



21st Century Program



The Sterling-Rock Falls Family YMCA in partnership with Rock Falls Elementary District 13 is offering a **FREE** (21st Century Grant Funded) After School Program at Dillon, Merrill, and RFMS starting **October 3rd, 2022.**

Dillon

7:30am-8:30am &
3:20pm – 5:20pm
**Monday- Thursday: 1st
and 2nd Grade**

Merrill

7:30am-8:15 am (at Dillon)&
3:05pm – 5:05pm
**Monday- Thursday: 3rd,
4th, & 5th Grade**

RFMS

2:50pm-5:50pm
Grades 6th-8th
**Mon/Wed – Art
Tues/Thurs - Drama**

Please Select:	Monday	Tuesday	Wednesday	Thursday
Morning & Afternoon				
Afternoon Only				

This form needs to be **completed and returned to the school office by Friday, Sept. 16, 2022.** You will be notified if your child has been accepted to the program by **Wednesday, Sept. 21st, 2022.** If you have questions please contact Krystle Fields, 21st Century Project Director, at **815.200.6556** or kfields@srfymca.org

Student Information

Today's Date:		Current Grade:		Teacher:	
Student's Last Name:			Student's First Name:		
Street Address:		Age:	Student's Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Race: (check all that apply) <input type="checkbox"/> African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Prefer not to report <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian					
Language spoken at home:		Does student have an IEP/Special education plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mother's Name:	Mother's Address: (if different)	Mother's Phone:		Mother's Email:	
Father's Name:	Father's Address: (if different)	Father's Phone:		Father's Email:	

Student Medical History

Any Allergies: (if YES, what?) <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	Medical Conditions we should be aware of? (i.e.: asthma, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	My child will need medication administered during program: <input type="checkbox"/> No <input type="checkbox"/> Yes (complete Authorization to Administer Medication Form)
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Authorized Persons for Pick Up and Emergencies

I authorize the following individuals to pick up my child at any time including emergencies when a parent cannot be reached. I know these persons and agree to allow 21st CCLC staff to release my child into their care upon providing valid identification for verification purposes. In doing so, I relieve 21st CCLC employees of all responsibilities for my child after he/she has been released from the program.

Parent/Guardian Signature and Print Name: _____

Name of Adult	Relationship to child	Phone Number	Pick up from program	Behavior Problem	Medical emergency

Transportation

- My student will be picked up by a parent or authorized adult identified in previous section.
- My student will ride the bus to: _____, Rock Falls, IL
***** Students will need a written note if busing plans change.**
- My student has permission to walk home from the 21st CCLC program. **MIDDLE SCHOOL ONLY!**
*****Please note the following:**
 - I may have to pick my student up during bad weather
 - I will send a note if walking plans change
 - Once my child leaves the program, the 21st CCLC staff is no longer responsible for my student

Program Disclosures/Statements

Please **initial** and **X** **yes** or **no** for each statement below.
Initial YES NO

Students enrolled are encouraged to attend all program days. We have a committed staff assisting students and providing hands-on engaging activities during the program up to dismissal time. It is important for each student to remain in the program for the full program hours to receive these benefits. Daily attendance is taken when your student comes to the program. Regular attendance and punctuality are essential.

			I understand my student is required to follow the same rules and guidelines as the school district during 21 st CCLC programming.
			I grant the YMCA permission to disclose my student's identity and to reproduce and distribute video or photos of my child as a result of participation in this program. The images may be used in YMCA publications or promotions and may also be released to local news media to report, promote, or publicize YMCA programs.
			I authorize the following organizations and cooperating agencies to exchange information related to my student named above. This information will be kept confidential by the receiving organization or agency. This agreement will expire on <u>12/31/2023</u> . Specifically, we will exchange attendance and academic grade data. The information exchanged will be used to provide educational services in the best interests of the student. I understand that personal records are protected by various federal and state laws and cannot be disclosed without this, my written consent, unless otherwise authorized.
			I understand that the 21 st CCLC program is NOT able to provide one-to-one attended care during the program hours. Participants must be able to operate in a group with at least 10 other children and one adult staff member.
			I understand the program dismisses as follows: Dillon @ 5:20pm, Merrill @ 5:05pm, and RFMS @ 5:50pm each day. I, also, understand students must remain in program until their dismissal time unless previous arrangements have been made with the program staff.
			I understand the program will follow the 21 st CCLC program Behavior Policies outlined in the parent packet. Students will receive a verbal warning first and then the following actions will be taken: <ul style="list-style-type: none"> * 1st Written warning/Phone call to parents * 2nd Written warning/Phone calls to parents/Meeting with parents * 3rd Student will be sent home and dismissed from program Please note: Depending on the severity of the action (the Program Director will decide the severity of that action), a student can be discharged from the program immediately.
			I acknowledge my student will go home from program according to the information provided in the "transportation" section above and that prior arrangements will need to be made in writing if plans change.
			I understand it is the policy of the YMCA that all staff members are mandated reporters and are to follow the guidelines of the Child Abuse and Neglect Reporting Act of 1975.
			I acknowledge that I have received a copy of the parent packet. I agree to abide by the policies and procedures outlined in the packet for my student's participation in the program.

I agree to all the above policies, rules, and procedures of the 21st Century program. I realize that the program is a voluntary program and not required. I also agree to support my student's learning and progression by adhering to the items contained in this packet as well as the parent packet. The program is available for eligible students currently attending Rock Falls District 13 schools.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date