



School Year 2010/2011 21st CCLC Enrollment Form

Thank you for considering the Council Bluffs School District's 21st Century Community Learning Center for your child this year. We are looking forward to working with you to provide a caring, stimulating, academic rich environment where your child can develop social and decision-making skills through a variety of activities.



21st CCLC afterschool programs are located in 2 Council Bluffs Elementary Schools.

Edison 21st CCLC
2218 3rd Ave
Council Bluffs
(Afternoon Only)

Washington 21st CCLC
207 Scott Street
Council Bluffs
(Afternoon Only)

Hours of operation are only after school until 6:15 PM.

Who is eligible to attend 21st CCLC?

The school district's 21st Century Community Learning Center is open to children 5 years and older who attend Council Bluffs Community Edison or Washington Elementary Schools.

Special Needs and Accommodations:

If your child has special needs or has a condition that requires close supervision or assistance, please let our office know so that we can evaluate ways to best serve your child. Please review the specific eligibility requirements in the Parent's handbook.

*In accordance with Federal Law & U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

Registration Process:

Before your child can start at 21st CCLC, the following must be completed:

- One registration packet for EACH child should be completed in full.**
- Please complete all registration, release and consent forms that are attached at the end of the parent handbook.
- The scheduled attendance portion of the registration form must be completed.

****There is a minimum attendance requirement of at least 6 hours per week to stay enrolled.

Non-School Days:

On non-school days, 21st CCLC sites are not open and in session. You may choose to pre-register your child in a Kids & Company program for these days, however, there is an additional charge for full-day childcare. This program is first come, first basis.

Parents must pre-register prior to each full day for their children to participate in the full-day activities. *Payment is due in advance at time of sign up.* You must send a sack lunch with your child on these optional days.

Snow-Days:

21st CCLC is closed on days when school is cancelled due to snow or ice.

Schedule of Attendance:

For their safety, children must arrive and leave the 21st CCLC site according to the schedule provided by their parent on the registration form. Parents must contact the Site Director to report illness or absence. Absences without prior notification may be mistaken for a missing child. This may cause unnecessary concern and a search for the child.

Please remember that in order for your child to continue being eligible for this program, they must attend a minimum of 6 hours per week and you as a parent are expected to attend the family literacy events that are held.

Release of Children:

All children must be signed out at the end of the day by a parent/guardian.

Failure to sign out could result in termination from the program.

Children will be allowed to leave with persons other than a parent/guardian or person on the emergency contact list only if permission has been given to the Site Director by a parent or guardian. Non-regular contacts should be prepared to show ID. ***21st CCLC will not be put in the middle of family disagreements regarding step parents and other family situations. Parents should be clear with each other who may or may not pick up children prior to such situations arising.*

Meals:

21st CCLC does provide a nutritious snack after school.

Providing a Safe and Harmonious Program:

Children are entitled to a pleasant and harmonious environment while attending the program. This school-age 21st CCLC program cannot serve children who display chronically disruptive behavior. Behavior that poses a physical risk to themselves, other children or staff may result in immediate termination from the program.

Late Fees:

There is a \$10.00 late fee per child for every 15 minutes a parent/guardian arrives after 6:15 P.M.

Late fees must be paid in cash to the staff that work at the site within 24 hours of being late. These fees are not covered if you receive Department of Human Services (DHS) assistance. If a parent/guardian frequently arrives after 6:15 P.M; childcare services may be terminated.



School Attending:

Edison afternoon 21st CCLC

Washington afternoon 21st CCLC

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Child's Full Name _____
 Date of Birth _____ Grade _____ Sex _____ Race _____
 Other Children From Immediate Family Attending: _____

1st Parent/Guardian/Custodian With Whom the Child Resides:

 Relationship to Child: _____
 Address: _____
 City: Council Bluffs ___ Carter Lake ___ Other: _____
 IA Zip: _____
 Home Phone: _____ Social Security # _____
 Cell: _____ E-Mail: _____
 Company/Employer: _____
 Employer Address: _____
 Work Phone: _____

2nd Parent/Guardian/Custodian: _____
 Relationship to Child: _____
 Address: _____
 City: Council Bluffs ___ Carter Lake ___ Other: _____
 IA Zip: _____
 Home Phone: _____ Social Security # _____
 Cell: _____ E-Mail: _____
 Company/Employer: _____
 Employer Address: _____
 Work Phone: _____

Attendance Information:
Please let us know which afternoons your child will be attending:
 Mon-PM only Tues-PM only Wed-PM only Thurs-PM only Fri-PM only

Emergency Contacts

Parents are always contacted first in case of an emergency. 21st CCLC needs at least **two** other people to contact who could pick up the child in case we are unable to reach the parents. These are the only people authorized to pick up your child. ***(Please be sure persons below are aware you have listed them as emergency contacts for your child).***

****Step family situations should be worked out amongst parents. 21st CCLC will not be placed in the middle of contact disagreement that are not court ordered.*

Name: _____ Phone: _____ Relationship (to child): _____

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Name: _____ Phone: _____ Relationship (to child): _____

Information about this child that might be helpful to 21st CCLC:

Custody/Restraining Orders

Are there any custody or restraining orders for any persons who may attempt to pick up or have contact with this child while in care at the center? Yes No

(21st CCLC will need a copy of the restraining order for authorities to enforce it.)

Name of person w/restraining order: _____

Relationship to Child: _____

**I have read the accompanying letter, and agree to the terms and conditions therein. I personally guarantee and promise to pay any obligation to 21st CCLC/Kids & Company on demand, any sum, which may become due I agree to defend, pay, indemnify and save Community Education Foundation (CEF) dba 21st CCLC/Kids & Company, its officers and employees, free and harmless, from any and against all claims, demands, fines, suits, actions, proceedings, orders, decrees, and judgments of any kind or nature by or in favor of anyone whomsoever and from and against all cost and expenses, including reasonable attorney's fees, resulting from or in connection with loss of life, bodily injury or property damage arising directly or indirectly, out of or from on account of any occurrence in, on, at or from the participation in the 21st CCLC/Kids & Company program.

The undersigned parties represent that they have carefully read and fully understand the foregoing provisions. The parties represent that they enter into this agreement of their own free will.

Signature

Parent/Guardian: _____ **Date:** _____

Signature

Parent/Guardian: _____ **Date:** _____

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Parent's Statement of Health Status
And Permission for Medical Care in Parental Absence

This form must be filled out on all children.

Child's Full Name: _____ Date of Birth: _____

I certify that the above named child is healthy and free of communicable disease. The following medical conditions apply to my child:

Medications: _____

Allergies: _____

Acute or Chronic Conditions: _____

Special information for caring for my child: _____

***I certify that immunization information is in the school file.**

The following information **MUST** be filled out **for BOTH** physician and dentist:

Physician: _____ Phone#: _____ Address: _____ City: Co. Bluffs ____ Omaha ____ Carter Lake _____	Dentist: _____ Phone#: _____ Address: _____ City: Co. Bluffs ____ Omaha ____ Carter Lake _____
<p style="text-align: center;">Hospital of Preference (check one):</p> <p>____ Mercy Hospital, 800 Mercy Drive, Council Bluffs, IA</p> <p>____ Jennie Edmundson Hospital, 933 E Pierce, Council Bluffs, IA</p> <p>____ Other <i>LOCAL</i> Hospital Name/Address: _____</p> <p>_____</p> <p style="text-align: center;">Insurance Provider: _____</p> <p style="text-align: center;">Group Number: _____</p> <p style="text-align: center;">Policy Holder: _____</p> <p style="text-align: center;">Policy Number: _____</p>	

In the event that my child (listed above) may require emergency medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to the hospital and physician or his/her designee (listed above) to provide this care. In the event that my child (listed above) may require dental and/or dental surgical care while I am out of the city or unable to be reached, I hereby give my consent for dental and/or dental surgical care to the hospital and physician or his/her designee (listed above) to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

(Comment: Every effort will be made to notify parents/guardians immediately in case of emergency.) This form will be presented upon admission for treatment.

Parent's Signature: _____ **Date:** _____

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Special Permissions

Child's Name: _____ Birth Date: _____

Video/Movie Release

Although 21st CCLC carefully selects appropriate videos and movies for the children to watch, there are very few G rated videos available. We would like permission to allow the children to view appropriate PG rated videos.

I do _____ do not _____ give my child permission to watch PG rated video's.

Media Release Authorization

I do _____ do not _____ give permission to have my child appear in any media/advertisement/web coverage approved by 21st CCLC/CEF.

Meals

21st CCLC provides daily nutritious snacks. Please mark below the meals you anticipate your child will receive while in our program:

School Days: PM Snack- _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.

Sunscreen/Bug Spray

I give permission for 21st CCLC to apply sunscreen &/or bug spray to my child as needed during program hours. _____yes _____no

Please apply only the brand/type I have provided:
(list brand/type) _____

Records Release Authorization

I hereby authorize and request _____(name of school) to release to 21st CCLC/CEF a copy of the most recent immunization and/or physical records of my child (listed above) in their school record.

I do _____ do not _____ give permission for the 21st CCLC/CEF supervisory staff to share and receive information regarding my child with school personnel.

Signature Parent/Guardian: _____ **Date:** _____