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An 'A-rated' District

Mission Statement: We are committed to the success of every student!

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Covid-19 & Delta Variant Acknowledgement Risk

Consent Form for Voluntary Extracurricular Activities and After School & Summer Programs

I acknowledge and understand that the coronavirus known as Covid-19 and Delta Variant have been declared a worldwide pandemic and is contagious and can be spread by person-to-person contact. As a result, federal, state and local health agencies recommend social distancing and other measures to reduce the spread of the virus.

ACPS will conduct various extracurricular activities and after school programs during the 2021-2022 school year. These activities will be conducted in accordance with health and safety protocols appropriate for the activity and for the conditions at the time. I understand that participation in organized sports and extra-curricular (21st CCLC) activities during the Covid-19 pandemic school year and subsequent summer can lead to increased risk of exposure. Schools will implement comprehensive plans to reduce these risks, however, none of these mitigation efforts can guarantee complete safety. Students participating in 21st CCLC will be required to follow these protocols and will be immediately removed from the activity if they do not fully comply.

I am aware of the health and safety procedures being implemented by ACPS. My child and I agree to participate in these school-based virus protocols. My child will report any symptoms of illness to his or her parents, guardians, coaches, directors, athletic trainers and other leaders associated with my sport or activity and I agree to do the same. We will also report any contact or exposure to Covid-19.

I have been advised of the risks of participation. I acknowledge and understand that because of the Covid-19 pandemic that there is an increased risk to my child if they participate in extracurricular activities. I have weighed the risks and benefits and hereby consent to my child participating in the extracurricular activity identified below:

After School/Summer Activity: _____ 21st Century _____

Student Signature: _____

Student Name (Printed): _____

Parent/Guardian Signature: _____

Parent/Guardian Name (Printed): _____

Date Signed: _____



ALACHUA COUNTY PUBLIC SCHOOLS
We are committed to the success of every student.
Programs

Nita M. Lowey 21st CCLC

School _____

Student Name _____ Student 21st CCLC ID Number _____

Printed Adult Family Member Name _____

Adult Family Member Compact Signature _____

2021-2022 Adult Family Member Attendance Compact

The Alachua County School District 21st CCLC Program operates Mondays-Thursdays across the school year. Participating students will engage in enriching academic instruction. For students to gain the most benefit from the program, consistent attendance is required. Students are expected to stay for the duration of the program day, as 21st CCLC is not a “drop in program.” Listed below are the requirements for participation. Your printed name and signature indicate you will honor this educational Adult Family Member Compact between you and the 21st CCLC school program.

1. I agree to ensure my participating student will attend the full-duration of each program day to the best of my ability.
2. I agree to support my participating student with consistent, regular attendance across the school year.
3. I agree to work with the program Site Coordinator if my family is experiencing extenuating circumstances where attendance may be interrupted for a short duration of time.
4. I agree that the Site Coordinator will have no choice but to remove my student from the program if absenteeism is chronic and unexcused, and/or if my student does not stay for the duration of each day’s program.



21st Century Community Learning Centers Application

FREE AFTER SCHOOL PROGRAM School Year 2021-2022



I understand my child is expected to remain in the program for the full duration of the programming day and my child is expected to attend regularly. Failure to do so may result in dismissal from the program. Late parent pick up of child may result in contact of local law enforcement for the safety of the child and staff, unless prior arrangements have been approved.

_____ *Parent Initial*

I understand date of return of application does not guarantee admission-it is not a first come/first serve program. All applications will be reviewed and families will be notified of acceptance in the program. A waiting list will be created for students who are not immediately accepted.

_____ *Parent Initial*

Student's Regular Day School if different from program site: _____

21CCLC Site:

Alachua Elementary ___ Foster Elementary ___ Idylwild Elementary ___ Irby Elementary ___ ~~Lake Forest Elementary~~ (Not Operating)

Metcalf Elementary ___ Lincoln Middle ___ Westwood Middle ___

Student Information: ___ Student is new to the school?

Student's Name: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Age: _____

Date of Birth: _____ Male _____ Female: _____

Home Room Teacher _____

Please Mark the Correct Information pertaining to this student:

- White / Caucasian
- Black / African American
- Hispanic / Latino
- Asian
- Hawaiian / Pacific Islander
- American Indian ? Alaska Native
- Two or more races

Names of any sisters or brothers who attend this school 1. _____ 2. _____

3. _____ 4. _____ 5. _____ 6. _____

Student Name _____

Please list any allergies or medical conditions:

Allergies and/or Medications (Note from doctor stating allergies if possible)
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Parent Information:

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Work Place & Address: _____

Parent/Guardian #2: _____ Work Phone _____

Work Place & Address: _____

Person to call in case of *Emergency* if custodial guardians cannot be reached:

*Name: _____ Relationship: _____ Phone: _____

*Name: _____ Relationship: _____ Phone: _____

*Name: _____ Relationship: _____ Phone: _____

*Name: _____ Relationship: _____ Phone: _____

*Name: _____ Relationship: _____ Phone: _____

*Name: _____ Relationship: _____ Phone: _____

Person(s) Who Are NOT ALLOWED to Pick Up Student

Is there anyone that may NOT pick up your child? (Name): _____

If so, does your child recognize this person and know they can't leave with them? (circle) YES / NO

Permission for Student to Walk Home

While it is encouraged that a designated adult picks up children, we realize many parents are not able to pick their child/children from the program and some students may live within walking distance. I _____ (parent/guardian), acknowledge and assume full responsibility of the risks involved in making this decision and hereby give my (son/daughter), _____ (student's name) permission to depart the program at _____ (time), on their own.

Late Student Pick Up-Law Enforcement

I also understand that if parents are excessively or repeatedly late picking up their child, 21CCLC may contact local law enforcement for assistance with the situation, for the safety of the child. If your child is picked up late more than one time, the coordinator reserves the right to remove your child/children from the program.

INITIAL: _____

Authorization for Emergency Medical Care: I give my consent for any and all necessary treatment when my child/children is in the care of this physician and/or hospital/clinic. In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the staff to call an ambulance and take my child/children to the nearest emergency room or emergency care facility:

INITIAL: _____

Permission for Publicity Release: I give permission for **photographs and videos** to be made of my child to be used solely for publicity and training purposes by program, and for the 21st Century page of the district website. **YES** _____ **NO** _____
INITIAL: _____

Family Involvement: A family representative agrees participate in at least 5 family engagement events.
INITIAL: _____

Behavior Plan: All regular day school rules are enforced in programming. 21CCLC implements a behavior plan for students who choose not to abide by program rules. Parents may be contacted for chronic behavior problems. **Students may be suspended for a designated period of time, or removed from the program for non-compliant behavior choices. Fighting, bullying, weapons will or may result automatic suspension or removal from the program, as determined after due process.**
INITIAL: _____

Activities Information Statement: Students may participate in certain contact sports or activities which involve the possibility for injury, such as team sports, golf, tennis, fencing, dance, swimming, etc. When appropriate, students will wear protective gear such as in fencing. I understand that injuries may occur as the result of physical activities. I would like my child to participate in program activities.
INITIAL: _____

Consent and Release Statement: I consent to the above listed student participating in any programs or activities, either on or off campus. I acknowledge that participation in activities have inherent risks. I custodial guardian, assume that risk on behalf of my child/children an will indemnify and hold harmless The Alachua County School Board from and against all claims and demands on account of , or in any way from, any accidental occurrence. In the event that my child/children should need further medical treatment while in the program, I give the staff permission to order x-rays, routine tests, treatments, that may require hospitalization, and necessary transportation. I understand that the staff may be unable to contact me at the time when medical treatment is necessary and therefore grant permission for them to seek and administer such treatment and medication prior to contacting me for further permission. I authorize payment of medical benefits to the health care provider for any services and the release of any medical or over the counter medications they deem necessary. I confirm that, to the best of my knowledge, my child/children is not allergic to any medications other than listed above. I hereby release the Alachua County School District, its officers and representatives of all liabilities arising from this activity.

Contact Information Updates: In the event of an emergency, it is important to have the most updated parent/guardian contact information. I agree to regularly update my child's contact information with the school and 21CCLC front office staff.
INITIAL: _____

Signature of Custodial Guardian: _____ **Date:** _____

For Office Use Only: **Start Date** _____ **Withdrawal Date** _____

PARENT/GUARDIAN-USE THE SPACE BELOW TO PROVIDE ANY IEP/504 RECOMMENDATIONS:

Teacher Conference Notes & Phone Log Notes: (use back if necessary)