



Parent Permission Form for 21st CCLC Program

Name of Student: _____ Grade: _____

We are offering a variety of activities through 21st Century Community Learning Center (21st CCLC) program this year.

We are excited to be able to offer our students this opportunity to receive help with their academic achievement and to benefit from the enrichment activities and take advantage of extended library hours. We will have enrichment instructors and certified teachers available to work with your child from 3:30-5:30 pm on **Mondays** through **Thursdays** every week except on days when there will be mandatory K-8 staff meetings or bad weather days.

Your child will be riding the late bus home, walking back to the dorm, or walking home after each session. Your child will also be eligible to receive a healthy snack. If you have any questions about the program, please contact Orleta Slick at (928) 672-3558, (928) 209-1928 or visit the 21st Century Program Office located across from the elementary library.

Following are some activities we will be offering. We will be adding more as we fill other positions.

- Extended Library Hours [K-8]
- Enrichment (academic activities and homework help) [K-8]
- Keyboarding [grades 2-8]
- Physical activities (*walks, hikes, biking*) [K-8]
- Navajo Language (*reading, writing, conversation*) [K-8]
- Dance Club (*modern and international*) [K-8]
- Saturday Math and Science Enrichment @ NAU [middle school only]

_____ **Yes**, I want my child to attend the after school program (complete page 2).

_____ **No**, I do not want my child to attend the after school program.

Print Name

Signature

Date

RETURN PERMISSION FORMS TO ELEMENTARY LIBRARY.

Parent Permission Form – Page 2

Name of Student : _____ Grade: _____

If you ride the school bus, which is your regular route? _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone : _____ Email: _____

Please circle the best way to contact you.

Does your child have any food allergies or other medical conditions we should know about?

Please list the names and contact information of people who are allowed to pick up your child:

Name: _____

Phone: _____ Cell Phone: _____

Relationship to your child: _____

Name: _____

Phone: _____ Cell Phone: _____

Relationship to your child: _____

In agreeing to let my child participate in the after school program, I am also agreeing to the release of confidential information between my child's school and the after school program. This release is reciprocal.

Parent Signature

Date