

**21<sup>st</sup> Century Community Learning Center  
After School Program**

**FOR OFFICE USE ONLY**

Grade: 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>  
 School: RLHS RLMS JTMMS  
 School Staff Receipt Date: \_\_\_\_\_  
 Nicasa Staff Receipt Date: \_\_\_\_\_  
 Bus: Yes  No

**Student Registration Information**

Participant Name \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_ IEP? : Yes  No   
 Student Demographic Information: American Indian or Alaska Native  African American or Black   
 Asian or Pacific Islander  Hispanic or Latino  White  Other

**Mother Information**

Mother's Name: \_\_\_\_\_  
 Mother's Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Mother's Email Address: \_\_\_\_\_  
 Mother's Primary Language: \_\_\_\_\_ Primary Custodian: Yes  No

**Father Information**

Father's Name: \_\_\_\_\_  
 Father's Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Father's Email Address: \_\_\_\_\_  
 Father's Primary Language: \_\_\_\_\_ Primary Custodian: Yes  No

**Guardian Information – To be filled out ONLY if parents ARE NOT legal guardians**

Guardian Name: \_\_\_\_\_  
 Guardian Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Guardian Email Address: \_\_\_\_\_  
 Guardian Primary Language: \_\_\_\_\_ Type of Guardianship: \_\_\_\_\_

From time to time, it may be necessary for members of the 21st CCLC program staff to contact a student's parent/guardian regarding the program. With this in mind, who should be contacted first and how?

Mother  Father  Guardian  Emergency Contact  Best time to be contacted: \_\_\_\_\_  
 Home Phone  Cell Phone  Work Phone  Email

**Emergency Contact Information – Other than Parents/ Guardian**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

**Are there any custodial restrictions that our program staff should be aware of? If so, please explain:**

\_\_\_\_\_  
 \_\_\_\_\_

**Medical Information**

Primary care physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Clinic/ Hospital affiliation: \_\_\_\_\_  
 Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Primary Insured's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

- Yes  No  The participant's current health is sufficiently satisfactory that she/ he can safely participate in all activities of the program?  
If no, explain: \_\_\_\_\_
- Yes  No  Has the participant had any recent illnesses/injuries/or accidents?  
If yes, explain: \_\_\_\_\_
- Yes  No  Does the participant have any current health problem which could effect program participation (i.e. asthma, seizure disorder, heart condition, etc.)?  
If yes, explain: \_\_\_\_\_
- Yes  No  Any allergies to foods, medications or other substances?  
If yes, explain: \_\_\_\_\_  
What type of an allergic reaction has been experienced (i.e. rash/breathing difficulties, etc.)?  
How has the allergic reaction been treated in the past?  
\_\_\_\_\_  
\_\_\_\_\_
- Yes  No  Is the participant currently taking any prescribed medications?  
If yes, name/dose/time/reason for medication: \_\_\_\_\_  
\_\_\_\_\_

As a parent or guardian, I understand that the program staff and volunteers are not medically trained. I understand that my youth will be responsible for self-administration of all prescribed medications. I understand that if my youth becomes subject to a sudden illness or injury, medical or hospital care may be necessary. I understand that I will be contacted, as soon as possible, to determine the appropriate course of action. However, in the case of a medical emergency, as defined by program staff, I give my permission to obtain emergency medical treatment and medical care, as recommended by paramedics and physicians. I understand that, as parent or guardian, I am responsible for the costs of all emergency and medical care rendered.

I understand that this consent is valid for the duration of my youth's participation in the program or until after I contact program staff and rescind my consent in writing.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

### **WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware that, in signing up and participating in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

**PROGRAM:** Nicasa 21<sup>st</sup> Century Community Learning Center A-Plus Program

**DATES:** 2015-2016 School Year

**PARTICIPANT'S NAME:** \_\_\_\_\_

The above participant agrees to obey all program rules and regulations, as well as the Nicasa Supervisor of this program.

As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I may have, as a result of participating in the program, against Nicasa and their officers, agents, servants and employees.

I do hereby fully release and discharge Nicasa and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the program.

I further agree to indemnify and hold harmless and defend Nicasa and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.

I have read and fully understand the above program details and Waiver and Release of All Claims. Before registration in this program is valid, the Waiver and Release of All Claims must be signed by the participant. Where the participant is under 18 years of age, this Waiver and Release of All Claims must be read and signed by the participant's parent or legal guardian.

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Participant Signature Date

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Parent/Guardian Signature Date

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**PARTICIPATION CONSENTS**

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For the following Items, please initial inside the box to signify you have read and acknowledge the statement.

**ENROLLMENT**

I give consent for my youth to participate in the 21<sup>st</sup> CCLC After School Program from the date of this signed consent form until my youth is discharged from the program or until my consent for participation is withdrawn.

**VISITING/PARENTAL INVOLVEMENT**

Parent involvement is encouraged. I understand that I may visit the program at any time. I also understand that because the program is being provided at no cost to my youth, I am strongly encouraged to commit to attend all parent/family activities.

**FIELD TRIPS**

I understand that field trips may be offered as part of the program. I will allow my youth to attend field trips with program staff, volunteers, other program participants and chaperones. I understand that all program rules apply while on these trips. I also understand that each field trip will have its own more detailed consent form providing specific details regarding the particular event and will require my signature in order for my youth to attend.

**PHOTO WAIVER**

I grant the program staff/volunteers or its agents the permission to disclose my youth or youth's identity and to reproduce and distribute videotapes, films, photographs and sound recordings of my youth or my youth's involvement in program activities for educational, media or public relations purposes.

**VIDEOS/MOVIES**

I grant program staff and volunteers permission to show PG-13 movies to my youth with the understanding that they are screened for content appropriateness. I understand that no movies with a higher rating than PG-13 will be shown.

**RELEASE OF INFORMATION**

As the legal parent/guardian of \_\_\_\_\_, I authorize the School District and/or the educational institute my child attends to release the following information to this program site: demographic data, grade point average, grade reports, individualized education program (IEP), school attendance rates, discipline steps, grade achievement information and graduation information

**OUTCOME MEASUREMENT CONSENT**

I, \_\_\_\_\_, give permission to the Illinois School Board of Education and its designees to collect and record data on my child, \_\_\_\_\_, this data gathering may include, but is not restricted to the following:

- Surveys and/or interviews about his/her knowledge, attitudes, skills and behaviors in regards to risk-taking behaviors and habits, education and educational resources, positive relationships, career choices. Connection to community, and overall satisfaction with the program.
- Academic and school department data from report cards and other school reports.

I understand that the purpose of these surveys and interviews is to document the impact of the program on its participants and to identify areas for improvement. I also understand that this information will remain private, and that only my child's site director and assigned research assistants will be able to look at his/her responses. In addition, I understand that I can take back my permission at any time, and that my permission automatically stops when the child leaves the program.

**SUMMARY**

I understand that the 21<sup>st</sup> CCLC After School Program is a voluntary program and that my consent for one or all program activities may be withdrawn at anytime by contacting program staff and giving a written statement relative to my consent withdrawal, which will include my signature and date. The program director can be contacted at:

**Amy Pukal**  
**Prevention Department Administrator**  
**31979 N. Fish Lake Road**  
**Round Lake, IL. 60073**  
**847-201-7014**

My signature confirms that I have read the above information and grant my consent in the areas designated.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**TRANSPORTATION**

Will your student require bus transportation home after the program?      Yes      No

I give consent for my youth to be transported by bus (per school district boundaries), as necessary, from school to home in order to participate in program activities throughout his/her enrollment. I understand that if I do not consent for bus transportation, I will be responsible for making the appropriate transportation arrangements for my student.

**Furthermore, it is my understanding that only persons authorized by me in writing will be allowed to pick up my youth.** The program staff will refuse to release my youth to any unauthorized person.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date