What is a 21st CCLC Program?

- Authorized under Title IV, Part B of the Elementary and Secondary Education Act, as amended by the No Child Left behind Act of 2001.
- Provides federal funding for the establishment of community learning centers that provide academic artistic and cultural enrichment opportunities for children, particularly students who attend high-poverty and low-performing schools, in order to meet state and local standards in core academic subjects such as reading, math, and science.
- Also intended to offer students a broad array of activities and to include families and the community in the educational process.
- The No. Child Left Behind Act of 2001 recognizes that improved student achievement occurs when communities implement programs that are scientifically proven to be effective.
- Committed to ensuring that students have access to high quality and engaging enrichment activities that truly support their learning and development.
- Initiative further stresses the importance of diverse groups and organizations working together to strengthen school and community networks to help students and families succeed.
- Extended learning opportunities are a critical part of the continuum of learning that promote student achievement and school improvement.

Program Goals

- To assist youth in meeting state standards for core academic subjects by providing students with academic enrichment opportunities before school, after school and/or during holidays or summer recess.
- To offer participants a broad array of other services and programs such as art, music, recreation activities, character education, career and technical training, drug and violence prevention programming, and technology education.
- To provide educational services for families of participating students, such as literacy instruction, computer training and/or cultural enrichment.
- To ensure that both youth and their families have decision-making roles in the creation, operation and evaluation of every 21st CCLC.
- To mobilize school, community and private sector social and health services support and resources in order to remove barriers that impede students’ learning.
Bears Den Application
2017-2018 School Year

Student Name: ____________________________________ Grade: _________

Parent/Guardian: _______________________________ Phone____________________

Parent/Guardian: _______________________________ Phone____________________

Does the Student have any allergies? (Please list them below)

________________________________________________________

Emergency Contact______________________ Relationship to Student___________

Phone #1 ______________________________ Phone #2________________________

Emergency Contact______________________ Relationship to Student___________

Phone #1 ______________________________ Phone #2 _______________________


I hereby authorize the following individuals to pick up my child from the Bear's Den.

<table>
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<tr>
<th>Please include parent and guardian names</th>
<th>Relationship to Child</th>
<th>Phone Number</th>
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**Statistical Information**

The following questions are being asked to gather statistics that will allow us to measure our success on various levels. We appreciate your cooperation in answering these questions.

Student Name: ______________________________________________
Grade: ________________
Gender: ___ Male ___ Female
Primary Language: English Spanish Creole
Date of Birth: ________________________
Single Parent Family: ___ No ___ Yes (Father) ___ Yes (Mother)
Ethnicity: ___ White ___ Asian ___ African American ___ Hispanic ___ Multiple
ATTENDANCE POLICY

Students should be in attendance any day that they attend school. The program is developed to assist students in Homework, Small Group Tutoring, and Personal Enrichment. Attendance for the entire 3 hours is important for student success. Additionally, because the program is grant funded it is important that we are offering services to our families and students as described in our grant. Therefore the following policies will be enforced.

1. No more than 3 absences will be permitted in one month. This does not include excused absences for doctors and dentists appointments. Documentation must be provided for these to be excused.
2. 3 early dismissals will count as an absence. Students should be in attendance all 3 hours.
3. 5 late arrivals will count as an absence examples of late arrival are listed below
   a. Signing in after clubs and extracurricular activities
   b. Signing in after sports

Parent Survey

Please answer the following questions if your student has already participated in 21st Century. If not please select “I don’t know”.

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<th>Curriculum, School Readiness, and Early Learning</th>
<th>Highly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Slightly Agree</th>
<th>I don’t know</th>
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<tr>
<td>The Bears Den program is a great benefit for my child</td>
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<td>The Bears Den program are caring, reliable, skilled educators</td>
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<td>The Bears Den program is a safe place, physically and emotionally</td>
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<td>I read to/with my child at home every day or night</td>
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**General Satisfaction**

Overall, are you satisfied with the quality of the program for your child and your family?
PARENT/GUARDIAN STATEMENT

- I understand that the program is only available to students in grades 3-8 and enrollment will be limited.
- I understand the program dates are
  - School Year – August 28, 2017 – June 1, 2018
  - There will be no program on early release days and closed dates
- I understand children may only be picked up by the individuals specified and must be picked up no later than 7:00pm. The individual picking up the child must provide proof of identification if requested. If this occurs they must be on the approved individuals or the student will not be released.
- I understand if I wish for my child to walk home I must give written permission. Failure to comply will result in my child no longer being able to participate in the program.
- I understand all North Broward Academy of Excellence and Broward County Public School rules and regulations are in effect during the program and participants must abide by them.
- I understand attendance is important. Students may only attend 21st CCLC programs if they have attended regular school that day. Students are expected to actively participate and stay for the entire program each day in order to receive the full benefit. Students who have (3) unexcused absences per month may be removed from the program. Excused absences for medical appointments or illness will require a medical note.
- I agree to participate in a minimum of 5 parent workshops a year.
- I have read the 21st CCLC participation documents and understand the commitment the school and I are making to my child’s future.

I hereby give my permission for __________________________ to become a member of the 21st Century Learning Center the Bears Den. I have read and reviewed the general rules of the North Broward Academy of Excellence and Broward County Schools and understand this is a school sponsored Center/Event. I agree that the school shall not be responsible for any personal injuries or losses sustained while at the school or as the result of any sponsored activities. If necessary and I cannot be contacted I hereby authorize the staff of the school to obtain emergency medical care for the above youth.

______________________________________________________________

Parent Signature Date
PHOTO RELEASE FORM

I hereby grant North Broward Academy of Excellence the unrestricted right and permission to use and re-use my likeness in a video and/or photograph in any and all publications, including web sites entries or any other form of electronic or print communication, for Government, educational or non-commercial purposes without payment or any other consideration, in perpetuity. I understand and agree that any materials produced using my likeness are the property of (North Broward Charter Schools) and will not be provided to me.

I further hereby irrevocably authorize North Broward Academy of Excellence to crop, edit, otherwise alter, copy exhibit, publish or distribute this photograph for any lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge North Broward Academy of Excellence from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have but reason of this authorization.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I agree to indemnify and hold North broward Academy of Excellence harmless for any and all loses, claims, and expenses, suits, cost, demands, and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whatsoever made, arising out of the photographed activities in which I am taking part.

I hereby certify that I am the parent or guardian of __________________________, and do hereby give my consent without reservation to the foregoing on behalf of this person.

___________________________________________________________________________

Parent or Guardian’s Signature                                      Date
MEDICAL RELEASE FORM

Student Name:_____________________________________________

In the event of a medical emergency, I give permission for School Personnel to authorize whatever treatment is necessary and I will accept liability for payment for any bills related to the treatment.

Effective Dates: August 28, 2017 – June 1, 2018

Parent/Guardian Printed name: ________________________________
Parent/Guardian Signature: ________________________________

Insurance Company: ________________________________
Policy Number: ________________________________

Date: __________________

Please list any medical conditions or special needs and medication information in the space below. Medications will be administered by either CSUSA or appropriate medical personnel in the case of an emergency.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
PARTICIPATION BEHAVIOR CONTRACT

I have read and understand the rules for the Bears Den Program. I agree to follow these rules.

I also understand that if I break these rules, I may be subject to disciplinary action.

_____________________________________________________________________________
Parent/Guardian Signature                          Date

_____________________________________________________________________________
Student Signature                                 Date

Behavior Step Process

➢ 1st Offense: Teacher Intervention at the classroom level. Parent contact by classroom teacher.
➢ 2nd Offense: Teacher Intervention at the classroom level. Parent contact by classroom teacher.
➢ 3rd Offense: Site Coordinator or Program Director talks with student and will notify verbally or through writing. Student will be suspended from program for one day.
➢ 4th Offense: Site coordinator or Program Director conferences with student and parent verbally or in writing. Student will be suspended from the program for three days.
➢ 5th Offense: Student will be withdrawn from program.

The Bears Den will reference the Broward County Discipline Matrix when determining consequences for actions/behaviors.
TRANSPORTATION OPTION

Please sign ONLY if you wish for your student to be able to walk home.

Walking Permission

My signature below indicates that I give 21st CCLC “Bears Den” permission to release my student to walk home without liability to the center.

____________________________________________________________________________________________________

Parent Signature Date

LIABILITY RELEASE

By signing below, I as the parent/guardian of a student enrolled in the 21st CCLC “The Bears Den”, hereby release Charter Schools USA, North Broward Academy of Excellence, “The Bears Den” staff, and all volunteers of any liability regarding the participation of my child in this program, including injuries, damages, and/or losses resulting from participation in “The Bears Den” activities.

I understand that the same policies, rules and guidelines that apply during the school day apply for Bears Den activities including behavior and dress and should my child’s behavior become a problem, he/she will not be allowed further participation.

I give permission for my child’s photo to be taken in any form and to be introduced in any educational or promotional materials used by “Bears Den” or their partners.

______________________________________________________________________________________________

Parent/Guardian Signature Date

______________________________________________________________________________________________

Student Signature Grade Level