2024-2025
K-5 Application
Project S. A. Y. 21st CCLC Afterschool Program

General Information

Student Name: _____ _____ _____
First   Middle   Last

Current School: _____ Grade (2024-2025) _____

Birth date: _____ Age: _____ Race: _____ Sex: _____

ACADEMIC INFORMATION:

SUBJECT	2024-2025 FINAL GRADE	2024-2025 TESTING LEVEL	CURRENT YEAR TEACHER
MATH	_____	_____	_____
COM. SKILLS/ ENGLISH	_____	_____	_____
SCIENCE	_____	_____	_____

*****PLEASE KEEP S. A. Y. UPDATED WITH YOUR NEW ADDRESS AS IT CHANGES*****

Parent/Guardian (print name):_____

Relationship: (print name):_____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (only if different from above): _____

********PLEASE KEEP S. A. Y. UPDATED AS YOUR PHONE NUMBERS CHANGE********

Phone: (H): _____ (W): _____ (Cell) _____

Email: _____

LUNCH STATUS: FREE _____   REDUCED _____   FULL PAY _____

Please list any special needs: _____

_____

MEDICAL INFORMATION

Child's Doctor: _____ **Phone:** _____

Preferred Hospital: _____

Does your child have any special medical needs or concerns? _____ Yes _____ No. If **YES**, please explain
_____
_____

Does your child have a **504 plan?** _____ **IEP:** _____   If **YES, please provide a copy of plans.**

Is your child on any medications? _____ Yes _____ No; If **YES**, please list medicines/side effects below:
_____
_____

Does your child have any **food allergies** or **diet restrictions** or **other allergies**? _____Yes _____ No.
If **YES**, please list below: _____
_____

Emergency Contact (when parent cannot be reached)

Name: _____ Relationship: _____

Phone: (H)_____ (Cell) _____ (W) _____

** Is there a Custody Agreement in place? _____ (Y) _____ (N) If so, please provide a copy. **

Transportation Information
If you will be providing transportation from the center, please list authorized people that may pick up your child). **A VALID picture ID MUST be provided by the person picking up your child in your absence, and the person MUST be at least 18 years of age unless there is prior approval by parent and SJCDC Director.** TRANSPORTATION IS LIMITED – Please Ask.**

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____

PERMISSIONS

STUDENT NAME: _____

Emergency Medical Care: In case of emergency medical or first aid care, treatment of illness or accident, I hereby give consent for the assigned site to provide emergency medical care, through a hospital, clinic, and physician or by the certified staff.

Parent/Guardian signature: _____ Date: _____

Trips and Excursions:
I hereby give consent to the St. John CDC/SAY Program or assigned site for my child to participate in local trips and special excursions to places of interest, with the understanding that such trips are under supervision of authorized personnel of the program. I understand that all possible precautions will be taken to insure the health and safety of your child. In the event there is a field trip out of town, you will have prior notice via a separate permission form that will be required to be complete, signed and returned to the specific site.

Parent/Guardian signature: _____ Date: _____

Internet Use:
I hereby give consent for my child to use the Internet for educational purposes and planned activities in the after-school program. I understand that precautions are taken to ensure that inappropriate sites are not available to the students, but with daily changes on the Internet, it is not possible to block the use of all inappropriate sites. The SAY site will enforce appropriate use of the Internet and enforce disciplinary action for intentional inappropriate use. **The Internet Acceptable Use and Safety Policy** governs all electronic activity of users accessing and using the Internet, including email and social media.

Parent/Guardian signature: _____ Date: _____

Photographs and Media:
The S. A. Y 21st CCLC program has my permission to use my child's likeness and/or work completed through the program in photographs, film and video for publicity purposed, advertising or for display at the after-school sites. This includes publications in local and state media and on approved program websites.

Parent/Guardian signature: _____ Date: _____

School-Based Data:
I hereby give my consent for the S. A. Y. 21st CCLC Afterschool Program to obtain grades, testing levels, promotion, attendance, and behavior data from my child's base school. I will also assist by providing copies of interim progress reports, report cards and final grades. This is necessary to tailor the educational program to meet the specific needs of your child/children, as well as to meet State and Federal program reporting requirements.

Parent/Guardian signature: _____ Date: _____

Student Pickup:

I understand that it is the responsibility of the parent/guardian to come inside the S. A. Y. building to sign out a child when picking up and/or dropping off. **SIBLINGS OF STUDENTS UNDER AGE 18 ARE NOT ALLOWED TO SIGN IN/SIGN OUT or PICK UP A STUDENT.** I also understand that my child will not be released to anyone other than the parent/guardian or persons designated on the student's application as approved persons to pick up the child.

Parent/Guardian signature: _____ Date: _____

I understand that my child will be held to the behavior and dress code policies and appropriate consequences as enforced by the S. A. Y. 21st CCLC Afterschool Program. I further understand the mission and expectations of the S. A. Y. 21st CCLC Afterschool Program and would like for my child/children to be considered for this program.

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Site Coordinator signature: _____ Date: _____

2024-2025 Save-A-Youth 21st CCLC Afterschool Program

FOR OFFICE USE ONLY:
Application Acceptance: _____ **Yes** _____ **No**

COMMENTS: _____
_____
_____

Date of notification to Parent/Guardian of Acceptance Status: _____

Site Coordinator/Program Director's signature: _____ **Date:** _____

Program begin date for applicant: _____