



For Office Use Only

Date Received: _____ Received by: _____



21st CCLC Parent Agreement

Dear Parents,

Your child has been accepted in the 21st Century Community Learning Center (CCLC) After School Academic Program (ASAP) for the _____ school year. The following guidelines for the program will be in effect for the year. Please read this agreement and acknowledge acceptance of these terms with your signature.

Regarding attendance, late fees, and transportation, I understand that:

- The program’s operating hours are 2:10 p.m. until 6:00 p.m. (elementary schools) and 4:15 p.m. until 6:45 p.m. (middle schools), Monday through Friday. The high school program is held 3:30 until 6:30 p.m., Monday through Thursday.
- I am responsible for picking my child up from the program if transportation is not provided. If my child is not picked up by the program’s ending time, I am responsible for paying \$1.00 per minute per child for each minute late which must be paid at pick-up. If my child is not picked up by 7:00 p.m. and I have not notified ASAP staff of an emergency, custody of my child will be turned over to legal authorities.
- Elementary and middle school students are only allowed five (5) unexcused absences per semester. High school students must attend 45 days per semester to receive course credit. If my child exceeds the allowed number of absences and proper documentation has not been provided, he/she will be dismissed from the program. School absences and suspensions will be counted toward ASAP absences.

Regarding discipline, I understand that: My child may stay in the program if acceptable behavior is exhibited. Discipline problems will not be tolerated. If my child is disruptive, disrespectful to authority, abusive or threatening to other students in any way, he/she may be dismissed from the program.

Regarding serious emergencies or illness, I understand that: The program will attempt to contact me or an authorized person listed on my child’s registration form. If the ASAP staff is unable to reach me or my designee, I hereby authorize ASAP staff to take whatever action is reasonable to provide the necessary help for my child, including contacting emergency medical services or transporting my child to a medical facility.

Regarding services, I understand that: Program activities are designed for students who are able to participate independently in age-appropriate activities within a 1:15 teacher/student ratio. Failure to disclose any information affecting your child’s participation in group activities may result in his/her dismissal from ASAP.

Regarding homework, I understand that: The program provides designated times for enrichment activities and homework. During homework time, staff is available for assistance. **Though reasonable efforts will be made, staff is not responsible for ensuring that all homework is complete and correct.**

Regarding parental involvement, I understand that:

- I am required as parent/guardian to attend at least 2 parent workshops during the program year
- I am to support the program by attending special functions and activities

Regarding program promotions, I understand that: I hereby give permission for my child or me to be photographed while participating in ASAP activities for 21st CCLC promotional purposes.

Regarding data collection and evaluation, I understand that: I am giving permission for data relative to my child and me to be entered into the data collection system for program evaluation purposes. The information will be available to the 21st CCLC site where my child attends. I understand that all information provided will remain confidential.

I have read, understand and agree to all policies and procedures as indicated on this agreement form.

Child’s Printed Name	Parent/Guardian Signature	Date
Parent – yellow copy	Student file – pink copy	