

# APPLICATION PACKET

## 21<sup>st</sup> CENTURY PROGRAM

### ST. THOMAS UNIVERSITY

#### PROGRAM CONTACT INFORMATION

**Site coordinator:** Ms. Mary Pino

**Number:** 305-828-1886

**Email:** marypino@materacademy.com

**Program website:** <https://sites.google.com/site/goallevamos/>

This application is for admittance into the St Thomas University 21<sup>st</sup> Century Afterschool Program, at your school. The program will focus on providing you with exciting reading, math, science, enrichment and recreational activities after school and during the Summer Program.

Please fill out and sign the following documents, and respond questions to the best of your ability:

- ✓ Student Information and Student Record Release Form
- ✓ Emergency Contact Information
- ✓ Parental/Guardian Participation Agreement
- ✓ Parent Survey form
- ✓ Consent for transportation
- ✓ Demographics information form

***IF ALL OF THE INFORMATION REQUESTED ON THIS APPLICATION IS NOT INCLUDED  
WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION.***

## WE LOOK FORWARD TO SEEING YOU IN THE PROGRAM!

## STUDENT INFORMATION AND DOCUMENT RELEASE

**Student:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

United States Citizen:  Yes  No School Name: \_\_\_\_\_

Student School ID#: \_\_\_\_\_ Current Grade level: \_\_\_\_\_ Current GPA: \_\_\_\_\_

**Parent Guardian:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

The information you provide to the 21st Century Program and/or St. Thomas University (STU) is for 21<sup>st</sup> Century, STU, and the U.S. Department of Education only. The information provided in this application is necessary to determine eligibility for the program and may be used for research purposes. Only 21st Century, STU personnel and Department of Education personnel have access to these records.

I give consent to release the following information to the 21st Century program as requested:

- Standardized Test Results** (ACT, SAT, SAT II, FWT, FCAT, FSA, PSAT, AP, EOCs, etc)
- Grade and Attendance Reports**
- School Transcripts**

Further, I give consent for 21st Century/St. Thomas University staff and my child's school representatives to discuss my child's academic progress and general school activities for the purposes of identifying needs, coordinating services, and documenting my child's overall scholastic progress.

I consent for 21st Century/St. Thomas University to use photographs or videos of my child for news releases, website postings, publicity, and other information about the program released to the public.

I give consent for my child to participate in all activities during the afterschool, fieldtrip and summer components of the program.

I give consent for this release to remain in effect until my child's participation in the 21st Century program ends, if selected as an 21st Century participant.

\_\_\_\_\_  
Student Signature:

\_\_\_\_\_  
Parent/Guardian Signature:

16401 NW 37<sup>th</sup> Avenue • Miami Gardens, Florida 33054

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Last reviewed: August 2016

## Emergency Contact and Medical Information

### Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
<i>Last Name, First Name</i>	<i>Last Name, First Name</i>
(     )                      (     )	(     )                      (     )
<i>Home Phone</i> <i>Work Phone</i>	<i>Home Phone</i> <i>Work Phone</i>
<i>Address</i>	<i>Address</i>
<i>City, State, ZIP Code</i>	<i>City, State, ZIP Code</i>

### Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies and other Special Health Considerations:	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

## PARENT/FAMILY COMMITMENT TO PARTICIPATE

I/We \_\_\_\_\_ have a child \_\_\_\_\_  
who has been selected to participate in the St Thomas University 21<sup>st</sup> Century Program at his/her  
school \_\_\_\_\_ during after-school hours and Summer Camp.

I/We understand that my/our participation in this program is mandatory in order for my  
child to remain enrolled in this program. My/our participation will consist, at a minimum of  
attending four (5) activities organized by the program during the school year.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date:*

## PARENT/FAMILY LETTER INITIAL SURVEY

1. Are you familiar with the objectives of the 21st CCLC program offered at this school?  
 Yes  No
2. Identify a time where it would be better to schedule parental activities  
 M-F Mornings (between 9am – 12:00pm)  
 M-F Afternoons (between 12pm-5:30pm)  
 M-F Evenings (after 5:30 pm)  
 Weekends (between 10:00am -1:00pm)
3. What activities would you be interested in participating? (You can indicate more than one)  
 Information about the program and its progress  
 College and post-secondary readiness  
 Helping my children academically  
 Finances and budgeting workshop  
 Community resources  
 Immigration workshop  
 Health workshop  
 Strategies for prevention of (bullying, teen violence, drop-out, etc)  
 Other \_\_\_\_\_

## PARENT CONSENT FORM FOR TRANSPORTATION

Any change to the information below must be notified in writing to the 21<sup>st</sup> Century Site Coordinator at your child's school within 3 business days.

**Please check one below:**

- YES  I/we give permission for my/our child to walk home or ride the bus from school after dismissal.
- NO  I/we do NOT give permission for my/our child to walk home or ride the bus from school after dismissal
- YES  I/we will pick up my/our child in front of the school after the program is over at 5:00 pm.

**Please, be aware that if the child needs to be picked up early it is necessary to sign the student out at the time of pick up.**

**Student**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Parent/Guardian:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Student Demographics Worksheet

*2016-2017 Program Year*

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**What is the gender of this student?**

Female       Male

**What is this student's grade level (9, 10, 11, &12)?** \_\_\_\_\_

**How old is this student (use WHOLE numbers only to denote YEARS)?** \_\_\_\_\_

**What is this student's Racial/Ethnic Group?**

- American Indian/Alaska Native
- Asian/Pacific Islander
- Black or African American
- Hispanic or Latino
- White or Caucasian American

**Has this student been identified as having limited English proficiency (LEP or ESOL)?**

Yes     No

**Has this student been identified with a special need or disability other than LEP/ESOL (i.e., ESE)?**

Yes     No

**Is this student identified as "Homeless" according your district definitions?**

Yes     No

**Is this student ELIGIBLE for the free or reduced meal program?**

Yes     No

**Family demographics:**

- Student lives with mother
- Student lives with father
- Student lives with mother and father
- Student lives with guardian