Derry Area School District
21ST Century Community Learning Center

PROGRAM INFORMATION

Students enrolled in Grades K-12 can attend the After School Program beginning **October 9, 2017.**

LOCATION & TIME:
Grades K-5: Grandview Elementary
Mon-Thurs: 3:30 PM - 6:00 PM
Fri: 3:30 PM - 5:00 PM

Grades 6-8: Derry Middle School
Mon-Fri: 3:00 PM - 6:00 PM

Grades 9-12: Derry High School
Mon-Thurs: 3:00 PM - 6:00 PM

PROGRAM ACTIVITIES

ACTIVITIES INCLUDE:
Remediation & Enrichment,
STEAM (K-5), STEM (6-12),
Physical Education, College Prep,
Career Readiness, Adult
Education, and
Community/Family Engagement

PROGRAM FOCUS

The mission of 21st CCLC is to help students improve their academic skills while participating in positive, fun and enriching after school activities which complement regular day academic programs. Student learning will focus on academic remediation and enrichment activities.

REGISTRATION

Forms will be located at all Derry Area School District Offices & Lobbies
OR email
dgray@derryasd.k12.pa.us
for more information!

www.derryasd.schoolwires.com | (724) 694-8231
Derry Area School District

21st CENTURY COMMUNITY LEARNING CENTER PROGRAM
STUDENT REGISTRATION

Student Information
Name: (First) ___________________ (Middle) ___________________ (Last) ___________________
Preferred Nickname (if applicable): ___________________
Grade: ________
School Building: ______________________________________
Date of Birth: ________________ Race (optional): ____________ Age: ______
Gender (select one): ☐ Female ☐ Male ☐ Transgender

Mailing Address
Street: _______________________________________________
City: _______________________ State: _________________ Zip Code: ___________

Parent/Guardian Information

<table>
<thead>
<tr>
<th>Parent/Guardian 1 Information</th>
<th>Parent/Guardian 2 Information (if applicable)</th>
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<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
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<tr>
<td>Home Phone</td>
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<td>Work Phone</td>
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<tr>
<td>Email Address</td>
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How will your child get home from the program? (Select one)
☐ Walk
☐ Parent/Guardian Pick-Up
☐ After School Bus # ______
☐ Other: _________

Person(s) authorized to pick up child besides parent/guardian(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Phone Number</th>
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<tbody>
<tr>
<td>1. _______</td>
<td>____________________</td>
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<td>2. _______</td>
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<tr>
<td>3. _______</td>
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______________________________________________                          ________________
Signature of Parent or Guardian                                                                      Date
Student’s Name (please print):
First __________________________ Middle ___________________________ Last ___________________________

Person to be contacted in case of emergency:
Name ___________________________________________ Relationship __________________________
Phone __________________________

Alternate person to be contacted in emergency:
Name ___________________________________________ Relationship __________________________
Phone __________________________

Please list below any health-related condition the director of the program should know about your child.  
(Reporting such conditions will not prevent your child from participating and will be kept confidential.)

Allergies/food (explain) _____________________________________________________________
Allergic to any drug(s) (explain) ______________________________________________________
Diabetes _________________________________________________________________________
Heart Condition ___________________________________________________________________
Epilepsy _________________________________________________________________________
Convulsions ______________________________________________________________________
Emotional Upsets __________________________________________________________________
Asthma __________________________________________________________________________
Other Conditions? __________________________________________________________________

List below any medication being taken now (including aspirin):
Circle any medications that your child will need to bring to the program.
1. ___________________________
2. ___________________________
3. ___________________________

Are there any activities in which the child should not participate?
________________________________________________________________________________

Are there any physical restrictions? ☐ NO  ☐ YES: Please explain __________________________________________
________________________________________________________________________________

I, being a person authorized by law to give such permission, do hereby give my permission for emergency medical
treatment to be given to the student listed on this form.  I understand that all reasonable attempts will be made to contact
me as soon as possible after the condition necessitating treatment arises, and, if unable to reach me, all reasonable
attempts to contact the alternate listed above will be made.  I understand that all reasonable precautions will be taken for
safety at all times.  I further release 21st Century Community Learning Centers and all persons associated with this
organization from any liability associated with any accident, injury or disease to the person who is the subject of this
form.

_________________________________________  ______________________________
Signature of Parent/Guardian                        Date
Derry Area School District

PARENTAL PERMISSION FORM

Student’s Name (please print):
First __________________________ Middle __________________ Last __________________

The 21st Century Community Learning Centers (CCLC) program must provide documentation to the Pennsylvania Public Education Department and U.S. Department of Education concerning progress of the program. We will need to access attendance records, test scores, report cards, and/or transcripts. Additionally, we will distribute surveys to collect information in order to help improve program quality. All information will be strictly confidential.

Sometimes there may be activities during which your child uses the internet for tutoring and/or other academic activities. Students will always be monitored and supervised when they are on the internet. Please select one of the following choices:

☐ I give my permission for my child to access the internet.
☐ I DO NOT give my permission for my child to access the internet.

During the program, photographs or video recordings may be made of students performing various activities. These might be used in the newspaper, a flyer/brochure, and/or our web sites for promotion of the program. Please select one of the following choices:

☐ I give permission to use my child’s photos/videos in the manners described above.
☐ I DO NOT give permission to use my child’s photos/videos in the manners described above.

Parent or Guardian’s Name (Please print):
_______________________________________________

Parent or Guardian’s Signature: _______________________________ Date: ______________