



New York 21st Century Community Learning Centers

SOARING BEYOND EXPECTATIONS

Dear Parent/ Guardian,

I am thrilled to inform you that the 21st Century community learning center at Watkins Glen has partnered with Cornell Cooperative Extension of Schuyler County to offer an exciting after school program to Watkins Glen students in the 3rd to 8th grade. The 21st Century REACH 4-H After School Fall Program will operate from October 1st to December 21st. The program will begin immediately after the school day in cafeteria 2.

The 21st Century grant supports the creation of an after school community learning center that will provide academic enrichment opportunities for your child during non-school hours. The program helps students meet state and school standards in core academic subjects, such as reading and math; offers students a broad array of youth development enrichment activities that can complement their regular academic programs; and offers workshops and other educational services to the families of participating children.

We offer bussing at 5pm and pick up between 5pm and 6pm.

The 21st Century REACH 4-H After School Fall Program will offer 35 minutes of daily tutoring, recreation and enrichment. These enrichments will include Robotics, Forensics, American sign Language and more.

Places are limited and selected participants will be notified. Participation is free, but students are required to attend at least three days a week. Participants will be selected on a first come first serve basis. Once the program is full, a waiting list will be established.

Please feel free to contact me with any questions.

Best Wishes,
Matthew J Bramall
21st Century REACH After School Program Coordinator for Watkins Glen
Cornell Cooperative Extension Schuyler County
(607) 333-0302
mjb527@cornell.edu



Cornell University
Cooperative Extension
Schuyler County



21st Century Watkins Glen Fall Program

21st Century Watkins Glen 4-H Fall Program Enrollment Form

Student Name: _____ Date of Application: _____

Date of Birth: _____ Grade: _____ Gender: Male Female

Racial/ Ethnic Group (check all that apply);

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

Mailing address: _____

I would like my Child to attend the Watkins Glen Fall program (check all that apply):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

CONSENT

I give my child permission to participate in the 21st Century Watkins Glen Fall Program.

Parent/ Guardian signature: _____

21st Century Watkins Glen Fall Program

PARENT/ GUARDIAN CONTACT INFORMATION

Parent/ Guardian #1
(Primary Contact)

Name:

Mailing Address:

Email Address:

Relationship to Student:

Home Phone:

Cell phone:

Work phone:

Parent/ Guardian #2
(Secondary Contact)

Name:

Mailing Address:

Email Address:

Relationship to Student:

Home Phone:

Cell phone:

Work phone:

EMERGENCY MEDICAL TRANSPORTATION

In the event of illness or an accident requiring immediate medical care permission is granted for emergency medical transportation and treatment. I, _____, give permission to the Watkins Glen Fall staff to call 911 and arrange transportation of my child to/ from the closest medical facility, hospital or Physician's office.

Parent/ Guardian signature: _____ Date: _____

Hospital Preference: _____

Pediatrician/ Family Physician: _____

Phone Number: (____) - ____ - _____

It is understood that every effort will be made to contact the parent and/or guardian promptly, however, in an emergency situation where a parent and/or guardian cannot be reached please contact the following:

Contact 1

Contact 2

Name: _____

Name: _____

Address: _____

Address: _____

Phone: (____) - ____ - _____

Phone: (____) - ____ - _____

HEALTH INFORMATION

This confidential health information will only be used to ensure the safety of the children in this program. Please provide

your child's medical history (if, yes please specify).

Allergies to food: Yes ___ No ___ Specify _____

Behavioral/Emotional: Yes ___ No ___ Specify _____

Physical Disabilities: Yes ___ No ___ Specify _____

Corrective Device: Yes ___ No ___ Specify _____

Asthma: Yes ___ No ___ Does your child use an inhaler: Yes ___ No ___

Allergies to penicillin: Yes ___ No ___ Allergy to plants: Yes ___ No ___

Allergy to insect stings: Yes ___ No ___ Hay Fever: Yes ___ No ___

Convulsions/seizures: Yes ___ No ___ Diabetes: Yes ___ No ___

Learning Disability: Yes ___ No ___

Other: _____

Does your child have special health care needs that require treatment and/or medication? Yes ___ No ___

Please List if Yes:

21st Century Watkins Glen Fall Program

TRANSPORTATION AUTHORIZATION

The 21st Century Watkins Glen Fall Program will be offering transportation to the program and also upon dismissal from the program.

My child will:

- Take the Bus. Be picked up from the program by a parent/ guardian. Walk home alone.

The following individuals have permission to pick up my child:

PRIORITY	NAME	RELATIONSHIP TO CHILD	CELL PHONE	PHONE #2
1st				
2nd				
3rd				
4th				
5th				

If taking the bus, please specify what address your child will need to be returned to (if different from mailing address):

I, _____, understand and give permission to the 21st Century Watkins Glen Fall Program to release my child, _____, to the individuals listed above. If for any reason my child must be picked up from the program (i.e. illness, suspension, etc.) the Watkins Glen Fall staff may contact any of the persons listed above as having permission to transport my child.

Parent/ Guardian signature: _____ **Date:** _____

PERMISSIONS

Student Name: _____ Grade: _____

Consent to Photograph, Film, or Videotape a student for Non-Profit use (Educational, Public Service or Health Awareness Purposes). Please Initial in the lines provided:

_____ I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by 21st Century Watkins Glen Fall Program.

_____ I also grant to 21st Century Watkins Glen Fall Program the right to edit, use, and reuse said products for non- profit purposes including use in print, on the internet, and all other forms of media.

_____ I also hereby release the 21st Century Watkins Glen Fall Program and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Student Data and Evaluation Consent Form

In order to monitor the effectiveness of the Watkins Glen Fall program and ensure its future success, an independent evaluator is conducting an ongoing evaluation. It is the intention of the evaluation to learn how these Watkins Glen Fall services help students and how they can be improved in order to meet the grant requirements.

Specifically, the CBO _____ and the evaluator, _____ asks permission to;

Contact your child’s school to obtain records showing his or her progress, including information about grades and citywide and statewide test scores. Survey and/or interview you and your child about the Watkins Glen Fall program and its effects. Any information we collect will be used only to assess the Watkins Glen Fall program, or in any other way. We will not use your name or your child’s name in any report. At the end of the evaluation, we will destroy all records that include personal information. Participation in the study is completely voluntary and participants may withdraw at any time with no consequences. Please select one of the options below;

_____ YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give permission for my child to participate in the evaluation of the Watkins Glen Fall program. I also consent for the evaluator and the CBO to obtain my child’s records (IEP’s, progress reports, report cards) and to interview me and my child.

_____ NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I do not give permission for my child to participate in the evaluation of the Watkins Glen Fall program.

If at any time you change your mind about this decision, you may contact the CBO and/or evaluator directly at:

Behavior Consent Form

_____ Yes, I give permission to the 21st Century Watkins Glen Fall Program to remove my child from the program, if program rules are not followed and/or behavior becomes an issue.

I have read and understand all of the 21st Century Watkins Glen Fall Program permissions, I reviewed them with my child and agree to abide them.

Parent/ Guardian signature: _____ Student signature: _____ Date: _____