



Gear up!



for



Derry Area School District
21ST Century Community Learning Center : **2017-2018**

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

	Parent/Guardian 1 Information	Parent/Guardian 2 Information (if applicable)
Name		
Cell Phone		
Home Phone		
Work Phone		
Email Address		

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)

Name

Contact Phone Number

1. _____

2. _____

3. _____

Signature of Parent or Guardian

Date



21st CENTURY COMMUNITY LEARNING CENTER PROGRAM
MEDICAL AUTHORIZATION FORM

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: _____