



Project Dream - 21st Century Community Learning Center
Registration 2014-2015

Child's Name: _____

Male Female

School: West Park LCMS

Age: _____ Birth Date: _____ Grade: _____

Mother's Name: _____

Father's Name: _____

Child lives with: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

Home Phone: _____ Cell Phone : _____

Email: _____

Emergency Contacts if parents cannot be reached:

1. _____ Phone: _____

2. _____ Phone: _____

Child's Doctor: _____ Phone: _____

Allergies: _____

Other: _____

The following people have permission to pick up my child:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Please describe any special requirements your child may have:

Primary Language spoken at home: English Spanish Other: _____

Transportation:

_____ My child will walk/bike home from 21stCCLC afterschool program

_____ My child will be picked up from 21stCCLC afterschool program

_____ My child will take the bus home from 21stCCLC afterschool program to:



21st Century Community Learning Center at West Park

Please number the days from 1-5, that you would like your child to attend the after school program. We will do our best to honor your request, but due to limited funds and space, each child will only be able to attend the after school program **two days a week**. A letter will be sent home informing you which days you child may attend. After school programming at West Park will begin on the week of September 8th from 3:30-5:40pm.

Monday _____

Tuesday _____

Wednesday

1:00-3:30_____

3:30-5:40_____

Thursday _____

Releases

I give my student permission to participate in the 21st Century Community Learning Center Project Dream activities including field trips. This permission is good for the 2014-2015 school year.

Parent/Guardian Signature: _____ Date: _____

I, _____, parent of _____ in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a participant in the Lake County School District interscholastic activities programs, and hereby waive on behalf of myself and the above named child any liability of the school district, any of its agents or employees, arising out of such medical treatment.

I am aware that participating in Project Dream recreational activities (the "**Activity**") can be dangerous, and does or may involve risks of injury, loss, or damage. I further acknowledge that such risks may include such things as bodily injury, personal injury, sickness, disease, death, and property loss or damage. I acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances, including but not limited to the following risks: Equipment used in the Activity may break, fail or malfunction, despite reasonable maintenance and use. Some of the equipment used in the Activity may inflict injuries even when used as intended. Persons using equipment may lose control of such equipment and cause injury to themselves or others. Although adult personnel involved in supervising or conducting the Activity will use their best judgment in determining how to react to circumstances that arise during the Activity, such personnel may misjudge such circumstances.

I agree that the Lake County School District, its officers, employees, and insurers ("**Released Parties**") are **NOT RESPONSIBLE** for my child's safety in connection with my child's participation in the Activity. Being fully aware of the risks, conditions and hazards of my child's participation in the Activity, and that certain risks, conditions and hazards associated with participation in the Activity, may be unknown by me when I sign this Agreement, **I HEREBY AGREE TO WAIVE, RELEASE AND DISCHARGE** the Released Parties from all liability for claims for bodily injury, personal injury, sickness, disease, death, and property loss or damage, of whatever kind or nature, that may accrue to me or my child after signing this Agreement as a result of my child's participation in the Activity, whether such injury, loss or damage was foreseeable or not, or was caused by the act, omission, negligence, carelessness or other fault of the Released Parties, or from any other cause.

Parent/Guardian Signature: _____ Date: _____

In accordance with §13-22-107(4) of the Colorado Revised Statutes, this agreement shall not be construed to permit a parent acting on behalf of his or her child to waive the child's prospective claims against the Lake County School District, its officers and employees, for a willful and wanton act or omission, a reckless act or omission, or a grossly negligent act or omission.

We occasionally photograph activities and students. The photos may be published in the newspaper, used on television, or posted on the school web site. We will not allow this without your permission as parents or guardians. Please fill out the information below indicating your preference by checking the appropriate line.

_____ I give permission for my child to be photographed at school and in activities.

_____ I DO NOT give permission for my child to be photographed at school and in activities.



Project Dream - 21st Century Community Learning Center

The purpose of this program is to provide a positive fun learning environment for children. Disrespectful behavior will not be tolerated. The staff is expected to show respect to students at all times and the students are expected to show respect to staff and other students at all times.

Students are expected to follow the same rules as regular school hours as outlined in the "Lake County School District R-1 Code of Conduct" handbook.

If there is a minor problem, such as back-talking or disrupting the class, the student will be referred to the program director where they will be given the opportunity to think about alternative behavioral choices. They will be given three opportunities to adjust their behavior. If they cannot show respect to students and staff after three chances, they will be dismissed from the program for the semester.

If there is a major problem, such as physical aggression or destruction of property, the student will be suspended or dismissed from the program and consultation with the principal will take place to determine if consequences during the regular school day are needed.

Attendance Policy

If a student has more than two unexcused absences s/he will be removed from the club. If there is a waiting list at that time, s/he will be placed on the bottom of the waiting list if they want to rejoin the club.

Bus Policy

The bus rules are in place to keep everyone safe. If a student does not following the bus rules, they will be given one warning (parents will be called). If there is a second incident the student will be suspended from riding the bus for a determined amount of time.

Child Name: _____ Date: _____

Child Signature: _____

Parent Name: _____

Parent Signature: _____