



(To be completed by Program Director)

Date Received _____ Start Date _____

Eagles Nest Summer Enrichment Program

21st Century Community Learning Center 2021-22 Enrollment Application

STUDENT INFORMATION: *Please complete a separate application for each student.*

NAME _____ SCHOOL _____

BIRTHDAY _____

MM/DD/YY

GRADE _____

AGE _____

SEX: ☐ M ☐ F

BROTHERS & SISTERS ENROLLED IN SCHOOL

Last Name

First Name

Middle Name

Grade

PARENT/GUARDIAN'S: *Call this parent/guardian FIRST.*

(Last)

(First)

(Middle)

Relationship to Student

Street Address, City, State, Zip Code

Email Address

Work Phone

Home Phone

Cell Phone

Call if parent/guardian can't be reached.

(Last)

(First)

(Middle)

Relationship to Student

Street Address, City, State, Zip Code

Employed By

Email Address

Work Phone

Home Phone

Cell Phone

For each question below, if more space is needed, please explain on a separate piece of paper and attach it to this application.

STUDENT NAME: _____

Is there a separation, divorce or custody concern of which our staff should be aware? ☐ No ☐ Yes

Is any person prohibited from picking up the child by a court order? If yes, attach a copy of the court order and an explanation.

_____ Prohibited Person's Name	/	_____ Relationship to Child
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EMERGENCY CONTACT and PICK-UP AUTHORIZATION:

Persons other than parents/guardians.

List the person(s) you authorize to pick up your child or that you authorize Eagles Nest staff to contact to pick up your child, if neither parent/guardian on Pages 1&2 can be reached and: 1) you have neither picked up your child by Eagles Nest closing time nor telephoned the Eagles Nest Program director to confirm that an Eagles Nest staff member can stay at the site until you arrive; 2) you child is sick or injured but does not require immediate or major medical attention and you cannot be reached in a reasonable time (i.e. a low-grade fever, nausea or minor injury).

In the event of a medical emergency, 911 will be called to secure medical treatment for your child. If neither parent/guardian on Pages 1 & 2 can be reached, the emergency contacts listed below will be called to help our staff locate a parent/guardian and/or to meet your child at the medical facility.

If none, then write "NONE" in space below.

Name	Relationship to Child	Work Phone	Home Phone	Cell Phone
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MEDICAL and OTHER NEEDS:

It is very important that we know if your child has a health concern (allergy to bee stings or foods, diabetes, seizure disorder, ect.), fears, or is receiving special services for any conditions. What conditions should we know about?

Will your child need any medication during Eagles Nest Program on a regular ☐ No ☐ Yes*

basis? **(If YES, please request Authorization to Administer Medication Form.)*



Eagles Nest Summer Enrichment Program

PARENTAL/GUARDIAN AGREEMENT 2021 – 2022 School year

My signature below indicates...

1. I understand that standards of student behavior that apply to school sites, off-site school-sponsored activities, and any form of transportation, apply during the Eagles Nest Afterschool program. Standards include, but are not limited to the NGA Student Handbook, policies and procedures, and school rules and procedures.
2. I understand that in the event of a medical emergency, 911 will be called to secure medical treatment for my child. I agree that an Eagles Nest Program staff member may authorize emergency personnel to provide care in the event that neither parent/guardian may be contacted immediately. I understand the parent/guardian is responsible for medical expenses associated with the emergency.
3. I will provide written notification to Eagles Nest Program Director a minimum of one week before I withdraw my child from Eagles Nest Program.
4. I give my permission for my child to participate fully in Eagles Nest program activities.

I, the undersigned, swear that all information is true and accurate to the best of my knowledge.

Signature

Date

Relationship to Child

2021 – 2022 School Year

Eagles Nest Responsibility Contract

Students, Parents/Guardians, Eagles Nest Staff and Volunteers all share the responsibility to establish and maintain an effective climate for learning.

As a parent/guardian, I will:

Show respect and support for my child, the staff, and
volunteers Support the discipline policy
Attend parent workshops
Talk with my child each day about his or her day at Eagles Nest
Let my child see me read
Share all evaluations of progress and achievement with Eagles Nest Staff
Adhere to attendance policy

Parent Signature: _____

Date: _____ As a student, I will:

Always try to do my best work and believe that I can and
will learn Be kind and helpful to my peers
Obey all rules and show respect for myself, the facilities, and other
people Show respect for property by not stealing or vandalizing
Come to Eagles Nest prepared each day
Spend at least 30 minutes reading at home each day Talk with my parents each day
about my activities Represent Eagles Nest well when traveling off-site by showing
respect to people and Property

Student Signature: _____ Date: _____

Eagles Nest Program Staff will:

Show respect for each child and his or her family
Make efficient use of learning time and provide meaningful and appropriate activities Provide a
safe and comfortable environment that's conducive to learning
Help each child grow to his or her fullest potential
Provide necessary assistance to parents so they can help their child Enforce Eagles Nest rules
fairly and
consistently Use special activities to make
learning enjoyable
Demonstrate professional behavior and a positive attitude

Staff Signature: _____

Date: _____



Eagles Nest Summer Enrichment Program

CONSENT FORM FOR TAKING, STORING, AND USING IMAGES OF EAGLES NEST STUDENTS, VOLUNTEERS, AND STAFF

2021 – 2022 School Year

Eagles Nest wishes to take photographs or videos of pupils, staff members, parents and/or volunteers for a variety of reasons ranging from archive records to press coverage of achievements. In order to comply with the Data Protection Act 1998, we are required to seek the permission of individuals, parents and/or guardians before recording and using such images.

I give permission for Eagles Nest 21st Century CCLC Program to:

1. Use, re-use, make derivative works, publish, and/or re-publish the photographs, in whole or part, individually or in conjunction with other photographs, in any medium throughout the world and for any purpose whatsoever, including (but not limited to) the NGA website, illustration, promotion, print media, television and multimedia.
2. Use my and/or the organization's name in conjunction therewith, as Eagles Nest in its sole discretion as it so elects.

I hereby release and discharge Eagles Nest, its employees, attorneys, licensees and assigns, from any and all claims and demands arising out of or in connection with the use of the photographs, including all claims for libel or violation of rights of publicity, privacy or copyright.

Please check one:

_____ I am over the age of eighteen years and I have read, understood and agree with the foregoing

_____ I represent that the person appearing in the photograph is a minor and that I am the parent or legal guardian of the minor and that I have read, understood and agree with the foregoing.

Parents, Subject, or Photographer's Signature

Date

Minor's Name (if applicable-under 18)



Eagles Nest Summer Enrichment Program

2021 – 2022 School Year

Please read the following and sign indicating you have read and understand all policies:

1. **Physical Activity**– I permit my child to participate in physical activity as part of the 21st CCLC program.
2. **Field Trips** – I permit my child to attend countywide 21st CCLC program field trips and for all others will sign a separate authorization form.
3. **Image release** — I authorize photographing or digital images to be taken of my child to promote the 21st CCLC program.
4. **Transportation**–I understand and agree that for the 21st CCLC program to transport my child to and from designated drop off and pick up points. Pick up and drop off points will be determined prior to my child attending the program.
5. **FERPA/HIPPA**– I understand the 21st CCLC program staff may have access to my child's medical and academic information but will ensure privacy under federal law is maintained.
6. **Indemnity** – I understand that the 21st CCLC program activities may involve inherent risks, and I hereby assume all risks and hazards incident to my child's participation in the 21st CCLC program. I further waive, release, absolve, indemnify directors, participants, coaches and referees, as well as all persons or parents transporting participants to and from 21st CCLC activities, from any legal claims, liabilities, damages and costs for any physical injury or damage to my personal property or my child's participation in any 21st CCLC activity.
7. **Personal Items**: I understand that the 21st CCLC program is not responsible for any personal items lost or stolen at the 21st CCLC programs.
8. **Inclement Weather**– I understand that programs aren't available when school is closed due to inclement weather.
9. **Internet**: I give authorization for my child to gain access to the Internet or have Email/Internet communications in compliance with 15 USC §Chapter 91, The Children's Online Privacy Protection Act and Title XVII, the Children's Internet Protection Measures.
10. **Medical**: In the event of an emergency, I give authorization for the 21st CCLC program to contact emergency medical personnel

I have read and understand all the policies stated and have received a copy.

Parent Signature: _____

Date: _____

The parent/guardian signing above represents by executing this document that he or she has the full authority to give permission for the minor child to participate in this program and intends unconditionally for the fiscal agent of this 21st CCLC program to rely upon this representation for all purposes related to the program.