



21<sup>st</sup> Century Community Learning Center for Manville Schools

PO BOX 8045, Bridgewater, NJ 08807

Telephone: 908-725-7223 Fax: 908-722-5411 Roosevelt School Cell: 908-947-6275

August 12, 2019

Dear Parents/Guardians,

Thank you for your interest in the 21st Century Community Learning Center. The 21st Century Program operates during after school hours and has been in operation since October 1, 2007. The dates for the 2019-2020 school year are as follows:

Fall Cycle: Weeks of September 4, 2019 to December 19, 2019

Winter Cycle: Weeks of January 2, 2020 to April 9, 2020

Spring Cycle: Weeks of April 14, 2020 to June 12, 2020

General information about the program is listed on the following page for your review. We are currently accepting registration for the Fall Cycle. Enclosed you will find the registration packet and program information. Enrollment in the 21st CCLC Program is strong and space is limited to **45 students**; therefore, we encourage you to register before September 9, 2019.

**Program fees are \$30 per student per month and will be billed monthly (September – June).** If you have questions or difficulties regarding these fees or need information about our sliding scale please contact program staff.

After the Fall Cycle has begun, new registrations will be accepted for the Winter Cycle, if space is available. Students who miss the cut-off will be placed on a waiting list and will be enrolled into the program as space becomes available throughout the year. **Registration information and pricing for the Summer Cycle will be provided to parents as the dates approach.** Please keep in mind that five business days are required to process registrations before students may attend the program.

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 or to [blyons@middleearthnj.org](mailto:blyons@middleearthnj.org). Thank you for your consideration in this matter and I look forward to working with you!!

Sincerely,  
Rebecca Lyons  
21st CCLC Lead Site Coordinator

Arelis Salazar  
21st CCLC Assistant Site Coordinator

**21<sup>st</sup> CCLC Roosevelt School 2019/ 2020**  
**September 2019 – June 2020**

**REGISTRATION**

- Enrollment in the 21<sup>st</sup> CCLC Program is available on a first come, first served basis. The program will become closed after **45students** have registered. A wait list will be instituted for students who register after the program is filled.

**GENERAL INFORMATION**

- The 21<sup>st</sup> CCLC Fall Cycle will be held in **Roosevelt School** and is for students entering grades 3rd, 4th, 5th, and 6th.\*\*  
**\*\* Students in 5th and 6th grade may attend until their 12th birthday. At that time the student may then go to our drop in center held at ABIS. Students coming from ABIS will be bussed over to Roosevelt by the district and a Middle Earth Staff will ride with them.**
- Students will report directly to the Gym following school dismissal.
- The fall program will begin on September 4, 2019 and will be held from 2:35 PM to 5:40 PM, Monday to Friday, during the school year.
- There will also be an additional 4 week program offered in the summer.
- The program costs \$30 per student per month regardless of days attended (September – June). Summer pricing will be announced at a later date.
- The program on Mondays-Fridays provides both academic remediation and enrichment, as well as character education, physical education and recreational opportunities in a supervised and positive environment, as follows:
  - 2:35 PM-3:25 PM            Snack and Recreation time
  - 3:30 PM-4:30 PM            Academics/ Tutoring/ Homework time
  - 4:35 PM -5:35 PM           Programs, groups and club time
  - 5:35 PM- 5:40 PM           Social time and Dismissal

Academic remediation is conducted by certified Manville district teachers. The remainder of the program will be implemented by Middle Earth staff, and other youth serving specialists. A trained counselor from Family and Community Services also participate in the program.

- Students will have the opportunity to choose from a variety of enrichment activities/club to participate in on a daily basis. All students will participate in character education and physical education activities on a weekly basis.
- Parents and families are invited to come in on seven Friday evenings throughout the school year for FAMILY FUN NIGHT. Family Fun Night activities will include a variety of games, sports, speakers and other entertainment, such as a display of student performances, artwork or other successes, which were accomplished through participation in the 21<sup>st</sup> CCLC Program. A light dinner will be provided to all participants.
- A CALENDAR OF EVENTS WILL BE SENT HOME TO PARENTS PRIOR TO EACH CYCLE TO ENSURE AMPLE TIME FOR SCHEDULING.
- Nutritious snacks will be provided every regular program day.
- Bills will be sent out Monthly. Payment is expected within 14 days of receipt of the bill.

**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 Becky Lyons/Middle Earth 21<sup>st</sup> CCLC, PO Box 8045, Bridgewater, NJ 08807.

Childs 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) \_\_\_\_\_

Are there any days your child will not be able to attend program?  Yes  No

If Yes: What Days? \_\_\_\_\_

**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? \_\_\_\_\_

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

**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 child is implied. Contacts should be available at the indicated LOCAL phone number during 21<sup>st</sup> 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. 21<sup>st</sup> 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 \_\_\_\_\_

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

**Dismissal Instructions:**

Dismissal is at 5:40 PM on regular school days.

I give my child permission to walk home at dismissal.

I give my child permission to walk out to the car

I do NOT give my child permission to walk home at dismissal. I authorize the following adult(s) to **COME INSIDE AND SIGN MY CHILD OUT** at dismissal:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

\*\*\*\*\*

**Permission to be photographed:**

I give permission for my child to be photographed during the 21<sup>st</sup> CCLC program, to be featured in the 21<sup>st</sup> CCLC Program brochure, 21<sup>st</sup> CCLC or Middle Earth website, social or news media, promotional materials, or in PowerPoint presentations.

I do NOT give permission for my child to be photographed during the 21<sup>st</sup> CCLC program, to be featured in the 21<sup>st</sup> CCLC Program brochure, 21<sup>st</sup> CCLC or Middle Earth website, social or news media, promotional materials, or in PowerPoint presentations.



21<sup>st</sup> Century Community Learning Center for Bound Brook and South Bound Brook Schools  
PO BOX 8045, Bridgewater, NJ 08807  
Telephone: 908-725-7223 Fax: 908-722-5411 Lafayette Cell: 908-625-0650

## ENROLLMENT AGREEMENT

2018-19 School year

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

My child will participate in the 21<sup>st</sup> CCLC for the school from September 4, 2019 – June 12, 2020. When my child is accepted by the 21<sup>st</sup> CCLC, we understand that this is a contract which includes the following provisions:

1. The 21<sup>st</sup> 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 21<sup>st</sup> CCLC must be signed out by an authorized person by 5:40 PM or must have signed permission to walk home (see above registration form, under Dismissal instructions).
2. I will contact the 21<sup>st</sup> 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 21<sup>st</sup> 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 21<sup>st</sup> 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.
5. I give my permission for my child to participate in walks and field trips. Specific details will be provided.

I agree to adhere to the Middle Earth 21<sup>st</sup> 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.

Please continue to the next page ----->

**Release of Information**

Each year the Department of Education requires the 21<sup>st</sup> 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)

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Student Name

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Parent Name

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Parent Signature

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Date