

Samuel G. Gaines Academy K-8
St. Lucie Public Schools
Application for 21st Century After-school Program



This program is being offered to your child to improve his/her math, reading, writing, and science skills. The after-school program at Samuel G. Gaines Academy will consist of project based learning incorporating academics and extracurricular/personal enrichment activities.

Reading, Writing, and STEM (Science, Technology, Engineering, and Math), will be taught through project based learning. Students will work collaboratively to investigate, research, and employ the 21st century skills learned in order to complete a variety of projects throughout the year. Students will also be provided time to work on homework and participate in extracurricular activities such as sports, arts, tutorials, and mentoring activities.

The After-School session is from 4:05 p.m. – 6:35 p.m.

The program will begin Monday, August 31, 2015, and will be offered Monday through Friday. A supper will be served each program day at no cost to the parent/student(s). Program space is limited and applications are accepted on a first come first served basis. If our numbers are more than we are able to accommodate, your child will be placed on a waiting list.

Please note the rules that are listed below:

- **Transportation is not provided for students participating in the After-School program.** If your child walks home, please send in a note stating this.
- If your child signs up, attendance is mandatory unless absent from school on that day. A note from the parent must be brought in when absent.
- No student will be allowed to leave campus without written notification (from the parent) to the site coordinator. Parents will need to sign students out in the office if picking up early.
- Students are bound to the St Lucie Public Schools Code of Student Conduct during their participation in the 21st CCLC. <http://stlucie.k12.fl.us/pdf/codeofconduct.pdf>
- Disruptive behavior will result in termination from the program – **no exceptions**. Students must respect their peers, faculty and staff.
- **Students must be picked up by 6:35 p.m. each evening. After 3 late pickups, they will be terminated from the program.**

Please fill out the back side of this form completely and return with your child to the school's front office.

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Make sure this application is filled out completely before turning it in. If not, it will not be processed.

Student Name: _____ Date of Birth: _____

Homeroom Teacher: _____ Grade: _____ Student ID# _____

Siblings Attending This School: _____

Student Lives With: Mom _____ Dad _____ Both _____ Other _____

Student Receives: Free Lunch _____ Reduced Price Lunch _____ Full Price Lunch _____

Student Receives Services In: Exceptional Student Education (ESE) _____ English as Second Language (ESOL) _____

Student Will Be Parent Pick-up _____ Student Walks Home _____

Home Address: _____

Parent Home Phone: _____ Cell: _____ Work: _____

Emergency Contact Name: _____ Phone: _____

Special Comments Regarding Medications or Health Issues: _____

Persons Authorized to Pick Student Up: _____

I have thoroughly read and discussed the requirements and rules on the front and back of this application with my child and will uphold these throughout the year. I understand that my child must be picked up on time (by 6:35 p.m.) each day. After 3 late pickups, he/she/they may be terminated from the program.

Parent Name (Print): _____

Parent Signature: _____ Date: _____

St. Lucie Public Schools
21st Century Community Learning Center
RELEASE OF INFORMATION

I agree that the following information may be released for my child (Failure to check "NO" may result in the release of information):

- Yes No - My child's name, photo, voice & video to the press for recognition or news purposes.
- Yes No - My child's name, photo, voice & video for publicly assessable school or district websites or broadcast.
- Yes No - My child's name, photo, voice & video for publicly assessable Florida Department of Education or 21st CCLC websites or broadcast.
- Yes No - My child's name, photo, and contact information to the yearbook photographers'.
- Yes No - My child's directory information (student's name and grade)

Name (Please Print) _____ Signature _____ Date ____/____/____

If you wish to receive communication by email, provide email address: