

Deadline for application  
9/14/23

NYS 21<sup>st</sup> Century Community Learning Centers (CCLC)  
Creating Rural Opportunities Partnership (CROP) Enrollment Form

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School Name \_\_\_\_\_ Year: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents'/Guardians' Full Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mother/Guardian – Phone #: \_\_\_\_\_ Work # \_\_\_\_\_

Email address: \_\_\_\_\_

Father/Guardian – Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency Medical Information**

If I cannot be reached in an emergency, I hereby give my permission to the physician/hospital selected by the CROP Program to secure proper medical treatment for my child.

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

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

**Allergies and/or Special Needs** – Does your child have any special diet, health, or behavioral/emotional needs? If yes, please describe below: *All information is confidential and is used by program staff to ensure safety of students.*

Allergy/Special Need	Action to be taken

**Emergency Contacts / Authorized Adults for Student Pickup**

Name	Phone	Relationship to child	May this person pick up your child? (yes/no)	
			For Emergency?	For Daily Dismissal?

**Is there anyone who MAY NOT pick up your child? If so, please list below:**

Name	Relationship to child

**Bus Pickup/Dropoff Locations** (If your student will require bus transportation)

Location (home, babysitter, etc.)	Physical Address

**Student Attendance and Arrival/Dismissal Plan: Summer School Year**

√	Day	Arrive via... (bus from ????, parent dropoff, walk, etc.)	Early pick up (Time)	Depart at regular time via... (parent pick up, bus to ????, walk, etc.)
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			

**Please Note:** Any change in this dismissal plan on a daily, weekly, or permanent basis **MUST** be given to the Site Coordinator **IN WRITING** by the parent or guardian.

# CROP STUDENT DATA REQUIREMENTS AND SURVEY/INTERVIEWS CONSENT

Creating Rural Opportunities Partnership (CROP) after-school program is funded by the 21<sup>st</sup> Century Community Learning Centers grant. This is a federal grant that requires evaluation and data collection to monitor the effectiveness of the after-school program and ensure its future success. Through evaluation, we hope to learn how after-school services help students, and how they can be improved to meet the grant requirements.

Any information that is collected will be used only to assess the after-school program and will not be made public. Participating in the evaluation will not affect your child in school, in the after-school program, or in any other way. We will not use your name or your child's name in any report.

I understand that my child's academic, behavioral, attendance, and engagement information will be shared with the New York State Education Department and its lawful contractors, to measure and evaluate the quality and implementation of the local 21<sup>st</sup> Century Community Learning Center (21<sup>st</sup> CCLC) program as well as the effectiveness of New York State's program in supporting student growth, as required by Title IV, Part B of the Every Student Succeeds Act (ESSA) [see general sections 4205 (b) and 4203 (14)].

I understand that my child and I may be asked to participate in surveys and/or interviews about the 21<sup>st</sup> CCLC program and its effects.

- I give permission for my child to participate in surveys, focus groups or interviews (as ability and age allows) about the afterschool program and its effects, including the Short-term Student Outcomes Survey. **YES NO**
- I give consent for my child to be photographed, or video-taped while in CROP for educational material, promotional articles, or any other lawful purpose. **YES NO**
- Information regarding my child's special learning needs can be shared by my child's school of enrollment with CROP program staff on a need-to-know basis for my child's educational benefit. **YES NO**
- I prefer to receive  paper or  electronic communications from the CROP program.

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

## Parent/Guardian Memo of Understanding:

I have been given a Parent Handbook that provides information regarding the CROP Program, and I am aware of the policies explained within. I agree to comply with the policies outlined in the handbook and will fulfill my responsibilities to provide current and accurate emergency information to CROP staff. I will encourage my child to participate fully and with appropriate behavior in activities and events planned by staff. I understand that failure to fulfill these requirements may result in my child becoming ineligible to remain in the program.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Student Memo of Understanding:

I understand that I am expected to learn and follow the CROP program rules. If I choose not to follow the rules, I may have to leave the program. The policy for discipline will be: 1) Verbal warning. 2) Conference with Site Coordinator and parent/guardian. 3) Extended time out of program or release from the program.

RULES TO REMEMBER: 1) Respect yourself. 2) Show respect for adults and peers. 3) Respect school property. 4) Follow the school's rules of conduct. 5) Be helpful to others in the program. 6) Have Fun.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

(A parent may sign for a kindergarten or first grader indicating they have explained this to their child.)