



21st Century Community Learning Centers

Murray Elementary

Address: 510 N Dal Paso

School Phone: 575-433-2700

Principal: Nick Bartlett

Site Coordinator: Marsha Campbell

English _____

Received _____

Spanish _____

Approved _____

Other _____

Contacted _____

Grade _____ Teacher _____

Child's Name _____

Primary Guardian _____

Address _____

Home phone _____ Work phone _____

Medications taken: _____

Custody Information:
Allergies (snacks are provided):

People allowed to pick up my child

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

Your child will not start the 21st Century program until you are contacted by the Site Coordinator

I have read and agree to all the information provided to me by the after school staff:

Print Name _____ **Parent/Guardian Signature** _____

Site Coordinator Signature _____ Principal Signature _____

PARENT/GUARDIAN ACKNOWLEDGMENT FORM

The 21st Century Community Learning Center is an out of school time program offered free of charge through a federal grant administered by the New Mexico Public Education Department. Program is Monday, Tuesday, and Thursday afternoons. All 21st Century students must participate on a regular basis. **Failure to attend regularly will result in removal from the program so students on a waiting list can be added**

Your student is expected to meet expectations and participate. We have a "zero tolerance" policy for any weapons or controlled substances. Expectations during the afterschool program are the same as during the traditional learning day and we follow the school district's Code of Conduct Handbook practices/procedures. If a student has a discipline issue, a Discipline Referral Form is completed. Three of these will result in suspension from the out of school time program for three to five days. The fourth notice will result in termination from the out of school time program. **We reserve the right to suspend or terminate a student from the out of school time program immediately, if a student's behavior warrants it.**

MEDICAL AUTHORIZATION FORM

Student's name (please print): First _____ Last _____

Person to be contacted in case of emergency:

Name _____ Relationship _____

Phone _____ Phone _____ Phone _____

Alternate person to be contacted in case of emergency:

Name _____ Relationship _____

Phone _____ Phone _____ Phone _____

Please list below any health-related condition the director of the program should know about your child. *(Reporting such conditions will not prevent your child from participating and will be kept confidential.)*

Allergies/food (explain) _____ Epilepsy _____
Allergic to any drug(s) (explain) _____ Convulsions _____
Diabetes _____ Emotional Upsets _____
Heart Condition _____ Asthma _____
Other Conditions _____

Are there any physical restrictions or activities your child should not participate in? _____

I, being a person authorized by law to give such permission, do hereby give my permission for emergency medical treatment to be given to the student listed on this form. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and, if unable to reach me, all reasonable attempts to contact the alternate listed above will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release 21st Century Community Learning Centers and all persons associate with this organization from any liability associate with any accident, injury or disease to the person who is the subject of this form.

Parent/Guardian Signature _____ **Date** _____

PARENT/GUARDIAN PERMISSION FORM

The 21st Century Community Learning Centers must provide documentation to the New Mexico Public Education Department and U.S. Department of Education concerning progress of the program. We may need to access attendance records, test scores, report cards, and/or transcripts. Additionally, we will distribute surveys to collect information in order to help improve program quality. All information will be strictly confidential. Please select one of the following choices for accessing this information for program quality enhancement purposes.

- I give my permission for the 21st Century Community Learning Center to access my child's grade/assessment and attendance data through my child's school
- I DO NOT give the 21st Century Community Learning Center my permission to access my child's grade/assessment and attendance data through my child's school

- I give my permission for my child to access the internet
- I DO NOT give my permission for my child to access the internet

- I give permission to use my child's photos/videos in the manners described above
- I DO NOT give permission to use my child's photos/videos in the manners described above

Parent/Guardian Signature _____ **Date** _____