new york city
COMMUNITY
schools

21st Century Community Learning Centers (21CCLC)
Student Enrollment Form
School Year 2023-2024

Applicant Information

Student Name:	Date of Birth:
Student OSIS (I.D. Number): __ __ __ - __ __ __ - __ __ __	Grade Level:
School Name:	

Home Mailing Address:	Gender: ☐ Female ☐ Male ☐ X (not female or male) ☐ Not sure

City:	State:	Zip Code:

Home Phone #:	Home E-mail:
Name of Person Enrolling Student:	Relationship to Student:
Language(s) Spoken At Home:	

Parent/Guardian Information

Name of Primary Parent/Guardian 1:

Guardian Title (please circle one): Mother   Father   Grandmother   Grandfather   Other:_____

Language(s) Spoken:

Address (if different than the student):

Home Phone:	Work Phone:
Cell Phone:	E-Mail:

Name of Primary Parent/Guardian 2:

Guardian Title (please circle one): Mother   Father   Grandmother   Grandfather   Other:_____

Language(s) Spoken:

Address (if different than the student):

Home Phone:	Work Phone:
Cell Phone:	Email:

Student Name:	OSIS Number: __ __ __ - __ __ __ - __ __ __

Release of Child at Dismissal

I give my child permission to walk home alone at dismissal: Yes_____   No_____

If no, my child will be picked up after-school by me or one of the following individuals:

Name 1:	Relationship to Student:
Home Phone:	Cell Phone:
Name 2:	Relationship to Student:
Home Phone:	Cell Phone:

My child **MAY NOT** be picked up by the following individuals:

Name 1:	Relationship to Student:
Name 2:	Relationship to Student:
Name 3:	Relationship to Student:

If I am not available during emergencies, my child may be released to one of the following individuals:

Name 1:	Relationship to Student:
Home Phone:	Cell Phone:
Name 2:	Relationship to Student:
Home Phone:	Cell Phone:

21st Century Community Learning Centers (21CCLC)
Student Participation Release Form

I give my child, _____, permission to enroll and participate in the 21st Century

Community Learning Centers (21st CCLC) program at _____

_____   _____   _____
Parent/Guardian Name (Print)   Parent/Guardian Signature   Date

Student Name:	OSIS Number: __ __ __ - __ __ __ - __ __ __

Health Information

* To be completed by the parent/guardian. This confidential health information will only be used to ensure the safety of the children in this program.

Allergies	□ Yes □ No	If yes, list what child is allergic to: If yes, does your child need/use an EpiPen? □ Yes* □ No
Asthma	□ Yes □ No	If yes, does your child use an inhaler or other medicine for his/her asthma? □ Yes* □ No
Diabetes	□ Yes □ No	If yes, does your child need medication or blood glucose monitoring? □ Yes* □ No If yes, does your child have a prescription for glucagon? □ Yes* □ No
Seizure Disorder	□ Yes □ No	If yes, does your child need medication for preventing or treating seizures? □ Yes* □ No
Vision Condition	□ Yes □ No	If yes, and your child needs aids at school other than wearing glasses or contacts, please describe:
Hearing Condition	□ Yes □ No	If yes, and your child needs aids at school other than wearing a hearing aid, please describe:
Physical Limitations	□ Yes □ No	Is your child able to participate in physical education class at school with no limitations? □ Yes □ No If no, please list his/her activity limitations:
Other Medication(s)	□ Yes* □ No	If yes, please list:

Does your child have special diet needs, other health needs, or behavioral/emotional needs?
If yes, please describe:

*Please note medications taken or administered at the program will need written parent/guardian consent and health care provider order. Please check with program director/site coordinator for details.

If my child requires emergency medical care and I cannot be reached, I give my consent to the 21st CCLC program to obtain the necessary medical care for my child. I agree to pay all costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.

_____   _____   _____
Parent/Guardian Name (Print)   Parent/Guardian Signature   Date

Student Name:	OSIS Number: __ __ __ - __ __ __ - __ __ __

Consent to Photograph, Film, or Videotape a Student for Non-Profit Use
(E.G., Educational, Public Service or Health Awareness Purposes)

Student Name:_____   School:_____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the student named above by the New York City Department of Education. I also grant to the New York City Department of Education 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 New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

_____   _____   _____

Parent/Guardian Name (Print)   Parent/Guardian Signature   Date

Address of Parent/Guardian: _____

Student Name:	OSIS Number: __ __ __ - __ __ __ - __ __ __

Student Demographic Information
All Responses in the following demographics sections are ==OPTIONAL==:
(Gender Identity, Race/Ancestry/Heritage, and Languages Spoken)

Gender Identity – For Applicants Ages 14+
All responses in this section are optional

Applicant's Gender Identity – For Applicants Ages 14+ (Select All That Apply) *Optional*

☐ Female/Woman ☐ Male/Man ☐ Non-Binary (Not Female Woman or Male/Man)

☐ Two Spirit (Native American/First Nations) ☐ Another Gender _____

☐ Not sure ☐ Do not understand the question ☐ Decline to Answer

**Applicants preferred gender pronoun or pronoun – For Applicant's Ages 14+
(select all that apply)** *Optional*

☐ He/him/his ☐ She/her/hers ☐ They/them/theirs

☐ Zi/zir/zirs ☐ Other: _____

☐ Not sure ☐ Do not understand the question ☐ Decline to Answer

Does the applicant identify as transgender? For Applicant's Ages 14+ (select one) *Optional*

☐ Yes, I identify as transgender ☐ No, I do not identify as transgender

☐ Not sure ☐ Do not understand the question ☐ Decline to Answer

Applicant's Sexual Orientation (For Applicant's Ages 14+) *Optional*

☐ Asexual ☐ Bisexual ☐ Gay ☐ Heterosexual (straight) ☐ Lesbian ☐ Pansexual
☐ Queer ☐ Questioning ☐ Another Sexual Orientation _____
☐ Not sure ☐ Do not understand the question ☐ Decline to Answer

Student Name:	**OSIS Number:** __ __ __ - __ __ __ - __ __ __

Race, Ethnicity, Ancestry - *All responses are optional*

What races or ethnicities do you identify with? (Select all that apply) *Optional*

☐ Asian ☐ Black or African American ☐ Hispanic or Latinx ☐ Middle Eastern or North African

☐ Native American or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ White

☐ Multiracial/Multiethnic ☐ Other _____ ☐ Not sure

☐ Do not understand the question ☐ Decline to Answer

What ancestries or heritages do you identify with? (Select all that apply) *Optional*

☐ American ☐ African American ☐ Native American (e.g., Navajo) _____

☐ Colombian ☐ Cuban ☐ Ecuadorian ☐ Guyanese ☐ Honduran ☐ Mexican ☐ Peruvian ☐ Puerto Rican
☐ Salvadorian ☐ Other Hispanic/Latinx (e.gg, Nicaraguan) _____

☐ Dominican ☐ Haitian ☐ Jamaican ☐ Trinidadian/Tobagonian
☐ Other Caribbean (e.g., Bahamian) _____

☐ British ☐ French ☐ German ☐ Greek ☐ Hungarian ☐ Irish ☐ Italian ☐ Polish ☐ Russian
☐ Ukrainian ☐ Other European (e.g., Portuguese) _____

☐ African (e.g., Nigerian) _____ ☐ Arab _____

☐ Asian Indian ☐ Bangladeshi ☐ Chinese ☐ Filipino ☐ Korean ☐ Pakistani
☐ Other Asian/Pacific Islander: (e.g., Japanese) _____

☐ Other _____ ☐ Not Sure ☐ Do not understand the questions ☐ Decline to Answer

Student Name:	OSIS Number: __ __ __ - __ __ __ - __ __ __

Languages Spoken
All responses are optional

Applicant's Primary Language (select one) *Optional*
☐ English ☐ Albanian ☐ Arabic ☐ Bengali ☐ Chinese (Cantonese) ☐ Chinese (Mandarin) ☐ French ☐ Fulani ☐ German ☐ Gujarati ☐ Haitian Creole ☐ Hebrew ☐ Hindi ☐ Hungarian ☐ Italian ☐ Japanese ☐ Korean ☐ Kru, Ibo, or Yoruba ☐ Mande ☐ Punjabi ☐ Persian ☐ Polish ☐ Portuguese ☐ Romanian ☐ Russian ☐ Spanish ☐ Tagalog ☐ Turkish ☐ Urdu ☐ Vietnamese ☐ Yiddish ☐ Arabic ☐ Other: _____

Other languages spoken at home (select all that apply) *Optional*
☐ English ☐ Albanian ☐ Arabic ☐ Bengali ☐ Chinese (Cantonese) ☐ Chinese (Mandarin) ☐ French ☐ Fulani ☐ German ☐ Gujarati ☐ Haitian Creole ☐ Hebrew ☐ Hindi ☐ Hungarian ☐ Italian ☐ Japanese ☐ Korean ☐ Kru, Ibo, or Yoruba ☐ Mande ☐ Punjabi ☐ Persian ☐ Polish ☐ Portuguese ☐ Romanian ☐ Russian ☐ Spanish ☐ Tagalog ☐ Turkish ☐ Urdu ☐ Vietnamese ☐ Yiddish ☐ Arabic ☐ Other: _____

How well does the applicant speak English: *Optional*
☐ Fluent/Very Well
☐ Well
☐ Not Well
☐ Not at all
☐ Decline to Answer

21st Century Community Learning Centers
Student Data and Evaluation Requirements

I understand that my child's academic, behavioral, attendance, and engagement information will be shared with the New York State Education Department and its lawful contractors, to measure and evaluate the quality and implementation of the local 21st Century Community Learning Center (21st CCLC) program as well as the effectiveness New York State's program in supporting student growth, as required by Title IV, Part B of the Every Student Succeeds Act (ESSA) [see generally sections 4205 (b) and 4203 (14)].

I understand that my child and I may be asked to participate in surveys and/or interviews about the 21st CCLC program and its effects.

Only check the following box if you would like to opt-out and not participate in surveys and/or interviews ☐

Student Name: _____

Student OSIS #:   ___ ___ ___ - ___ ___ ___ - ___ ___ ___

School: _____

_____
Parent/Guardian Name (Print)

_____
Parent/Guardian Signature

_____
Date