



## **21<sup>st</sup> Century Community Learning Center October 9, 2018 through June 7<sup>th</sup>, 2019**

**What is the 21<sup>st</sup> CCLC?** It is an exciting after school program run in partnership between the Schenectady School District and the Boys & Girls Club. The 21<sup>st</sup> CCLC provides opportunities to experience new things, learn, grow, and have fun with peers. The 21<sup>st</sup> CCLC Program offers many things that you might like such as:

- Tutoring
- Project-based learning
- Crafts
- Art, music, dance
- STEM Projects
- College and career exploration
- Special events
- Cooking
- Field trips
- Sports and fitness activities
- Helping others in the community
- Games and chess
- Guest speakers

*The 21<sup>st</sup> CCLC Program offers daily snacks & dinners, plus transportation home, if you usually take the bus.*

### **Site Locations and Times:**

- Schenectady High, Oneida, Central Park, and Mont Pleasant (Monday – Friday, 3:30 to 6:30 p.m.)
- SCLA (Monday – Thursday, 3:30 – 4:30 p.m.) *late bus only*
- Keane (Monday – Friday, 2:15 to 5:15 p.m.)

**How do I Join?** Applications are available in School Offices (SHS, SCLA, CPMS, MPMS, ONEIDA & KEANE) and Boys and Girls Club.

If you have any questions please contact:  
Simone Miranda, 21<sup>st</sup> CCLC Program Coordinator at 518-370-8100 ext. 28138 or  
mirandasi@schenectady.k12.ny.us



**Afterschool Program 2018-2019**  
**Oneida Middle School Membership Application**  
**Student/Member Information**

**START DATE:** \_\_\_\_\_

**STUDENT ID:** \_\_\_\_\_

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_ Member Since: \_\_\_\_\_ Member ID# \_\_\_\_\_

**Head of Household**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  Male  Female Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Employed?  Yes  No

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Other Parent/Guardian**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  Male  Female Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Employed?  Yes  No

Employer \_\_\_\_\_ Title \_\_\_\_\_ Occupation \_\_\_\_\_

**School and Work**

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Student ID \_\_\_\_\_

Free or Reduced Lunch?  No  Free  Reduced

Projected Date of Graduation? \_\_\_\_\_ Received:  HS Diploma  GED  Did not complete

Is member working?  Yes  No If Yes, Place of Employment: \_\_\_\_\_

**Emergency Contact**

Contact #1 Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Phone \_\_\_\_\_ Authorized for Pickup?  Yes  No

Contact #2 Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Phone \_\_\_\_\_ Authorized for Pickup?  Yes  No

**Are there any custody issues? If yes, please specify** \_\_\_\_\_

**Medical Information**

Health Insurance?  Covered  Not covered

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Medications?  Yes  No If Yes, explain: \_\_\_\_\_

Allergies?  Yes  No If Yes, explain: \_\_\_\_\_

Disabilities?  Yes  No If Yes, explain: \_\_\_\_\_

Epi-Pen?  Yes  No

Inhaler?  Yes  No

Other Health Problems, Restrictions or Concerns: \_\_\_\_\_

Permission to be treated by a Doctor/Hospital?  Yes  No

**Household Information**

Family Setting:  Single Parent  Two Parent  Legal Guardian  Foster Home  Other: \_\_\_\_\_

Housing Development?  MacGathan  Steinmetz  Yates Village  South Gate  None

Active Military?  Yes  No DSS?  Yes  No

School Lunch?  Free  Reduced  No TANF?  Yes  No

Food Stamps?  Yes  No Number in Household: \_\_\_\_\_

Medicaid?  Yes  No

Annual Income:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$0-14,999      | <input type="checkbox"/> \$45,000-54,999 | <input type="checkbox"/> \$85,000-94,999  |
| <input type="checkbox"/> \$15,000-24,999 | <input type="checkbox"/> \$55,000-64,999 | <input type="checkbox"/> \$95,000-104,999 |
| <input type="checkbox"/> \$25,000-34,999 | <input type="checkbox"/> \$65,000-74,999 | <input type="checkbox"/> Greater          |
| <input type="checkbox"/> \$35,000-44,999 | <input type="checkbox"/> \$75,000-84,999 | than \$105,000                            |

Member lives with:

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Grand-parent   | <input type="checkbox"/> Foster Home |
| <input type="checkbox"/> Two Parent    | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other _____ |

**Boys & Girls Clubs of Schenectady Member Expectations**

The Boys & Girls Clubs of Schenectady requires each parent/guardian to review and discuss these member expectations with their child.

- |   |                                     |
|---|-------------------------------------|
| ● Play fairly and be honest                   | ● Respect and care for equipment    |
| ● Be respectful of staff and others           | ● Say only good things about others |
| ● Resolve disagreements in a positive manner  | ● Bring my membership card each day |
| ● Follow all rules that apply to my Clubhouse | ● Use appropriate language          |

**Parent Agreement**

I understand and agree that the BOYS & GIRLS CLUBS of SCHENECTADY shall not be responsible or legally liable for any losses of personal property, or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of the BOYS & GIRLS CLUBS of SCHENECTADY, or in connection with any activities of any of its branches or day camp. **I further understand that this is a drop-in program and my child may come and go as s/he pleases unless stated otherwise in specific written program agreements.** In the event of a medical emergency I understand every effort will be made to contact a parent or guardian. If I cannot be reached, I grant permission to the physician selected by staff to hospitalize, secure proper treatment, and order injection, anesthesia or emergency surgery for my child named above. I give my consent for any photographs, in which my child may appear, to be used in promotion of BOYS & GIRLS CLUB activities by the news media or the BOYS & GIRLS CLUBS OF SCHENECTADY. I give permission for release of school records, DSS and for my child to participate in surveys conducted by the BOYS & GIRLS CLUBS OF SCHENECTADY.

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

Child name: \_\_\_\_\_

Attendance: Days I expect my child to attend: Mon\_\_Tues\_\_Wed\_\_Thurs\_\_Fri\_\_

Transportation Permission- If your child is attending the afterschool program they are eligible to ride the late bus home if they currently receive transportation to and from school normally.

\_\_My child will take the late bus home at 6:30pm.

Late bus stop corner \_\_\_\_\_ & \_\_\_\_\_

\_\_My child will walk home when program ends at 6:30pm

\_\_My child will be picked up no later than 6:30pm by \_\_\_\_\_

\_\_Check here if your child receives Special Education transportation services. If yes, please specify:

**FOR OFFICE USE ONLY:**

Date Rcv'd _____	Amount Rcv'd _____	Receipt # _____	Rcv'd By _____
Exp. Date _____	Membership # _____	New _____	Renew _____
Date Entered in DV _____	Enrollment # _____	Entered By Staff _____	