

21st Century Community Learning Centers*** FALL 2011 ***

PROGRAM AGREEMENT: *Please read the following information carefully. Your child's registration is not complete until this program agreement is signed and returned.*

Child's Name: _____ **Language/Grade** _____

1. ENROLLMENT: **Registration is required before a child may participate in 21st Century Community Learning Center (CCLC).** This program agreement and a completed enrollment form must be returned *with the first month's non-refundable payment* in order for your child to be registered. **Mail or deliver the completed application with payment to ISL at 1400 Camp Street, New Orleans, LA 70130 or, if paying by credit card, fax the forms to 504-654-1029.**

2. PROGRAM PARTICIPATION: Because 21st Century Community Learning Centers are underwritten with grant funds, children enrolled in the program must participate full time, 5 days/week, 3:30-5:30pm. As there are a very limited number of spaces available, participation requirements will be strictly enforced. Any child absent from CCLC more than five times without a valid excuse will be dropped from the program and their space made available to a waiting child.

If your child elects to drop from the program at any time after the program begins, it is your responsibility to notify the 21st CCLC site coordinator before your child's last day of participation. You are responsible for full payment of program fees for the month in which your child drops from the program – regardless of the last date of participation.

3. FEES: Program fees are determined by sliding scale, based on Free & Reduced Lunch eligibility (choose one below):

- Free Lunch Eligible:* \$20 per month
- Reduced Lunch Eligible:* \$55 per month
- Not Eligible for Free/Reduced Lunch:* \$90 per month

Payment in full is due by the 5th of each month. There is no credit for school absences, sick days, or suspensions. Payments may be made by check, money order, or debit/credit card. You may also pay on-line at our website: <http://www.isl-edu.org/isl-family-connections/products-page/>. Please make checks payable to ISL. There is a \$32.00 NSF fee for each returned check. *Delinquent accounts will be charged monthly a \$25 late fee or 5% of the outstanding balance, whichever is more.*

Failure to meet your financial obligations will result in suspension of your child from 21st Century program.

I agree to pay the 21st Century Community Learning Center program fees (choose one below):

Please charge my VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS

Card Number: _____ Exp. Date: _____

- Bill this card automatically on the 5th of each program month Charge only first month's payment

My check/money order for the first month's fee is attached

4. STUDENT PICK-UP: **Children must be picked up daily by 5:30 p.m.** Parents who are late picking up their child will be charged \$5 for the first minute and \$1 per minute thereafter for every minute after 5:30 p.m. (according to the CCLC clock). **If a parent is late three times, the child will be dropped from the program.**

5. DISCIPLINE: CCLC is an extension of the school day. Therefore, we will follow the same discipline policy as the school. Disruptive or disrespectful behavior towards other students or staff will not be permitted and will be cause for dismissal from the program.

Your signature below verifies that you have read the above information carefully and agree to abide by all conditions of the 21st Century Community Learning Center Program Agreement.

Signature of Parent or Guardian

Date

**21ST CENTURY COMMUNITY LEARNING CENTERS
ENROLLMENT FORM FOR * FALL 2011 ***

STUDENT INFORMATION

First Name: _____ Middle Initial: _____

Last Name: _____

Date of Birth: _____ Gender: Female _____ Male _____ Grade: _____

Student Social Security Number: _____

Ethnicity: check all that apply

- American Indian/Alaskan Native _____
- Asian American _____
- Black/African American _____
- Hispanic/Latino _____
- Native Hawaiian/Pacific Islander _____
- White _____

Special Needs Yes _____ No _____ Unspecified _____

Limited English Proficiency Yes _____ No _____ Unspecified _____

Free/Reduced Lunch Yes _____ No _____ Unspecified _____

Special Education: Yes _____ No _____ Unspecified _____

FAMILY INFORMATION

Parent/Guardian (1):

First Name _____ Last Name _____

Relationship _____ Home Phone _____ Work Phone _____

Other Phone _____ E-mail _____

Street Address _____

City _____ State _____ Zip Code _____

Parent/Guardian (2):

First Name _____ Last Name _____

Relationship _____ Home Phone _____ Work Phone _____

Other Phone _____ E-mail _____

Street Address _____

City _____ State _____ Zip Code _____

Other siblings who attend ISL: _____ / _____

_____ / _____ / _____

Free and Reduced Lunch Eligibility (check one):

- Eligible for Free Lunch and will apply before August 20th
- Eligible for Reduced Lunch and will apply before August 20th
- Not eligible for Free or Reduced Lunch

** Note – If you are determined ineligible for the federal free and reduced meal program, you will be required to provide proof of income to receive a reduced rate or be liable for the full fee.*

TRANSPORTATION/ PICK UP PERMISSIONS

Please check ONE of the following options:

- My child has permission to walk off campus
- My child will be picked up by a parent or one of the following:

(1) Child May Be Picked Up By:

Name _____
 Relation to child _____
 Cell Phone Number _____

(2) Child May Be Picked Up By:

Name _____
 Relation to child _____
 Cell Phone Number _____

(3) Child May NOT Be Picked Up By:

Name _____
 Relation _____

MEDICAL INFORMATION

Primary Doctor _____ Telephone _____

Special Alerts/Restrictions _____

MISCELLANEOUS

- | | |
|---|--------------------|
| Permission to use photos | Yes _____ No _____ |
| Child has a behavior plan | Yes _____ No _____ |
| Child has an IEP | Yes _____ No _____ |
| Child has allergies (list below) | Yes _____ No _____ |
| Child requires daily medication (list below)* | Yes _____ No _____ |
- (*if yes, a medication order form will be required)

Notes/Comments _____

