



Starke's Night Alive (SNA)



21st Century Community Learning Center Student Registration Fall 2020-2021

<b>Student's Last Name:</b>		<b>Student's First Name:</b>		<b>Alpha ID</b> _____
<b>Race: (Optional)</b> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> _____				
<b>Student's Grade Level</b>		<b>Today's Date:</b>		
<b>Student's Address:</b>		<b>City:</b>	<b>Zip:</b>	
<b>Student's Date of Birth:</b>		<b>Age:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Primary Language:</b> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/>		Free lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/> Regular Payment <input type="checkbox"/>		
<b>Head of Household:</b> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/>		Other <input type="checkbox"/> _____		
<b>Mother's Name</b>		<b>Mother's Cell Phone:</b>		
<b>Mother's Address:</b>		<b>Mother's Home Phone:</b>		
<b>Mother's E-mail:</b>		<b>Mother's Work Phone:</b>		
<b>Father's Name</b>		<b>Father's Cell Phone:</b>		
<b>Father's Address:</b>		<b>Father's Home Phone:</b>		
<b>Father's E-mail:</b>		<b>Father's Work Phone:</b>		
<b>Siblings that currently attend THIS school:</b>				
<b>Student Medical Concerns</b>				
Does your child have any special medical concerns that we need to be aware of? Allergies? Medication? Other? Please explain:				
<b>Authorized persons (must be 18 or older) to pick up my child: The following are individuals that have my permission to pick up my child upon providing proper identification to 21<sup>st</sup> CCLC staff.</b>				
<b>Name</b>	<b>Phone One</b>	<b>Phone Two</b>	<b>Relationship to student</b>	
<b>Program Operates Monday – Friday.</b>				
<b>Dismissal is at <u>6:00 p.m.</u> Dismissal is no earlier than 5:45 p.m. and no later than 6:15 p.m. Three LATE Pick-Ups (or later) = DISMISSAL from the Program!</b>				

Please Initial Each Demonstrating Understanding

\_\_\_\_\_ Program only operates Monday –Friday 3:00- 6:00 \_\_\_\_\_

Dismissal is at 6:00 p.m.

\_\_\_\_\_ Three LATE Pick-Ups or three early checkouts = DISMISSAL from the program!

\_\_\_\_\_ More than 5 total unexcused absence = DISMISSAL

\_\_\_\_\_ Due to the new grant restrictions this program is not intended for students who *already have extracurricular activities*. We will no longer be accepting students who are attending sports or other activities after school.

Does your child participate in extracurricular activities between the hours of 3:15 and 6:15 \_\_\_\_\_

**Behavior:** In order to promote a productive learning environment all students will be expected to follow rules and procedures of the 21<sup>st</sup> CCLC and the Volusia School Department. Children that behave inappropriately will be treated in a fair, firm manner. Consequences will include cool down writing, time out warning, program suspension, and program expulsion for serious or repeated infractions.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

How will your child be getting home? Please mark below.

Walker \_\_\_\_\_ Parent Pick Up \_\_\_\_\_

**School District of Volusia County**

**Media Production Release Authorization**

I, \_\_\_\_\_, hereby assign all rights to the photographs, video and / or  
Print Name of Participant  
sound recording made of me to the SCHOOL BOARD OF VOLUSIA COUNTY, FLORIDA,  
for the school year \_\_\_\_\_. I hereby authorize the performance, display and  
reproduction of pictures and sound contained in any production, without limitation as an  
educational resource. I hereby waive any right to inspect or approve the finished photographs,  
sound track/video, or advertising copy or printed matter that may be used in conjunction  
therewith or to the eventual use that might be applied.

I agree that the producers, the SCHOOL BOARD OF VOLUSIA COUNTY, representatives, and  
assigns are released from any liability for claims arising out of the use of photographs and/or  
sound/video recording in any production.

I certify that I am over 18 years of age, or have the expressed consent/permission of parent or  
guardian.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian -- PRINT Name

\_\_\_\_\_  
Date

School \_\_\_\_\_