



## After School Program Application October 3, 2017 - May31, 2018



The free after school program for Lincoln County School District will focus on science, technology, engineering, arts, math, and literacy, to provide educational enrichment opportunities. This will help students meet state and local academic achievement standards in core subjects.

**Priority enrollment will go to those needing academic support, as identified by referral from a teacher or other school staff.**

### Bus service available!

Limited stops in Newport, Toledo, Lincoln City, and Waldport. Must fill out T4 form included in this application.

**School staff referral?**       YES    NO

**Staff Name:** \_\_\_\_\_

#### Select a program site:

- Taft Elementary
- Sam Case
- Crestview Heights
- Toledo Elementary
- Siletz Valley Schools

#### 21<sup>st</sup> Century Partner Site Programs:

**Seashore Family Literacy (Waldport) 541-563-7323**

**Neighbors for Kids (Depoe Bay) 541-765-8990**

**RETURN COMPLETED APPLICATIONS TO SCHOOL OFFICE**

New applications must be submitted for each session. LCSD after school program is contingent on Federal funding.



## After School Program Application

### Behavior Guidelines

**Be Safe**

**Be Respectful**

**Be Responsible**

**I understand and agree to the following conditions for my child's participation:**

- If a student isn't being safe, respectful, and responsible, staff will take actions to ensure the program is a healthy environment for all. Actions may include talking to student, talking to parent, and/or being unenrolled from program. **Initials: \_\_\_\_\_**
- I understand, and have discussed with my child, that he/she is expected to participate in all program activities. **Initials: \_\_\_\_\_**
- I understand that if my child has 5 or more unexcused absences, my child may be unenrolled from the program. **Initials: \_\_\_\_\_**
- I understand that my child is to be picked up on time every day, unless **prior** bus arrangements have been made. **Initials: \_\_\_\_\_**
- I understand that if I am repeatedly late for pick up, my child may be unenrolled. I also understand that police and/or DHS may be called if there is no contact with the site coordinator within a half hour of release time. **Initials: \_\_\_\_\_**
- Participation is also subject to LCSD Behavioral Guidelines.

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**RETURN COMPLETED APPLICATIONS TO SCHOOL OFFICE**

New applications must be submitted for each session. LCSD after school program is contingent on Federal funding.



## After School Program Application

**This is an application- enrollment is not guaranteed.**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

What grade is your child in now? \_\_\_\_\_ School \_\_\_\_\_

Last Year's Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Is your child on an IEP?  Yes  No      Is your child on a 504?  Yes  No

Child's Parents/Guardians: \_\_\_\_\_

We **MUST** be able to contact you for emergencies during program. Please let us know when phone numbers change.

Personal Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Resident Address: \_\_\_\_\_

Mailing Address if different from above:

**We will contact you when a decision is made regarding your child's enrollment in our program. How would you like to be contacted?**

**(Circle one) TEXT      EMAIL      PHONE CALL      MAIL**

The after school program will provide meals/snacks. **Please list all food restrictions:** \_\_\_\_\_

**Please list other children in the home who are applying for the program:**

**RETURN COMPLETED APPLICATIONS TO SCHOOL OFFICE**

New applications must be submitted for each session. LCSD after school program is contingent on Federal funding.



## After School Program Application

### How will your child get home from program?

	CAR PICK-UP	WALKER	BUS <i>Must have T4 on file.</i>	OTHER INSTRUCTIONS <i>If student has permission to leave early, specify the time here.</i>
MON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THURS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note: Changes to this plan must be made in writing and signed by parent/guardian.**

Parent/Guardian- Signature	Date	Parent/Guardian- Print Name
----------------------------	------	-----------------------------

### Emergency contacts and those designated to pick up student:

**MUST HAVE AT LEAST TWO EMERGENCY CONTACTS**

<b>NAME</b>	<i>Permission to pick up child?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to child		
Physical Address		
Personal Phone	Work Phone	
<b>NAME</b>	<i>Permission to pick up child?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to child		
Physical Address		
Personal Phone	Work Phone	
<b>NAME</b>	<i>Permission to pick up child?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to child		
Physical Address		
Personal Phone	Work Phone	
<b>NAME</b>	<i>Permission to pick up child?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to child		
Physical Address		
Personal Phone	Work Phone	

- *Please inform others that they must come in and sign your child out when picking up.*
- *Please be prepared to show ID unless you already know staff.*
- *Remember to keep all phone numbers updated. We must be able to contact you in case of emergency.*

**RETURN COMPLETED APPLICATIONS TO SCHOOL OFFICE**

New applications must be submitted for each session. LCSD after school program is contingent on Federal funding.

21st Century After School Program

Request for Transportation Services T4
Mid Columbia Bus Company

School \_\_\_\_\_ Date \_\_\_\_\_

STUDENT INFORMATION

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_ Teacher \_\_\_\_\_
Please Print

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Street Address (No PO Box numbers)

Home Phone \_\_\_\_\_ Other Phones \_\_\_\_\_

BUS STOP INFORMATION

PRIMARY Circle day(s) of the week
EXISTING STOP: M T W TH F
Print Name of Existing Bus Stop from Route Sheet
AM RT #
PM RT #

SECONDARY Circle day(s) of the week
EXISTING STOP: M T W TH F
Print Name of Existing Bus Stop from Route Sheet
AM RT #
PM RT #

REQUEST A Circle day(s) of the week
NEW STOP: M T W TH F
Print Address of Requested New Bus Stop
AM RT #
PM RT #
\*(Requires MidCo approval)

Notes \_\_\_\_\_

KINDERGARTEN BUS RIDERS

All Kindergarten students must be met by an adult at the bus stop. Please list adults who we may release your student to. If one of these adults is not present to meet the Kindergarten rider, it could lead to suspension of bus riding privileges.

Table with 4 columns: Print Name, Phone #, Print Name, Phone #

APPROVALS
Note: Changes to this plan must be made in writing and signed by the Parent/Guardian.

Parent/Guardian ~ Signature Date Principal/Designee ~ Signature Date
Parent/Guardian ~ Print Name \*Head Bus Driver ~ Signature Date

- School Instructions: \*COLOR
Enter T4 into SIS (Flag G35)
Keep original T4 in school office notebook
Send copy of T4 to MidCo at main Toledo/Burgess office
Give copy of T4 to student to give to bus driver

- MidCo Instructions:
Log T4 on driver check sheet
Log T4 on dispatch check sheet
Place duplicate T4 in route driver box
Follow T4 checklist and place T4 in route book

\*COLOR: Copy Kindergarten T4s on light yellow paper. Copy all other T4s on light blue paper.





After School Program Application  
**PARENT INFORMATION PAGE**  
(PLEASE KEEP)

**October 3, 2017 – May 31, 2018**

**Contact Information**

**Taft Elementary**  
**541-264-0865**  
4040 High School Dr.  
Lincoln City, OR 97367

**Sam Case**  
**541-992-0512**  
825 NE 7<sup>th</sup> St.  
Newport, OR 97365

**Crestview Heights**  
**541-270-5550**  
2750 Crestline Dr.  
Waldport, OR 97394

**Toledo Elementary**  
**541-270-5486**  
600 SE Sturdevant Rd.  
Toledo, OR 97367

**Siletz Valley Schools**  
**541-444-1100**  
245 NW James Frank Ave.  
Siletz, OR

*For general program information, or to contact the director, call 541-336-2528.*

**21<sup>st</sup> Century Partner Programs:**  
**Seashore Family Literacy (Waldport) 541-563-7323**  
**Neighbors for Kids (Depoe Bay) 541-765-8990**

**Please remember enrollment is not guaranteed and space is limited. Staff will contact you to let you know whether your child has been accepted or not.**

**KEEP THIS PAGE**

**RETURN COMPLETED APPLICATIONS TO SCHOOL OFFICE**

New applications must be submitted for each session. LCSD after school program is contingent on Federal funding.