



**2017-18 Spring Session Registration Packet  
21st Century Grant for After School Programs  
In Collaboration with NEOMED.**

**Spring Session:** February 12, 2018 through April 27, 2018

**Middle and High School:** 2:30-5:30 pm Monday-Thursday

**Elementary School:** 7:15-8:15 am **and/or** 3:30-5:30 pm Monday-Friday

**Attention:**

2017-18 will be divided into two ten week sessions; Fall, Spring, and a three week Summer session. **Registration is required for each session.** Program enrollment **IS LIMITED** this year. Students will be accepted on a first come, first served basis. Registration opens two weeks prior to session start date. Attendance will be **strictly enforced** this year.

**Programming Note:**

We are excited about this year's program. We have some fantastic enrichment activities planned, including self defense, robotics, and an acting club with professional actors as instructors. In order to accommodate these activities, and continue improving our literacy and math grades, homework assistance will be more limited than in past years. If you are concerned about this aspect of your student's participation, please consider enrolling in the morning session. The morning hour will be more homework oriented.

**Registration Process:**

1. **Keep this page at home for your reference.**
2. All paperwork must be completed and processed by the 21st Century Coordinator before any student is permitted into the program
3. Classes will be capped at state mandated ratios of no more than 18 students to 1 teacher/tutor or 20 students to 1 teacher ages 11 and up. In the event of high registration numbers, a waiting list will be generated, or possibly a rotating schedule.
4. A confirmation of enrollment and scheduled start time will be communicated to families.
5. Transportation home must be provided by parents/guardians and method identified.
6. Completed packets can be turned in to the ES, MS/HS offices, or Homeroom teachers.

Questions can be directed to Jason Powers, 21st Century Site Coordinator at  
[powersj@brownlocalschools.com](mailto:powersj@brownlocalschools.com)

## STUDENT INFORMATION

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellphone \_\_\_\_\_

Business address \_\_\_\_\_

Business phone \_\_\_\_\_

Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in the program. Cell 1 2 3 Home 1 2 3 Business 1 2 3

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business address \_\_\_\_\_

Business Phone \_\_\_\_\_

Please circle which phone number should be used 1st 2nd & 3rd to reach you while your child is in the program. Cell 1 2 3 Home 1 2 3 Business 1 2 3

**Days of the Week Requested AM:** circle all that apply **M T W R F**

**Days of the Week Requested PM:** circle all that apply **M T W R F**

Additional Information:

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**21<sup>st</sup> Century STEAMM STINGERS After School**

**2017-18**



**GENERAL INFORMATION and STUDENT EXPECTATIONS**

**REGISTRATION POLICY:**

Every student must be registered before they can participate in the program. The number of students **WILL BE LIMITED** this year, therefore completed registration packets are required, which includes liability disclaimer, emergency medical information, and transportation forms. Completed packets will be processed on a first come basis. Should maximum capacity be reached, a waiting list and/or rotating schedule may be generated.

**SAFETY POLICY:**

- The program will provide equipment and supplies that are free of any dangerous conditions and inspect them for potentially dangerous conditions.
- Students will not be released to any adult who is not registered, does not have the pick-up tag or photo ID, or who has not had prior approval and documentation with the Program Coordinator. It is recommended that all adults picking up a child have a photo ID available.

**BEHAVIOR EXPECTATIONS:**

Behavior expectations are fully outlined in the Program Family Handbook. Behavior problems will not be tolerated and will be dealt with on a case by case basis. Consequences for behavior will be dealt with according to Levels of infractions. Anyone receiving extended disciplinary action will be issued a conduct report to be signed by the child’s parent/guardian prior to returning the next day’s activities and/or field trips. Each child will be responsible for their behavior and will be on a Behavior Plan, should problems continue. There will always be a request for a parent conference before the problem presents consideration for expulsion from the program. Depending on the severity of the incident, the first steps may be skipped. The staff in charge will be responsible for the student discipline with the support of the Coordinator.

Once you have approved your child’s participation in the program, it then becomes your responsibility for the following:

- A commitment for your child to attend the program daily.
- If you child has more than 5 unexcused absences they will be removed from the current session.
- Ensuring that a ride home is at the school no later than 6:00 p.m. daily. Multiple late pick-ups may result in removal from the program.
- If the student does not show up and is scheduled to attend, was present at school, and the Coordinator was not notified, a call will be made to the student’s parent/guardian. (When knowing of an absence in advance, the Coordinator is to be notified via email)

I AGREE TO THE ABOVE POLICY, STATEMENTS, AND SUPPORT THE BEHAVIOR EXPECTATIONS:

**Parent/Guardian’s Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

## EMERGENCY/MEDICAL INFORMATION

Please list three authorized persons to take child from the program in the event of an emergency. **THREE** people **MUST** be listed if we are unable to reach you in an emergency.

Name:	Name:	Name:
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Cell Phone:	Cell Phone:	Cell Phone:

Physician Name:	Dentist Name:	Other Health Care Provider Name:
Physician Phone:	Dentist Phone:	Other Health Care Provider Phone:

**Permission to provide first aid and transportation to an emergency care facility if needed**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

If you **DO NOT** want your child transported to a emergency care facility or provided first aid, describe procedures to follow \_\_\_\_\_

\_\_\_\_\_

Medical/Health Needs:
Allergies & Treatment:
Diet Restrictions:
Medications:

**PLEASE NOTE THAT BROWN LOCAL SCHOOLS 21st CENTURY PROGRAM STAFF WILL NOT ADMINISTER MEDICATIONS TO YOUR CHILD.**

**PARENTAL CONSENT FORM :** \_\_\_\_\_ Check if attended a program presentation. Date: \_\_\_\_\_

I have read information and/or attended a presentation regarding the 21<sup>st</sup> Century Afterschool STEAMM Program, and understand the significance of this learning opportunity and experience.

My child, \_\_\_\_\_ (student's name), has my permission to participate in the 21<sup>st</sup> Century STEAMM Program at Brown Local Schools. I do hereby acknowledge and grant permission for my child to participate in all program activities to be conducted in the after school program and its employees. I understand that I will be notified in advance of all field trips and will complete additional permission forms as needed, in order for my child to attend. I understand that my child will not attend field-trips without my signed acknowledgement.

**TRANSPORTATION After the Program:**

My Student may be released to the following adult(s). Please specify relation if other than parent/guardian.

- 1. \_\_\_\_\_ Days: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_
- 2. \_\_\_\_\_ Days: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_
- 3. \_\_\_\_\_ Days: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_

List of person(s) **NOT PERMITTED** to pick up this child (Please Print)

Restraint Papers/Divorce Decree

Attached

- |          |     |    |
|----------|-----|----|
| 1. _____ | Yes | No |
| 2. _____ | Yes | No |

My Child is a walker: and will be walking to: \_\_\_\_\_

**NOTE:** Walking has been **highly discouraged**, however I hereby give my child permission to walk and do not hold the school accountable once they leave the grounds.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Visual and Audio Recordings**

I give my permission to Brown Local Schools and NEOMED to photograph/film/videotape/audio record my child. I understand that said recordings may be used to document performances, by the media, or in printed PR Material to be used by the school and in various publications, displays, CD recordings, exhibits or website.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER OF LIABILITY:**

I hereby accept all responsibility for and assume the risk of any injury or damage to my person or dependent children who might arise directly or indirectly as a result and or participation in this afterschool program. I hereby expressly release, discharge, and hold harmless from any liability whatsoever the 21<sup>st</sup> Century STEAMM Stinger After School Program, NEOMED, and all employees. I certify that I am familiar with the contents of this release that I have read and understand the same, and that is my intention by signing this release that the same is binding not only by my heirs, administrators, executors, successors, and assigns.

**I AGREE TO ALL OF THE ABOVE:**

**Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**21<sup>st</sup> Century STEAMM STINGERS After School  
2017-18**



**SPECIAL SCHEDULING CIRCUMSTANCES**

Student's Name: \_\_\_\_\_ AGE: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Primary Phone \_\_\_\_\_

Brown Local Homeroom Teacher \_\_\_\_\_ Room # \_\_\_\_\_

Please explain the  
circumstance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MONTH(s),DATE/ RANGE for Special Scheduling Request: (ie. Nov.15 – Feb. 30):  
\_\_\_\_\_

It is the philosophy of the Brown Local School District to support and accommodate our student's needs. Therefore, if you have a special family circumstance prohibiting your child to attend daily, the Program Coordinator, Jason Powers, will do his best to accommodate student scheduling needs as long as a standard routine and schedule is maintained for the safety and fairness of all program participants.

This may include commitments to sports and other after school extracurricular activities. It is our goal to focus on raising the academic success and achievement of our students. If your child can only attend certain days or certain hours, we will do our best to accommodate, but the student is expected to maintain the special schedule. Once set-up, if a field trip occurs on the day your child is scheduled NOT to be there, we cannot guarantee space for the trip. However, you will be notified should there be a special field trip with extra room for your child.

**Days of the Week Requested: circle M T W R F AM PM**

Specific Hours Requested:  
\_\_\_\_\_

**2017-18 Registration Checklist**

**Student's**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Homeroom**

**Teacher** \_\_\_\_\_

**COMPLETED DOCUMENT CHECKLIST**

Parent/Guardian Checked \_\_\_\_\_ School Official Checked \_\_\_\_\_

\_\_\_\_\_ **Student Information/Days Requested pg 2** \_\_\_\_\_

\_\_\_\_\_ **General Information & Student Expectations pg 3** \_\_\_\_\_

\_\_\_\_\_ **Emergency/Medical Information pg 4** \_\_\_\_\_

\_\_\_\_\_ **Transportation/Parental Consent Form pg 5** \_\_\_\_\_

\_\_\_\_\_ **Special Scheduling Circumstances pg 6** \_\_\_\_\_

**Remember to keep the front page for reference**

**Parent/Guardian (Printed)** \_\_\_\_\_ **Signed** \_\_\_\_\_

**Date Delivered to School** \_\_\_\_\_

OFFICE USE ONLY

Checked/Received by \_\_\_\_\_ Date \_\_\_\_\_

All Documents Completed: Yes No If no, was submitter notified: Yes No

Received by Site Coordinator on \_\_\_\_\_ Date Processed \_\_\_\_\_

Notes: \_\_\_\_\_

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