

Greencastle Community Learning Center



Greencastle Community Schools

Deborah Rode - Site Coordinator

After School Program Registration

STUDENT INFORMATION

Last Name _____ First Name _____ Current Grade Level _____

Relevant Medical Issues:

Students will participate in recreational activities, so it is necessary to list any and all medical conditions pertaining to your child in order for staff to appropriately manage students.

Allergies: _____

Medical Conditions: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian(s) _____ Home Phone _____

Email _____ Cell Phone: _____

Place of Employment _____ Work Phone _____

I hereby give permission for my child/children to participate in the Greencastle Community learning Center activities & use bus transportation or provide my child/children transportation. Please indicate whether your child will be using transportation provided or other:

_____ Bus _____ Parent / Guardian Pick-up

Emergency Contact Information: (Please list at least one emergency contact besides yourself & best phone number. Only the individuals listed are authorized to pick up my child. Please print.)

Primary Contact _____ Relationship to Child _____ Phone _____

Secondary Contact _____ Relationship to Child _____ Phone _____

Other Contact _____ Relationship to Child _____ Phone _____

I understand that the Greencastle Community Learning Center (GCLC) is supervised by a site coordinator, GCLC Staff, and volunteers. I understand that my child/children will participate in extra-curricular activities. By signing this liability form, I hereby relieve the Greencastle Community School Corporation and the Greencastle Community Learning Center of all responsibility beyond that of normal supervision:

Signature: _____ Date: _____

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21st Century Community Learning Centers – Parent Release of Records and Information Consent Form

The Indiana Department of Education would like to collect data on activities and events taking place in classrooms, schools and school related programs throughout the state. The Family Educational Rights and Privacy Act (“FERPA”) requires the IDOE and 21stCCLC to obtain prior written consent from the parent, guardian or eligible student before releasing any personally identifiable information about a student. The information requested will be used to calculate the impact of the 21stCCLC has on student performance and to meet reporting requirements as a result of receiving state and federal funds.

Greencastle Community Learning Center is dedicated to establishing a community learning center designated to provide students with academic and enrichment opportunities, as well as additional activities to complement their regular academic programs. Quality programs are those that demonstrate a high daily attendance rate and engagement with family members of active participants. Programs that demonstrate these characteristics are more likely to have higher student growth, increased passage rates of local and state assessments and students pursue post-secondary education.

I understand that this authorization is made pursuant to the Family Education Rights and Privacy Act (“FERPA”), set forth in 20 USC §1232g and its regulation in 34 CFR Part 99 (as amended in 2012). Furthermore, I understand that this consent is made pursuant to 34 CFR 99.30(a), which requires that (1) the parent or eligible student’s consent specify the records to be disclosed, (2) state the purpose of the disclosure, and (3) identify the party or parties to whom the disclosure may be made. 1. Records Disclosure: School Registration Information/Demographic Data, Assessment Data, Student Grades, School Day Attendance Data, Survey

Data, Free and Reduced Lunch Status, Education Program Data 2. Disclosure Parties: 21stCCLC 3. 21stCCLC Re-disclosure Parties: Indiana Department of Education, IDOE contracted statewide evaluator, United States Department of Education 4. Purpose of Each Disclosure: Collect data to calculate the impact 21stCCLC has on student performance

All records and information regarding services will be protected by FERPA which govern the exchange of confidential information. The exchange of information will be limited to the authorized staff of the 21stCCLC and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization.

This authorization to receive services from the 21stCCLC and to exchange confidential information shall remain in effect for the period of m student’s enrollment in the 21stCCLC or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the 21stCCLC has already acted in reliance upon this consent. Written revocations shall be sent to: Donovan Garletts, Program Director, Greencastle Community Schools, 1002 Mill Pond Rd, IN 46135, 765-653-9771. I understand the 21stCCLC program requires ten (10) business days to process a request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

I have read this authorization before signing and I fully understand the contents, meaning and impact of this release I also understand that as a condition of program participation by my eligible student, I am required to attend three (3) parent nights during the school program year.

Student Name (please print) _____ Date _____

Parent/Guardian Name of eligible student (please print) _____ Relationship to student _____

Signature of Parent / Guardian _____

*** Please return to the respective school main office in care of Deb Rode, GCLC Coordinator**