

21<sup>st</sup> Century Community Learning Center  
 Creating Rural Opportunities Partnership (CROP)  
**APPLICATION AND CONSENT FORM**  
**CROP BEGINS SEPT 21 AND WILL BE VIRTUAL UNTIL FURTHER NOTICE**

**Child's Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parents'/Guardians' Full Names:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mother/Guardian – Home #:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Father/Guardian – Home #:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Emergency Medical Information**

<b>Physician Name:</b> _____	<b>Phone:</b> _____
In the event that I, or my child's physician cannot be reached in an emergency, I hereby give my permission to the physician/hospital selected by the CROP Program to secure proper medical treatment for my child.	
<b>Parent/Guardian Signature:</b> _____	<b>Date:</b> _____

**Allergies and/or Special Needs** *(Please list any allergies to foods, bees, etc., and/or any special needs)*

Allergy or Special Need	Reaction	Action To Be Taken

**Emergency Contacts / Authorized Adults for Student Pickup** **WHEN CROP RESUMES**

Name	Phone	Relationship to child	May this person pick up your child? (yes/no)

**Bus Pickup/Dropoff Locations** *(If your student will require bus transportation)* **WHEN CROP RESUMES**

Location (home, babysitter, etc.)	Physical Address

**SCHOOL YEAR - Student Attendance and Dismissal Plan** **WHEN CROP RESUMES**

√	Day	Early pick up (Time)	Depart at regular time via... (parent pick up, bus to ????, walk, etc.)
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		

**Please Note:** Any change in this dismissal plan on a daily, weekly or permanent basis **MUST** be given to the Site Coordinator **IN WRITING** by the parent or guardian.

# CROP STUDENT DATA and EVALUATION CONSENT FORM

Dear Parents,

Creating Rural Opportunities Partnership (CROP) after-school program is funded by the 21<sup>st</sup> Century Community Learning Centers grant. In order to monitor the effectiveness of the afterschool 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 after-school services help students, and how they can be improved in order to meet the grant requirements.

Any information we collect will be used only to assess the afterschool program and will not be made public. Participating in the evaluation will not affect your child in school, in the after-school program, or in any other way. We will not use your name or your child's name in any report.

Please answer the following options:

● I give consent for access to my child's records for the sole purpose of data collection (including grades and state assessment scores) for the Department of Education, in accordance with continued funding of the CROP Program. I understand that my child's name will not be used. **YES NO**

● I give permission for my child to participate in surveys, focus groups or interviews (as ability and age allows) about the afterschool program and its effects including the Short-term Student Outcomes Survey. **YES NO**

● I give consent for my child to be photographed, or video-taped while in CROP for educational material, promotional articles or any other lawful purpose. **YES NO**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Parent/Guardian Memo of Understanding:

I have been given a Parent Handbook that provides information regarding the CROP Program, and I am aware of the policies explained within. I agree to comply with the policies outlined in the handbook, and will fulfill my responsibilities to provide current and accurate emergency information to CROP staff. I will encourage my child to participate fully and with appropriate behavior in activities and events planned by staff. I understand that failure to fulfill these requirements may result in my child becoming ineligible to remain in the program.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## Student Memo of Understanding:

I understand that I am expected to learn and follow the CROP program rules. In the event that I choose not to follow the rules, I may have to leave the program. The policy for discipline will be: 1) Verbal warning. 2) Conference with Site Coordinator and parent/guardian. 3) Extended time out of program or release from the program.

**RULES TO REMEMBER:** 1) Respect yourself 2) Show respect for adults and peers 3) Respect school property 4) Follow the school's rules of conduct 5) Be helpful to others in the program 6) Have Fun.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

(A parent may sign for a kindergarten or first grader indicating they have explained this to their child.)