



# After School Program Application

Submitting this application does not guarantee enrollment.



**September 24 – June 7**  
**Each school day until 5:30pm**



**Join us for a FREE, fun-filled year of reading, science, technology, engineering, arts and math!**

## Select a program site:

- Crestview Heights 541-270-5550
- Sam Case 541-992-0512
- Siletz Valley Schools 541-444-1100
- Taft Elementary 541-264-0865
- Toledo Elementary 541-270-5486

**Priority enrollment will go to those needing academic support,  
as identified by referral from District staff.**

**STAFF NAME:** \_\_\_\_\_

**Bus service is available. Complete T4 form  
included in this application for bus service.**

**21<sup>ST</sup> CCLC Partner Site: Neighbors for Kids (Depoe Bay) 541-765-8990**  
Call for sign up information

**RETURN COMPLETED APPLICATION TO SCHOOL OFFICE**

21<sup>ST</sup> CCLC programs are contingent on Federal funding. New application must be submitted each year. Submitting an application does NOT guarantee a spot in program. Staff will notify you of enrollment status.



# After School Program Application

Submitting this application does not guarantee enrollment.



Child 1 first & last name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

What grade is your child in now? \_\_\_\_\_ School \_\_\_\_\_

Teacher: \_\_\_\_\_

Is your child on an IEP?  Yes  No Is your child on a 504?  Yes  No

Child 2 first & last name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

What grade is your child in now? \_\_\_\_\_ School \_\_\_\_\_

Teacher: \_\_\_\_\_

Is your child on an IEP?  Yes  No Is your child on a 504?  Yes  No

Child 3 first and last name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

What grade is your child in now? \_\_\_\_\_ School \_\_\_\_\_

Teacher: \_\_\_\_\_

Is your child on an IEP?  Yes  No Is your child on a 504?  Yes  No

Child 4 first & last name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

What grade is your child in now? \_\_\_\_\_ School \_\_\_\_\_

Teacher: \_\_\_\_\_

Is your child on an IEP?  Yes  No Is your child on a 504?  Yes  No

**Names of Parents/Guardians:** \_\_\_\_\_

**We MUST be able to contact you for emergencies during program. Please let us know when phone numbers change.**

**Personal Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Resident Address (not a PO box)** \_\_\_\_\_

**Mailing:** \_\_\_\_\_

The after school program will provide meals/snacks. **Please list all food restrictions:** \_\_\_\_\_

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### How will your child get home from program?

	CAR PICK-UP	WALKER	BUS <i>Must fill out bus T4 form- see next page.</i>	OTHER INSTRUCTIONS <i>If student has permission to leave early, specify the time here.</i>
MON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THURS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**Note: Changes to this plan must be made in writing and signed by parent/guardian.**

### Emergency contacts and those designated to pick up student:

*Inform others that they must come in and sign your child out when picking up, and be prepared to show ID unless they already know staff.*

**Remember to keep all phone numbers updated-we must be able to contact someone in case of emergency.**

**MUST HAVE AT LEAST TWO EMERGENCY CONTACTS**

<b>NAME</b>	<i>Permission to pick up child? <input type="checkbox"/>Yes <input type="checkbox"/>No</i>		
Relationship to child			
Physical Address			
Personal Phone		Work Phone	
<b>NAME</b>	<i>Permission to pick up child? <input type="checkbox"/>Yes <input type="checkbox"/>No</i>		
Relationship to child			
Physical Address			
Personal Phone		Work Phone	
<b>NAME</b>	<i>Permission to pick up child? <input type="checkbox"/>Yes <input type="checkbox"/>No</i>		
Relationship to child			
Physical Address			
Personal Phone		Work Phone	
<b>NAME</b>	<i>Permission to pick up child? <input type="checkbox"/>Yes <input type="checkbox"/>No</i>		
Relationship to child			
Physical Address			
Personal Phone		Work Phone	



## Behavior Guidelines

### **Be Safe**

### **Be Respectful**

### **Be Responsible**

After school program is different than the school day, in that we do not have extra staff or specialists on hand to deal with extreme behavior issues. In order to have a safe and fun environment for all, participants are required to follow these guidelines.

By signing below, you are stating that you understand and agree to the following conditions for your child's participation, and that you have discussed these guidelines with your child:

- I understand if my child is not being safe, respectful and responsible, staff will take actions to ensure the program is a healthy and safe environment for all. Actions may include having child immediately picked up from the program, talking with student and/or parent, using district behavior intervention strategies, or being unenrolled from the program for the remainder of the year.
- I understand, and have discussed with my child, that he/she is expected to participate in all program activities. If student refuses to participate, staff may dismiss your child from the program for the remainder of the year.
- I understand that if my child has 5 or more unexcused absences, my child may be unenrolled from the program for the remainder of the year. Please contact staff on the days your child will not be attending.
- I understand that my child is to be picked up on time every day, unless other transportation arrangements have been made.
- I understand that if I am repeatedly late for pick up, my child may be unenrolled from the program. I also understand that police and/or DHS may be called if there is no contact with center staff within a half hour of release time.
- I understand that participation is subject to LCSD behavioral policies.

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

Date \_\_\_\_\_

21st Century After School Program

Request for Transportation Services T4
Mid Columbia Bus Company

School \_\_\_\_\_ Date \_\_\_\_\_

STUDENT INFORMATION

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_ Teacher \_\_\_\_\_
Please Print

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Street Address (No PO Box numbers)

Home Phone \_\_\_\_\_ Other Phones \_\_\_\_\_

BUS STOP INFORMATION

PRIMARY Circle day(s) of the week
EXISTING STOP: M T W TH F
Print Name of Existing Bus Stop from Route Sheet
AM RT #
PM RT #

SECONDARY Circle day(s) of the week
EXISTING STOP: M T W TH F
Print Name of Existing Bus Stop from Route Sheet
AM RT #
PM RT #

REQUEST A Circle day(s) of the week
NEW STOP: M T W TH F
Print Address of Requested New Bus Stop
AM RT #
PM RT #
\*(Requires MidCo approval)

Notes \_\_\_\_\_

KINDERGARTEN BUS RIDERS

All Kindergarten students must be met by an adult at the bus stop. Please list adults who we may release your student to. If one of these adults is not present to meet the Kindergarten rider, it could lead to suspension of bus riding privileges.

Table with 4 columns: Print Name, Phone #, Print Name, Phone #. Includes lines for entering adult names and phone numbers.

APPROVALS

Note: Changes to this plan must be made in writing and signed by the Parent/Guardian.

Parent/Guardian ~ Signature Date Principal/Designee ~ Signature Date
Parent/Guardian ~ Print Name \*Head Bus Driver ~ Signature Date

- School Instructions: \*COLOR
Enter T4 into SIS (Flag G35)
Keep original T4 in school office notebook
Send copy of T4 to MidCo at main Toledo/Burgess office
Give copy of T4 to student to give to bus driver

- MidCo Instructions:
Log T4 on driver check sheet
Log T4 on dispatch check sheet
Place duplicate T4 in route driver box
Follow T4 checklist and place T4 in route book

\*COLOR: Copy Kindergarten T4s on light yellow paper. Copy all other T4s on light blue paper.

