



## **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**  
**SCLA 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: \_\_\_\_\_

**Head of Household**

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

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

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**Other Parent/Guardian**

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

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

Address \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**School Information**

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

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

Free or Reduced Lunch?  No  Free  Reduced

Projected Date of Graduation? \_\_\_\_\_

## 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

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

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## 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

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## Student Expectations

The 21<sup>st</sup> Century Program requires each parent/guardian to review and discuss these member expectations with their child:

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

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

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

Attendance: Days I expect my child to attend: \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs

Transportation Permission- If your child is attending the 21st Century Community Learning Center, 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 4:30pm.

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

\_\_\_ My child will walk home when program ends at 4:30pm

\_\_\_ My child will be picked up no later than 4:30pm by

\_\_\_\_\_

\_\_\_ Check here if your child receives Special Education Transportation Services. If yes, please specify:

\_\_\_\_\_

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