

August 2022

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 2022-2023 school year are as follows:

Fall Cycle: Weeks of September 12, 2022 to December 22, 2022

Winter Cycle: Weeks of January 3, 2023 to April 6, 2023 Spring Cycle: Weeks of April 17, 2023 to June 16, 2023

The program will be held at Smalley School. Students attending program from Community School must walk over to Smalley! They must sign in by 3:15pm.

General information about the program is listed on the following page for your review. Enclosed you will find the registration packet and program information. Enrollment in the 21st CCLC Program is for students in 3rd, 4th, 5th, 6th, 7th and 8th grade and we encourage you to register as soon as possible. Once the program is full we will begin a waitlist.

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.

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. Thank you for your consideration in this matter and I look forward to working with you!!

Sincerely, Rebecca Lyons 21st CCLC Project Director





21st CCLC Smalley School 2022/ 2023 September 2022 – June 2023

REGISTRATION

• Enrollment in the 21st CCLC Program is available on a first come, first served basis.. A wait list will be instituted for students who register after the program is filled.

GENERAL INFORMATION

- The 21st CCLC Fall Cycle will be held in **Smalley School** and is for students entering grades 3rd, 4th, 5th, 6th, 7th and 8th.
- Students will report directly to the cafeteria following school dismissal.
 - o Students attending Community School must walk over to Smalley at dismissal.
 - o Students attending Community School must sign in by 3:15pm.
- The fall program will begin on September 12, 2022 and will be held from 2:40 PM to 5:40 PM, Monday to Friday, during the school year.
- The program costs \$30 per student per month regardless of days attended (September June).
- 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:

0	2:40 PM- 3:30 PM	Snack and Recreation time
0	3:30 PM- 4:30 PM	Academics/ Tutoring/ Homework time
0	4:30 PM -5:30 PM	Programs, groups and club time
0	5:30 PM- 5:40 PM	Social time and Dismissal

Academic remediation is conducted by certified Bound Brook 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 participates in the program.

- A calendar will be sent out monthly explaining events, meetings, and closures so that families have ample time to plan.
- 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.





FINAL PAGE MUST BE SIGNED OR YOUR CHILD CANNOT ATTEND PROGRAM

PLEASE 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 21st CCLC, PO Box 8045, Bridgewater, NJ 08807.

Last Name	First Name
School	Grade
Birth Date	Sex
Race (please circle): African American As	ian Hispanic White Other
Language spoken at home (please circle): Er	nglish Spanish Other (specify)
Are there any days your child will not be able to	attend the program? [] Yes [] No
If Yes: What Days?	
Is there any other pertinent information you wo	ould like us to know about your child?[] Yes [] No
If Yes: What Days?	



Child's Information:



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

Parent/ Guardian Information:

City	State	Zip	
Home Phone Num	ber	Cell Phone Number	
Employer		Work Phone Number	
Email Address			
Parents/Guardian	Name		
Street Address			
City	State	Zip	
Home Phone Num	ber	Cell Phone Number	
Employer		Work Phone Number	
Email Address			





PLEASE 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 your 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	Phone Number
	Relation to Child	
	Can this person pick up your child without prior not	ification? []Yes [] No
2.	Name	Phone Number
	Relation to Child	-
	Can this person pick up your child without prior not	ification? []Yes [] No
3.	Name	Phone Number
	Relation to Child	-
	Can this person pick up your child without prior not	ification? []Yes [] No





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

Medical 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 CCL	C 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 be aware of? []Yes [] No If Yes:		
Do you have a family Doctor? []Yes []No		
Child's Physician:	_	
Address:	Phone Number:	
Do you have Health/Medical Insurance? []Yes []N	No If Yes Please Complete the Following 2 Lines	5:
1. Family's Insurance Co		_
2. Insurance Policy Number		





PLEASE 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 disr	missal.
[] I give my child permission to walk out to the ca	ır
[] I do NOT give my child permission to walk hom INSIDE AND SIGN MY CHILD OUT at dismissal:	e at dismissal. I authorize the following adult(s) to COME
Name	Relationship
Name	Relationship
Name	Relationship
*************	*********
Mentoring	
	et with a Middle Earth mentor once per week during the le to receive one on one time to work with a mentor on that the students may be facing, etc.
Yes, I would like my child to participa program.	te in lunch time mentoring during Middle Earth's summe
No, I would not like my child to partic summer program.	cipate in lunch time mentoring during Middle Earth's





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 (and its collaborators) PERMISSION to publish photos and/or videos _____ (Print Child's Name Here) on the agency's social of__ networking sites, website, promotional material, and printed material. [] I DO NOT GRANT MIDDLE EARTH (and its collaborators) PERMISSION to publish photos and/or videos of (Print Child's Name Here) on the agency's social networking sites, website, promotional material, and printed material. ______ [] I GRANT MIDDLE EARTH (and its collaborators) PERMISSION to publish written or spoken statements from (Print Child's Name Here) on the agency's social networking sites, website, promotional material and printed material. [] I DO NOT GRANT MIDDLE EARTH (and its collaborators) PERMISSION to publish written or spoken (Print Child's Name Here) on the agency's statements from social networking sites, website, promotional material, and printed material. [] 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: _____ Date: _____



Participant Signature: _____ Date: _____



ENROLLMENT AGREEMENT

2022/2023 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 September 12, 2022- June 16, 2023. 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 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 21st CCLC cell phone (908-566-6334) to report my child's absence from the 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.
- 5. I give my permission for my child to participate in walks and field trips. Specific details will be provided.
- 6. I have read and received a copy of the Information to Parents document prepared by the Office of Licensing, Child Care & Youth Residential Licensing in the Department of Human Services.
- 7. I have read and received a copy of the Discipline and Expulsion Policy for the Program, which is contained within the 21st CCLC Parent Manual.

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





I agree to adhere to the Middle Earth 21st Century Community Learning Center Program Enrollment Agreement and the policies and procedures listed in the parent handbook and student handbook. 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.

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

