late fee of \$5.00 will be charged and my emergency contact will be called. \$1.00 per minute will be charged for every minute after 5:35 I also understand that if my child is not **picked up by 6 p.m., DHR or the police department will be called.** \_\_\_\_\_
5. I agree that the Sheffield City School System will be held free and harmless from any and all injuries occurring to my child, except as to such injuries that directly result from acts of negligence on the part of the Sheffield City School System.\_\_\_\_\_
6. In the event of an emergency, I give my permission to the after-school staff to have my child treated by a medical professional. The staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment. \_\_\_\_\_
7. I agree to attend **at least one** Parent Event with the after-school program per school year and to complete a parent survey annually. \_\_\_\_\_
8. I understand that regular attendance is required in order for my child to remain eligible for the after-school program. \_\_\_\_\_
9. **I understand that students must follow all rules. Chronically disruptive behavior will result in suspension from the after-school program.**\_\_\_\_\_
10. I understand it is my responsibility to update qualifying data should eligibility or any student information should change. \_\_\_\_\_
11. My child does not require one-on-one supervision or require services beyond the qualifications of the afterschool staff (see page 5 and document if there is information we should know). \_\_\_\_\_

x \_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**\*\*It is the policy of the Sheffield City Board of Education that no person will be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity on the basis of race, color, disability, sex, religion, national origin/ethnic group, or age.**

**Sheffield City Schools**  
**21<sup>st</sup> Century Community Learning Center**  
**Fee Schedule**  
**TIME TO PAY TIMELY!**

**AFTER-SCHOOL PROGRAM FEES**

1 CHILD in family \$25 per full week

2 CHILDREN in SAME family \$40 per full week

3 CHILDREN in SAME family \$56 per full week

4 CHILDREN in SAME family \$70 per full week

- If a school week is less than 5 days long, a daily rate of \$5.00 per day, per child will be charged (NO DISCOUNTS FOR SIBLINGS)

**PART-TIME FEES**

Regular attendance days specified at time of registration may not be altered without ADVANCE AUTHORIZATION from site director; 2 weeks notice required. If a student does not attend on designated day (s) **NO credit or refund** will be given! Staffing is based on registration.

**LATE -PAYMENT FEE**

\$5.00 per CHILD

A late fee will be assessed if weekly tuition is received after Thursday for the coming week.

**PAYMENT POLICY**

Weekly tuition is always DUE by THURSDAY for the coming week. This requirement applies to both full-time and part-time participants. Parents who submit weekly tuition payments AFTER this deadline will be charged a late payment fee of \$5.00 per child. CHECK or MONEY ORDER should be made out to **Sheffield City Schools 21<sup>st</sup> Century and given to the SITE TEACHER.** Fees may be paid monthly, in advance.

**RETURNED CHECKS**

A \$30.00 fee will be charged for returned checks. All checks are required to have: Full name, Street Address, and Home Phone Number.

**FINES FOR LATE PICK-UP**

A \$5.00 late-fee will be charged if student is not picked up by 5:30. \$1.00 per minute will be charged for every minute after 5:35. After 5:35, staff members will call someone from the parent's emergency phone list to come for the child. If no one can be reached, the local police will be notified. **Chronic tardiness will result in dismissal of your child from the program.** Staff members are not permitted to transport students.

**21<sup>st</sup> Century After-School Program**  
**PRE-REGISTRATION STEPS**  
**L.E. WILLSON ELEMENTARY SCHOOL**

The following items are needed to COMPLETE the registration process. Your registration is not finished until all steps can be marked complete. Spaces are limited!

1. Completed and signed registration form \_\_\_\_\_
2. Completed and signed medical form \_\_\_\_\_
3. Completed, initialed, and signed PARENT CONTRACT \_\_\_\_\_
4. Non-Refundable registration fee (\$10.00) paid \_\_\_\_\_
5. Tuition payment for first week paid \_\_\_\_\_
6. Proof of accident insurance \_\_\_\_\_ (None is provided by Sheffield City School System)  
If you do not have accident insurance you may **contact ALL KIDS INSURANCE at 1-888-373-5437.**

**STUDENT REQUIREMENTS**

The 21<sup>st</sup> Century After-School enrichment program is a voluntary program. Participation is not required for any student. Students must follow the same rules that apply to the regular school program. Basic expectations include, but are not limited to, the following:

- Student must be enrolled in a Sheffield City School
- Student must not be disruptive or a threat to self or others
- Student must not require medication during the after school hours. The staff is not allowed to administer any medication. Parents must complete medical condition disclosure form.
- Student must display obedience to all staff and respect for students and adults
- Student must not display disruptive behavior, must interact with other children and adults in a non-aggressive manner, and must participate in group activities with other students.
- Student must ONLY leave the program site with parents, their written designees, or with signed parental permission for students to sign themselves out.

\*This program receives funding through an ALSDE 21<sup>st</sup> Century federal grant. The criteria for participating in the 21<sup>st</sup> CCLC after school program and the policies by which the program is governed are subject to change at any time.