



KNOY RESOURCE CENTER
Dawn Tucker -Program Director/Jackie Ramsey - Site Coordinator
(765) 795-2495 ext. 4405/3307
dtucker@cloverdale.k12.in.us

Registration Form - All areas need to be completed. Summer Jump Start _____ 2015-2016 SY _____

STUDENT INFORMATION

Name _____
Last First MI

DOB _____ Current Grade Level _____ Day-time or Homeroom Teacher _____

Address _____
Street Address City, State, Zip

Race:
 White Black or African American Asian Native Hawaiian or Pacific Islander American Indian or Native Alaskan Other _____

Ethnicity: Hispanic/Latino **F/R Lunch:** Free/Reduced **Education Program:** Limited English Proficient Special Education Gifted/Talented

Relevant Medical Issues:

Students will participate in recreational activities, so it is necessary to list any and all medical conditions pertaining to your child in order for staff to appropriately manage students.

Allergies: _____

Medical Conditions: _____

Family Physician: _____ Phone: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian(s) _____ Home Phone _____

Married Divorced Separated Widowed Single, Never Married

Email _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Father / Guardian

Full Time Part Time On Disability Retired Not Working Other _____

Education Level:

Less than HS HS Diploma/GED Trade/Vocational Assoc. Degree Bach. Degree Mast. Degree Phd/JD/MD Other

Mother/Guardian

Work Phone _____

Full Time Part Time On Disability Retired Not Working Other _____

Education Level:

Less than HS HS Diploma/GED Trade/Vocational Assoc. Degree Bach. Degree Mast. Degree Phd/JD/MD Other

I hereby give permission for my child/children to participate in Knoy EL/MS Resource Center activities & use bus transportation or provide my child/children transportation. Please indicate whether your child will be using transportation provided or other:

_____ Bus _____ Parent / Guardian Pick-up

Emergency Contact Information: (Please list at least one emergency contact besides yourself & best phone number. Only the individuals listed are authorized to pick up my child. Please print.)

Primary Contact _____ Relationship to Child _____ Phone _____
Secondary Contact _____ Relationship to Child _____ Phone _____
Other Contact _____ Relationship to Child _____ Phone _____

I understand that the Knoy EL/MS Resource Centers are supervised by a site coordinator, Knoy Staff, and volunteers. I understand that my child/children will participate in extra-curricular activities. By signing this liability form, I hereby relieve the Cloverdale Community School Corporation and the Knoy EL/MS Resource Center of all responsibility beyond that of normal supervision.

Signature: _____ Date: _____

Standard Photo Release:

I hereby authorize Knoy Elementary and Middle School Resource Centers and Cloverdale Community School Corporation to publish the photographs taken of my child and their name, for use in printed and other media publications at their discretion. I acknowledge that since my child's participation is voluntary, I will receive no financial compensation. I further agree that my child's participation in any media publications including websites confers upon me no rights of ownership whatsoever. I release Knoy Elementary and Middle School Resource Centers, and CCSC, its contractors and its employees from liability for any claims by me, my child, or any third party in connection with my child's participation.

Signature: _____ Date: _____

21st Century Community Learning Centers – Parent Release of Records and Information Consent Form

The Indiana Department of Education would like to collect data on activities and events taking place in classrooms, schools and school related programs throughout the state. The Family Educational Rights and Privacy Act ("FERPA") requires the IDOE and 21stCCLC to obtain prior written consent from the parent, guardian or eligible student before releasing any personally identifiable information about a student. The information requested will be used to calculate the impact of the 21stCCLC has on student performance and to meet reporting requirements as a result of receiving state and federal funds.

The Knoy Resource Center and respective schools (Cloverdale Elementary and Middle Schools, Eminence Elementary and Jr-Sr High Schools) are dedicated to establishing a community learning center designated to provide students with academic and enrichment opportunities, as well as additional activities to complement their regular academic programs. Quality programs are those that demonstrate a high daily attendance rate and engagement with family members of active participants. Programs that demonstrate these characteristics are more likely to have higher student growth, increased passage rates of local and state assessments and students pursue post-secondary education.

I understand that this authorization is made pursuant to the Family Education Rights and Privacy Act ("FERPA"), set forth in 20 USC §1232g and its regulation in 34 CFR Part 99 (as amended in 2012). Furthermore, I understand that this consent is made pursuant to 34 CFR 99.30(a), which requires that (1) the parent or eligible student's consent specify the records to be disclosed, (2) state the purpose of the disclosure, and (3) identify the party or parties to whom the disclosure may be made.

1. Records Disclosure: School Registration Information/Demographic Data, Assessment Data, Student Grades, School Day Attendance Data, Survey Data, Free and Reduced Lunch Status, Education Program Data
2. Disclosure Parties: 21stCCLC
3. 21stCCLC Re-disclosure Parties: Indiana Department of Education, IDOE contracted statewide evaluator, United States Department of Education
4. Purpose of Each Disclosure: Collect data to calculate the impact 21stCCLC has on student performance

All records and information regarding services will be protected by FERPA which govern the exchange of confidential information. The exchange of information will be limited to the authorized staff of the 21stCCLC and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization.

This authorization to receive services from the 21stCCLC and to exchange confidential information shall remain in effect for the period of m student's enrollment in the 21stCCLC or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the 21stCCLC has already acted in reliance upon this consent. Written revocations shall be sent to: Dawn Tucker, Program Director, Knoy Resource Centers, 312 E. Logan St., Cloverdale, IN 46120, 765-795-2495 x4404 I understand the 21stCCLC program requires ten (10) business days to process m request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

I have read this authorization before signing and I fully understand the contents, meaning and impact of this release I also understand that as a condition of program participation by my eligible student, I am required to attend three (3) parent nights during the school program year.

Student Name (please print) _____ Date _____

Parent/Guardian Name of eligible student (please print) _____ Relationship to student _____

Signature of Parent / Guardian _____