



Communities Closing the Gap



Student Registration

Locations (Please select choice): Institute Church of the Nazarene Haston WLAC
Levi Missionary Baptist Church Annex
Martin Luther King, Jr. Community Center

Student Information:

Name (First) _____ (Middle) _____ (Last) _____ Nickname _____

Grade student will be in 14/15 School Year _____ Name of School _____

Date of Birth _____ Race (optional) _____ Age _____ Gender (circle one) Male or Female

Mailing Address _____ City _____ State _____ Zip Code _____

Parent/Guardian Information:

Parent(s)/Guardian(s) Name _____

Home Phone _____ Work Phone _____

Cell/Pager _____ E-mail Address _____

How will your child get home from the program?

Walk Will pick up Other (describe) _____

Person(s) authorized to pick up child besides parent/guardian _____

Signature of Parent or Guardian Date

We need money and resources to continue to offer your child a high quality after school program. One of the ways is receiving child care payment through Connect Child Care. If you are CONNECT eligible and would like for the after school program to receive these monies, please check yes and you will be contacted by our office.

_____ Yes

I have received a copy of the Communities Closing the Gap Parent/Guardian handbook.

Signature of Parent or Guardian Date



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MEDICAL AUTHORIZATION FORM

Name (First) _____ (Last) _____ (Middle Initial) _____

Physical Address _____ City _____ State _____ Zip _____

Person to be contacted in case of emergency: Name _____

Relationship _____ Phone () _____

Alternate person to be contacted in emergency: Name _____

Relationship _____ Phone () _____

List below any physical condition the instructor of the event should know:
(Reporting such conditions will not prevent child from participating and will be kept confidential)

Allergies/food (explain) _____ Allergic to any drug(s) (explain) _____
Diabetes _____ Heart Condition _____
Epilepsy _____ Convulsions _____
Emotional Upsets _____ Draining Ear _____
Asthma _____ Other Conditions? _____

*List below any medication being taken now (including Aspirin).
Circle any medications listed that your child will be bringing to the program.*

- 1. _____ 3. _____ 5. _____
- 2. _____ 4. _____ 6. _____

Activities child should not participate in

Are there any physical restrictions?

I, being a person authorized by law to give such permission, do hereby give my permission for emergency medical treatment to be given to the person who is the above-named subject of this form. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and, that failing to reach me, all reasonable attempts to contact the alternate listed above will be made, I understand that all reasonable precautions will be taken for safety at all times. I further release the Community Closing the Gap 21st Century Community Learning Centers and all persons associated with this organization from any liability associated with any accident, injury or disease to the person who is the subject of this form.

Signature of Parent/Guardian

Date



Communities losing the Gap



Parental Permission Form

Students Name (Please Print):

First _____ Middle _____ Last _____

Home Address:

Street _____ City _____ State _____ Zip Code _____

The 21st Century Community Learning Centers must provide documentation to the State of WV and Federal Departments of Education concerning progress of the program. Among the information that we may need to access concerning your child is attendance records, Test scores, report cards and/or transcripts. Additionally, we will administer assessments and surveys to maximize our effectiveness in meeting the individual needs of each child and the program. All information obtained is kept strictly confidential, and is reported by student I.D. numbers, not names. Your signature gives us permission to access this information through the Kanawha County Board of Education or your child's school.

Parent or Guardian signature: _____ Date: _____



Internet Access and Media Publishing Release Form

Students Name (Please Print):

First _____ Middle _____ Last _____

On occasion your child may be participating in an activity in which they have the opportunity to access the Internet for tutoring and/or research instruction. These occasions will always be monitored and supervised by his/her instructor. Please initial one of the following choices:

_____ I give permission for my child to access the internet

_____ I do not give permission for my child to access the Internet

During the program, photographs or tapes may be made of students performing various activities. These might be used in the newspaper, brochure and/or our web sites for publicity about the program. Your signature gives us permission to use these photographs or videos in the manners described.

I hereby give permission to use the following information on the PAAC and/or Communities Closing the Gap Web sites, the newspaper and/or brochures (initial that you approve):

_____ Student's photo

_____ Student in group photo

Parent or Guardian's Name (Please print): _____

Parent or Guardian's Signature: _____ Date: _____

**Evaluation of West Virginia's 21st CCLC Program, 2014-2015
Informed Consent Form for Parents or Guardians**

I understand that the afterschool program in which my child, _____, participates will be evaluated by the West Virginia Department of Education (WVDE) to examine the effectiveness of the statewide 21st Century Community Learning Center (21st CCLC) before/after school programs. My child's regular classroom teacher will be asked to complete a short survey about my child's performance in school.

Also, I understand that WVDE evaluators and/or WVDE's designated agent will access achievement test score data (WESTEST 2/Smarter balance), cognitive gains, and other output data for regularly participating students in the afterschool program in order to determine overall student performance and change from year to year. There will be no direct compensation given to anyone for participating, although participation may help to improve West Virginia's 21st Century Community Learning Center programs.

Evaluation findings may be shared with policymakers, researchers, educators, parents and other interested persons through various means, such as conference papers, journal articles, books, and presentations. Names and identifying characteristics will not be used in any publication of evaluation findings. Data collected for evaluation purposes are stored in compliance with international requirements for access, security, and redundancy. Data are stored for up to five years in an encrypted format in a centralized, electronically and physically secure server. All electronic data of a personal nature are safeguarded and available only to those project leaders, evaluators, and technologists having a need to know within the specific criteria as set forth in the approved project plan.

Information provided for the evaluation will be held in strictest confidence, and I understand that I am free to withdraw permission for my child's participation in the evaluation at any time by notifying the staff at my child's before or after school program, and that there will be no negative consequences from WVDE or from the program as a result of this withdrawal. My signature on this consent form indicates my understanding of the evaluation and my willingness to have my child's teacher complete a survey and to allow evaluator's access to my child's WVEIS number for purposes of this evaluation. The program staff member's signature indicates that he or she has explained the purpose of the evaluation to the teachers and students and informed my child that he or she may withdraw from participation at any time with no negative consequences. If you would like a copy of this form for your records please contact your Program Director.

If you have any questions about the program, you may contact the before/afterschool program staff member named below, or Josh Asbury (304) 872-6440, Ext: 15 or Benitez Jackson (304) 256-4712, Ext. 1118 of the West Virginia Department of Education.

Child's Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

21st CCLC Staff Member: _____

Program Name: _____

Site Name: _____ Date: _____

Site Phone: _____