



Anchorage 21st Century Community Learning Centers
2017-2018 Program Application
Alaska Native Cultural Charter School
Tel : 742-1370 Option 1

Student Information		Parent/Guardian #1 Information		Parent/Guardian #2 Information	
First Name		First Name		First Name	
Last Name		Last Name		Last Name	
Birth Date		Relationship		Relationship	
Male <input type="checkbox"/> Female <input type="checkbox"/> Grade :		Home Phone		Home Phone	
Is student Hispanic or Latino? Yes <input type="checkbox"/> No <input type="checkbox"/>		Work Phone		Work Phone	
Regardless of response to the question above, select one or more of the race categories:		Other Phone		Other Phone	
American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/>		Email Address		Email Address	
Nat Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>		Street Address		Street Address	
Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/>		City State Zip		City State Zip	
For Office Use Only		SE (SWD) <input type="checkbox"/> IEP <input type="checkbox"/> SN(504) <input type="checkbox"/> ELL <input type="checkbox"/> F/R <input type="checkbox"/> CIT <input type="checkbox"/> MIG <input type="checkbox"/>			
State ID		Other ID		Teacher	
				Enrolled Date	
				Withdrawal Date	

Dismissal & Transportation Home		The following individuals have permission to pick up my child:			
At dismissal time, my child has my permission to :		Name		Relationship	Phone #
<input type="checkbox"/> Walk Home	<input type="checkbox"/> Other :	Name		Relationship	Phone #
<input type="checkbox"/> Take the Bus, Route #	Bus Stop :	Name		Relationship	Phone #
<input type="checkbox"/> Be Picked up	I understand that I will need to come inside & sign out my child each day. Initial: _____	The following individual DOES NOT have permission to pick up my child:			
		Name		Relationship	Phone #

Emergency Contacts - If I cannot be reached, please contact the following individuals:					
Name	Relationship	Phone#	Name	Relationship	Phone#

Medical Contacts -		
The school nurse will share health history information with the Community Learning Center staff on a need-to-know basis to ensure the safety of the students.		
Primary Doctor	Phone #	Prescription medication needed during program?
Please list any allergies, medical conditions, or special accommodations needed:		

Program Policies & Requirements - Please check <input type="checkbox"/> each line to indicate that you fully understand each item.
<input type="checkbox"/> Daily participation (Monday through Friday, 3:30-5:30 P.M.) is required during scheduled program dates and times by all students enrolled in this program.
<input type="checkbox"/> You MUST notify the Community Learning Center staff if your child will be absent from the program.
<input type="checkbox"/> Excessive absences, unexcused absences, or excessive early pick-ups may result in your child being dropped from the program.
<input type="checkbox"/> Students MUST leave the school when activities are over at 5:30 P.M. Staff is not available to monitor students after 5:30 P.M.
<input type="checkbox"/> Parents and students must follow all regular school-day rules and policies of the Anchorage School District as they relate to behavior, dress code, safety, tobacco, drugs, etc.
<input type="checkbox"/> Security of all personal items against loss or damage is the responsibility of the student and/or parent/legal guardian.
<input type="checkbox"/> Student and/or parent/legal guardian will be held responsible for any loss/damage of any school materials/property associated with the participant.
<input type="checkbox"/> Students must abide by all school rules. Proper attitude and behavior are required at all times. The Community Learning Center Coordinator has the right to suspend/expel any student who exhibits improper conduct.
<input type="checkbox"/> Some lessons and activities require supervised computer and Internet use. All District rules and policies apply.

Student Name	Teacher	Grade	ID
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Permissions - Responses are necessary before participation.

Field Trips - Field trips may be provided during the 21st CCLC After-school Program.

- ❖ Advance notice of any field trips will be given and the parent/guardian may allow/disallow a student's participation at that time.
- ❖ A signed permission slip must be returned by the date specified on the form.
- ❖ Proper supervision will be provided. Parents are encouraged to volunteer to help.
- ❖ Participation is contingent upon proper attitude and behavior both during school and After-school.

My child may participate
 My child may not participate

Media Coverage - The Community Learning Center and/or media representatives may take pictures of students as they participate in the program.

- ❖ Student's photograph, voice, and/or name may be used in various media projects, such as flyers, newsletters, newspaper articles, PR videos, radio and television spots, web page design, etc. for the 21st CCLC After-school Program.

My child may participate
 My child may not participate

Survey

The Anchorage School District administers surveys to students throughout the year and uses the results to plan activities and programs to benefit students. In fact, the funding of some of our programs depends on having valid information on student opinions and experience. The 21st CCLC is required to conduct the survey below of participating students in Grades 3-6 once a year.

Under current law, Chapter 63, SLA99, school districts are required to obtain written permission for any survey or questionnaire that will be administered during the upcoming school year. At this time, the Anchorage School District, 21st Century Community Learning Center Program is planning to conduct the following survey during the 2017-2018 school year. Notification of any additional survey instruments will be given no less than 2 weeks prior to administration.

I GIVE MY APPROVAL to the Anchorage School District 21st CCLC to administer the survey as outlined below to my child this year.

I DO NOT GIVE MY APPROVAL to the Anchorage School District 21st CCLC to administer any surveys to my child during the school year.

The following is an example of the questions that will be asked in the 21st CCLC After-school Program Survey:

Coming to this program has helped me to.....		Yes	Kind of	Not really
Academics:	Improve my grades in school	___	___	___
	Participate more in class activities	___	___	___
	Become more interested in going to school	___	___	___
	Get along better with my classmates	___	___	___
	Spend more time doing my homework	___	___	___
Life Skills:	I am better at making friends	___	___	___
	I am better at telling others about my ideas & feelings	___	___	___
	I am better at listening to other people	___	___	___
	I make better decisions	___	___	___
Positive life choices:	I am better at solving problems	___	___	___
	Do better at saying 'no' to things I know are wrong	___	___	___
	Stay out of trouble	___	___	___
Sense of self:	Avoid violence and fighting	___	___	___
	Feel better about myself	___	___	___
	Feel that I have more control over things that happen to me	___	___	___
Sense of future:	Learn I can do things I didn't think I could do before	___	___	___
	Think about my future	___	___	___
Opportunity:	Set goals for myself	___	___	___
	Try new things	___	___	___
Garden Project:	Do things here I don't get to do anywhere else	___	___	___
	Know what plants need to live	___	___	___
	Learn how to grow plants	___	___	___

Waivers

- ❖ I hereby waive on behalf of myself and the student named above, any liability of the Anchorage School District or 21st CCLC organizationally or for any of its officers, agents, employees, or volunteers for injuries sustained during the program.
- ❖ I hereby accept legal responsibility for the student named above in the event of an injury or illness.
- ❖ I hereby accept financial responsibility for the student named above in the event of injury or illness.
- ❖ For and in consideration of the opportunity and privilege of appearing in or participating in one or more video or audio recordings, sound tracks, films, photographs, or written articles, the parent/guardian hereby consents to the use and editing thereof and release the Anchorage School District and its employees and assignees from any and all claims resulting from such use and editing in District media, and use, sale, editing, and release to the newspapers, radio and television stations; and use on a web page.

I have filled out both sides of this form completely and provided a response to each section. My child and I understand and agree to all policies, requirements and conditions.

Signature of Parent or Guardian

Printed Name

Date