



Starke's Night Alive (SNA)



21st Century Community Learning Center Student Registration Fall Application 2016-2017

Student's Last Name:		Student's First Name:	
Race: (Optional) Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> _____			
Student's Grade Level		Today's Date:	
Student's Address:		City:	Zip:
Student's Date of Birth:		Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Primary Language: 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"/>	
Head of Household: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/>		Other <input type="checkbox"/> _____	
Mother's Name		Mother's Cell Phone:	
Mother's Address:		Mother's Home Phone:	
Mother's E-mail:		Mother's Work Phone:	
Father's Name		Father's Cell Phone:	
Father's Address:		Father's Home Phone:	
Father's E-mail:		Father's Work Phone:	
Siblings that currently attend THIS school:			
Student Medical Concerns			
Does your child have any special medical concerns that we need to be aware of? Allergies? Medication? Other? Please explain:			
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 21st CCLC staff.			
Name	Phone One	Phone Two	Relationship to student
Program Operates Monday – Friday.			
Dismissal is at <u>6:10 p.m.</u> Dismissal is no earlier than 5:55 p.m. and no later than 6:20 p.m. Three LATE Pick-Ups (6:25 or later) = DISMISSAL from the Program!			
Please Initial Each Demonstrating Understanding			
_____ Program only operates Monday –Friday 3:10-6:16			
_____ Dismissal is at <u>6:15 p.m.</u> Dismissal is no early checkouts = DISMISSAL from the program!			
_____ 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 <u>is not</u> intended for students who <i>already have extracurricular activities</i> . We will <u>no longer be accepting students</u> who are attending sports or other activities after school.			
Does your child participate in extracurricular activities between the hours of 3:10 and 6:05 _____			
Parent Sign:			Date:
Behavior: In order to promote a productive learning environment all students will be expected to follow rules and procedures of the 21 st 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:

***** PLEASE TURN OVER AND COMPLETE BACK OF FORM *****

How will your child be getting home:

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 _____