



STUDENT ENROLLMENT FORM

A 21ST Century Community Learning Center
 Provided by Project Self-Sufficiency and Newton Public Schools

School Year 2017 – 2018

Cohort 1: 4th Grade

Cohort 2: 5th Grade 6th Grade

Cohort 3: 7th grade 8th grade

GENERAL INFORMATION

Student's First Name:		Student's Last Name:		Middle Initial:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Grade: _____		
Physical Address:				
City:		State:	Zip:	
For bussing purposes, please describe in sufficient detail the nearest intersection and/or cross streets: _____ _____				
Student's Date of Birth:	Place of Birth: (City, State, Country)		Student's Grade Level for School Year 2016-2017:	
Please list any health issues/ food allergies for this student: _____				
Does your child have an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state plan that is in place if inhaler and/or EpiPen are not available to use: _____				
Ethnic Code: (Please check one) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White Language spoken in home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Please list) _____				
Does your child have a current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have an aide during the school day? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there a court order regarding the status and/or welfare of the above named student? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there a restraining order? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a copy must be submitted with Project Launch Newton Application.				

CONTACT INFORMATION: (Please include a number where you can be reached during program hours.)

Student lives with: <input type="checkbox"/> Father & Mother <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Please specify) _____			
Parent/ Guardian Name:	Home Telephone:	Cellular Telephone:	Work Telephone:
Mailing Address:			
City:	State:	Zip:	
Parent/Guardian Email:			

Complete if additional parent/guardian mailings are required to be sent to an address not listed above:

Name:	Relationship:
Mailing Address:	
City:	Zip:

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Student's Last Name: _____ Student's First Name: _____ Middle Initial: _____

ATTENDANCE

Project Launch Newton activities take place daily, Monday through Friday, beginning at school dismissal and ending at 5:45p.m. Students at MAS will leave MAS campus at 3:30 and PLN will be hosted at HMS for the remainder of the day. Please mark which days your child will attend:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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PLEASE NOTE: If for some reason your child will not be attending on one of their regularly scheduled days, please email Project Launch Newton Coordinator at pln@projectselfsufficiency.org to provide notification.

DISMISSAL PROTOCOL

Free bussing will be provided, through which students will be dropped off at designated bus stops following dismissal from Project Launch Newton activities. We must know which students will take the bus regularly. ** Please note there are no crossing guards during PLN dismissal and PLN will offer transportation daily. All 4th Grade students will require an adult escort at the bus stop.

FOR 4th Grade STUDENTS ONLY (Please check one)

<input type="checkbox"/> My son/daughter may ride the bus home from PLN at HMS. An authorized escort must be at the stop to receive child(ren) from the bus.	<input type="checkbox"/> My son/daughter will be picked up no later than 5:45 p.m. from PLN at HMS. Parents, guardians, and/or designated escorts must meet Project Launch Newton staff at the front desk to pick up child(ren)
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FOR 5th – 8th Grade STUDENTS ONLY (Please check one)

My son/daughter may walk home at <input type="checkbox"/> 3:30 p.m. <input type="checkbox"/> 4:00 p.m. <input type="checkbox"/> 4:30 p.m. <input type="checkbox"/> 5:00 p.m. <input type="checkbox"/> 5:30 p.m. from PLN HMS	<input type="checkbox"/> My son/daughter will be picked up no later than 5:45 p.m. from PLN HMS Parents, guardians, and/or designated escorts must meet Project Launch Newton staff at the front desk to pick up child(ren).
<input type="checkbox"/> My son/daughter may ride the bus home from PLN HMS	

The following persons are authorized to pick up my child(ren) at Project Launch Newton dismissal (Please print)

Escort:	Phone:
Escort:	Phone:
Escort:	Phone:

Photo/Internet/Media Consent: (Please check one)

<input type="checkbox"/> I/We GRANT permission for my child's PHOTE/IMAGE, WORK AND OTHER IDENTIFIERS to be published in the local media	<input type="checkbox"/> I/We DO NOT GRANT permission for my child's PHOTE/IMAGE, WORK AND OTHER IDENTIFIERS to be published in the local media
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GENERAL CONSENT: As part of this application, I understand and agree that Newton Public Schools will be sharing my child's records as needed and as appropriate with the staff of Project Launch Newton which is operated in partnership with Project Self Sufficiency (PSS). PSS is a non-profit agency which jointly applied for and received the 21st Century Community Learning Center Grant, which funds Project Launch Newton. PSS operates Project Launch Newton in partnership with the Newton Public Schools and will maintain the security of and access to these student records in the same manner as does Newton Public Schools.



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Parent/ Guardian Signature

Date

EMERGENCY TREATMENT INFORMATION AND AUTHORIZATION

I, (name of parent) _____, agree to the administration of emergency medical treatment to my child, (name of child) _____, by a duly qualified health practitioner in my absence. I authorize Project Self-Sufficiency/Project Launch Newton to arrange for emergency medical treatment until such a time I can be present.

⇒ _____
Parent/ Guardian Signature

Date

Emergency Contact Information: (Please include a number where you can be reached during program hours.)

Parent/ Guardian Name:	Home Telephone:	Cellular Telephone:	Work Telephone:
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Alternate Emergency Contact Information: (In the event you cannot be reached in an emergency.)

Alternate Contact Name:	Home Telephone:	Cellular Telephone:	Work Telephone:
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SUNSCREEN PERMISSION:

I give my permission for my child to apply the sunscreen I have provided for my child:

⇒ _____
Parent/ Guardian Signature

Date

Department of Children and Families Office of Licensing, Child Care & Youth Residential Licensing

In keeping with New Jersey’s child care center licensing requirements, Project Self -Sufficiency is obligated to provide you, as the parent of a child enrolled with Project Launch Newton, with this informational statement.

The statement highlights, among other things: your right to visit and observe Project Launch Newton at any time without having to secure prior permission; Project Launch Newton’s obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry Hotline (877) NJ ABUSE/ (877) 652-2873.

I have read the above informational statement and reviewed the Information to Parents Sheet (located at www.projectlaunchnewton.org) prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

⇒ _____
Parent/ Guardian Signature

Date



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PROPER ATTIRE

A sport or other type of physical activity will be offered each day of Project Launch Newton. Please be sure that your student brings/wears sneakers each day. Also, we will make an effort to go outdoors daily on school grounds as the weather permits. Please ensure that your student dresses appropriately for the day's weather.

RELEASE FOR PHYSICAL ACTIVITY

My signature below certifies that my child is in good physical health and able to participate in Project Launch Newton physical activities including but not limited to: Zumba, Hip-Hop Dance, team sports activities such as kickball, Frisbee, basketball and baseball, etc.



 Parent/ Guardian Signature

 Date

DISCIPLINE POLICY

Discipline is a shared responsibility of Project Launch Newton staff, Merriam Avenue School/Halsted Middle School administrators and staff, students and parents. With regard to discipline and expectation for appropriate behavior, Project Launch Newton will adhere to the policies and guidelines set forth by Newton Public Schools in the Merriam Avenue School/ Halsted Middle School Handbook. In general, the following definition will serve as a model:

RULES FOR BEHAVIOR	PROGRAM DISCIPLIN ACTION POLICY
Respect Staff, Peers, and Property	Level 1: Verbal warning
<i>Respect: Politeness, kindness, loyalty, honesty & treating others the way you would like to be treated</i>	Level 2: Seat change within the classroom
Keep YOUR hands, feet, and objects to YOURSELF	Level 3: Removal from the classroom - Call home after 2 removals in one week
Listen and follow directions	Level 4: 1 Week suspension from PLN
Early Dismissal: if a student is leaving early the must notify the site coordinator	Level 5: Removal from the program
Bus Discipline Action Policy:	
Level 1: Verbal warning and seat change	Level 3: Suspension from bus privileges
Level 2: Call home and receive a permanent seat change	Level 4: Bus privileges will be terminated

Physical aggression during PL or on the bus immediately results in level 4 consequences. A second physical aggression incident will result in level 5 consequences. Following Level 4 consequences, before the student returns to PLN, a family meeting will be required with the student, family, and PL Coordinator to review expectations upon returning to the program. If a student has reached level 3 twice due to disrespectful behavior towards staff, the student will advance to Level 4, if the student reaches level 3 for a third time the student will advance to level 5.

By signing below, you are acknowledging that you have read this discipline policy and agree to the terms set forth.



 Parent/ Guardian Signature

 Date

Form completed by: Father Mother Stepfather Stepmother Guardian Other _____ (Please Specify)



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