



21st Century Community Learning Center for Bound Brook and Manville Schools
PO BOX 8045, Bridgewater, NJ 08807
Telephone: 908-725-7223 Fax: 908-722-5411 Roosevelt School Cell: 908-947-6275

April 8, 2021

Dear Parents/Guardians,

Thank you for your interest in the 21st Century Community Learning Center. This portion of our 21st Century Program will operate before school hours. The dates for the remainder of the 2021 school year are as follows:

Spring Cycle: Weeks of April 12, 2021 to June 11, 2021

****These dates are set based upon the school calendar- if for any reason they need to be changed we will notify you****

General information about the program is listed on the following page for your review. Enclosed you will find the registration packet and program information. We are looking forward to building a partnership with you and your family this year. Please complete and return the necessary paperwork to us as soon as possible. Feel free to contact me with any questions or concerns at 908-725-7223 ext 405 or to roosevelt21stcclc@middleearthnj.org. Thank you for your consideration in this matter and I look forward to working with you!!

Please complete packet and return either to the school office or or via email by Thursday April 15, 2021.

Sincerely,
Maggie Navatto
Project Director

Rebecca Lyons
21st CCLC Lead Site Coordinator



"This project was funded in its entirety with federal funds under the *Every Student Succeeds Act, Title IV, Part B, 21st Century Community Learning Centers (21st CCLC)*, through a grant agreement with the New Jersey Department of Education."

21st CCLC Morning Programming
April – June 2021
REGISTRATION

GENERAL INFORMATION

- The 21st CCLC will be held in **Roosevelt School** and is for students in grades 3rd and 4th graders.
- Students will report directly to the multipurpose room upon entering the building.
- The program will be held from 7:45 AM to 9:00 AM, Monday through Friday, during the school year.
- There will be no cost for this program.
- The in person program on Mondays-Friday provides both academic remediation and enrichment, as well as character education, physical education and recreational opportunities in a supervised and positive environment, as follows:
 - Welcome/Breakfast 7:45am- 8:15am
 - Mindfulness: 8:15am - 8:30am
 - Activity Time: 8:30am- 8:55am
 - Dismissal to classroom: 8:55am- 9:00am
- Students will have the opportunity to participate in a variety of enrichment activities/clubs on a daily basis. All students will participate in character education and physical education activities on a weekly basis.
- Students will be released to their teacher at 9:00 am from the program.

FILL EACH PAGE OUT COMPLETELY OR YOUR CHILD WILL NOT BE ACCEPTED INTO THE PROGRAM

Please PRINT requested information in BLACK OR BLUE ink. Please send completed forms to the Main Office at school or to Maggie Navatto/Middle Earth 21st CCLC, PO Box 8045, Bridgewater, NJ 08807.

Child's Last Name _____ First Name _____

School _____ Grade _____

Birth Date _____ Sex _____

Race (please circle): African American Asian Hispanic White Other _____

Language spoken at home (please circle): English Spanish Other (specify) _____

What is your child's lunch status? (please circle) Free Reduced Paid

What cohort is your child in? (please circle) Cohort A or Cohort B

1) Parents/Guardian Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Parent/Guardian Employer _____ Work Phone Number _____

Email Address _____

2) Parents/Guardian Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Parent/Guardian Employer _____ Work Phone Number _____

Email Address _____

Which parent/Guardian should be contacted first in the event of an emergency? _____

EMERGENCY LOCAL CONTACTS:

List **at least three** adults (over age 18), with different phone numbers, to be called in the event of an emergency if parents cannot be reached. Contacts are expected to act on behalf of parents. Parental permission to pick up the child is implied. Contacts should be available at the indicated LOCAL phone number during 21st CCLC hours. Contacts should be made aware that they are listed.

1. Name _____ Home Phone Number _____

Relation to Child _____ Cell Phone Number _____

Can this person pick up your child without prior notification? [] Yes [] No

2. Name _____ Home Phone Number _____

Relation to Child _____ Cell Phone Number _____

Can this person pick up your child without prior notification? [] Yes [] No

3. Name _____ Home Phone Number _____

Relation to Child _____ Cell Phone Number _____

Can this person pick up your child without prior notification? [] Yes [] No

FILL EACH PAGE OUT COMPLETELY OR YOUR CHILD WILL NOT BE ACCEPTED INTO THE PROGRAM

MEDICAL INFORMATION:

SPECIAL CARE INFORMATION: Please share relevant information that would be useful in meeting your child's needs. If you answer Yes please explain.

Allergies: [] Yes [] No

If Yes: _____

Medical conditions/disabilities: [] Yes [] No

If Yes: _____

Current medications/dosage: [] Yes [] No

If Yes: _____

Medication information is for emergency medical personnel. 21st CCLC staff members are not permitted to administer medication.

Does your child require: Epi-Pen [] Yes [] No Inhaler [] Yes [] No

Does your child have any social, emotional, speech, language, academic, family situations, etc. that we should be aware of? [] Yes [] No

If Yes: _____

Do you have a family Doctor? [] Yes [] No

Childs
Physician _____

Address _____ Phone Number _____

Do you have Health/Medical Insurance? [] Yes [] No **If Yes Please Complete the Following 2 Lines:**

1. Family's Insurance Co. _____

2. Insurance Policy Number _____

Publication Permission / Media Release Form

Please have a parent/guardian or participant over the age of 18 select from the following options below.

_____ **I GRANT MIDDLE EARTH PERMISSION** to publish photos of _____ (Print Child's Name Here) on the agency's social networking sites (i.e. website, facebook, brochures etc.).

_____ **I DO NOT GRANT MIDDLE EARTH PERMISSION** to publish photos of _____ (Print Child's Name Here) on the agency's social networking sites (i.e. website, facebook, brochures etc.).

_____ **I GRANT MIDDLE EARTH PERMISSION** to publish written or spoken statements from _____ (Print Child's Name Here) on the agency's social networking sites (i.e. website, facebook, brochures etc.).

_____ **I DO NOT GRANT MIDDLE EARTH PERMISSION** to publish written or spoken statements from _____ (Print Child's Name Here) on the agency's social networking sites (i.e. website, facebook, brochures etc.).

_____ Please **DO NOT** include my child's name in any publication.

I understand that the press release, publication, websites, and/or other media resources have a large audience and my child's photo or statement will be available to the general public. I further understand that Middle Earth assumes no liability or responsibility whatsoever concerning any consequences of such use. I have the right to give this permission as I am the child's parent or legal guardian. I understand that if I give notice to Middle Earth that I object to any particular publication on the website, it will be removed as soon as possible.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____
(Participants over the age of 18 can sign for themselves)



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ENROLLMENT AGREEMENT

2020-2021 School year

THIS PAGE MUST BE SIGNED OR YOUR CHILD CANNOT ATTEND OUR PROGRAM

My child will participate in the 21st CCLC for the school from April 12, 2021 – June 11, 2021. When my child is accepted by the 21st CCLC, we understand that this is a contract which includes the following provisions:

1. The 21st CCLC staff will assume full responsibility for my child from the time he/she signs into the program until they sign out at dismissal time. Each child will be checked in upon arrival. Any child who has reported to 21st CCLC will be released from the program to their teacher at 10:20am.
2. I will contact the 21st CCLC cell phone (908-947-6275) to report my child's absence from program due to illness, vacation or other circumstance. For my child's safety, I understand that I will be contacted every time my child attends school but does not sign in at the program.
3. The 21st CCLC Office must be notified, in writing, of home address changes, work or home phone number changes for myself and my emergency contacts.
4. If a medical emergency arises, the 21st CCLC staff will first attempt to contact me. If I or the emergency contact cannot be reached and the emergency is such that immediate medical attention is necessary, my child will be treated by Professional Emergency Personnel.

I agree to adhere to the Middle Earth 21st Century Community Learning Center Program Enrollment Agreement and the policies and procedures. I give my child permission to participate fully in these programs. Failure to abide by any part of this agreement may result in dismissal of my child(ren) from the program.

Student Name

Parent Name

Parent Signature

Date



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Release of Information

Each year the Department of Education requires the 21st Century Community Learning Center to hire an outside evaluator to assess the effectiveness of the program. In order to do this the evaluator needs access to student data that includes grades, test scores, lunch status, etc. No names are given to the evaluator, all he will see is the data provided per grade level.

By Signing below I agree to give Middle Earth access to the following information about my child:

- Report Card Grades
- Standardized Test Scores
- Behavioral Information
- School Attendance Information
- Free/Reduced Lunch Status
- IEP (If Applicable)
- 504 Plan (If Applicable)

Student Name

Parent Name

Parent Signature

Date

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