

**UMC Youth and Children’s Center**

**2019/20 Student Application/Registration Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Attending (check one):

\_\_\_\_ First UMC Youth and Children’s Center - Eastpoint

\_\_\_\_ Carrabelle Municipal Complex

Program Attending (check one):

\_\_\_\_After- School

\_\_\_\_Summer

Student Name: Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:

\_\_\_\_ M

\_\_\_\_ F

Date of Birth \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering for **2019-20** School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_

Racial/Ethnic Group (check ALL that apply):

\_\_\_\_ American Indian/Alaska Native

\_\_\_\_ Asian/Pacific Islander

\_\_\_\_ Black or African-American

\_\_\_\_ Hispanic or Latino

\_\_\_\_ White or Caucasian American

Does this student come from a single parent family? (check one):

\_\_\_\_ No

\_\_\_\_ Yes (Female headed)

\_\_\_\_ Yes (Male headed)

Has this student been identified as having limited English proficiency? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this student have a special need or disability other than limited English proficiency (Example: ESE)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this student identified as homeless? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this student ELIGIBLE for free or reduced lunch? Yes \_\_\_\_\_ No \_\_\_\_\_

**Student Caregiver(s)/ Authorized Persons for Pick-Up**

Student’s Primary Caregiver(s):

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip Code:\_\_\_\_\_\_\_\_\_\_\_

In addition to the caregiver(s) listed above, I authorize the following individuals to pick-up my child at any time. I know these persons and agree to allow The Nest staff to release my child into their care.

Name Home Phone Cell Phone Work Phone Relation to child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation**

\_\_\_\_\_\_ I, or an authorized person, will pick up my child from the site location each day.

\_\_\_\_\_\_ My child has permission to walk home from the program.

\_\_\_\_\_\_ My child will ride bus home at end of program.

**Student Medical History**

***Please provide copy of immunization records***

Any special medical needs? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corrective lenses for vision? Yes \_\_\_\_\_ No \_\_\_\_\_ Hearing aids or FM system? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any other special needs The Nest staff needs to be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UMC Youth and Children’s Center is a 21st CCLC**

**The Nest Code of Conduct**

\*Students will participate at all times with good attitudes.

\*Students will follow staff directions without arguing.

\*Students will be kind to everyone with their actions and words.

\*Students will keep their hands and feet to themselves.

If a student does not follow these rules, they will be given a time-out from their activity. After two time-outs, a student referral will be written by the staff member. This referral needs to be signed and returned. Consequences will be given and written on the referral form. After four referrals, the child will be expelled from The Nest. Certain behaviors, such as physical violence (in anger or play), threats, or harassment will result in a referral and a suspension from the program for no less than two days.

**Documentation Agreement**

By signing below, I authorize the staff of UMC Youth and Children’s Center, a 21st CCLA, and other media representatives to interview, photograph and/or videotape my child for use in promotional materials, newspaper articles, online news stories on The Nest website, Facebook and for documentation purposes.

**Release of Student Records**

The UMC Youth and Children’s Center is a 21st CCLC program and obtains performance and outcome data from the Franklin County School and Franklin County Learning Center. Data includes, but is not limited to, test scores, MAP scores, report card grades, attendance records and behavior code violations. By signing below, I authorize The UMC Youth and Children’s Center to obtain such data to fulfill the reporting requirements of the 21st Century Community Learning Center grant.

**Selection Criteria**

UMC Youth and Children’s Center, a 21st CCLC, is open to all students in grades PreK-8, with priority provided to those students performing in the lowest 25th percentile on the Fsa reading and/or math sections. The Nest is open to students regardless of race or economic status. I realize that UMC Youth and Children’s Center, a 21st CCLC, is a voluntary program and not required. By signing below, I agree to the above policies, rules and procedures.

**Attendance Policy**

Students who are enrolled in The Nest must make an effort to attend five days a week and stay for the full program day. Funding for The UMC Youth and Children’s Center is based on the number of students attending and the site’s total hours of operation. Students who do not stay for the full time or who come on an irregular basis will not receive all the program’s services and will not be able to complete the required pre, mid and post tests required by the grant to chart students’ improvement.

Excused absences will include those that are excused based on the school district policy. Unexcused absences may result in removal from the program based on available openings. Slots CANNOT be held for students as drop in and those with repeated absences.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application does not automatically place student in program**

**Program will notify parent/guardian if student will be placed in program or waiting list**

**If placed on waiting list, students will be placed in program on first come first serve based on grade level**