

OFFICE USE

Date Received: \_\_\_\_\_

Appl. Complete: \_\_\_\_\_

Contract Signed: \_\_\_\_\_

21<sup>st</sup> Century Learning Center  
**Massillon Intermediate School**  
Program Application  
School Year 2012 - 2013  
Return to your Building Principal  
On or before September 17, 2011

Child's Name \_\_\_\_\_  
Last First

Child's Home School \_\_\_\_\_

My child enrolled and completed the 21<sup>st</sup> Century 2012-2013 After-School Program Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Name: Mr. Ms. Miss. Mrs. Mr. and Mrs. (Please Circle One)

\_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Receives Free/Reduced Lunch at School? Yes \_\_\_\_\_ No \_\_\_\_\_

I would like my child to attend the:

AM Only Session \_\_\_\_\_ (**transportation responsibility of parent/guardian**)

PM Only Session \_\_\_\_\_

Transportation home will be needed: Yes \_\_\_ No \_\_\_

Both AM (**transportation responsibility of parent/guardian**) and PM Sessions \_\_\_\_\_

Was proficient on the OAA Yes \_\_\_\_\_ No \_\_\_\_\_

Circle the grade your child is currently enrolled. 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

Emergency Contact Person  
(Must be available during program hours)

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

21<sup>st</sup> Century Community Learning Center Massillon Intermediate School Program  
Participant Contract  
School Year 2012-2013

Please go over the following contract with your child.

The student agrees to:

1. Obey the instructions of the teachers, and other staff and volunteer leaders of the group to which he/she is assigned.
2. Regularly attend and participate in the educational program.
3. Behave at all times while attending the 21<sup>st</sup> Century Community Learning Center Program.

The Parent/Guardian agrees to:

1. Support the educational goals and objectives of Massillon City Schools' After School Program.
2. Understand that if my child does not attend on a regular basis or behaves in an inappropriate manner, he/she may be removed from the 21<sup>st</sup> Century Community Learning Center Program.
3. The 21<sup>st</sup> Century Community Learning Center Program is an extension of the school day and students are expected to engage in all elements of the After School program's curriculum.

Print:

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

Participants

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date