



Student Enrollment Form 2020-2021

Student Name: _____
First MI Last

Date of Birth: _____ Age: _____ Gender: _____ Male _____ Female

School _____ 2020-2021 Grade Level _____ Does this child have an IEP? Yes No

Foster Child: Yes No

Race: Black/African American White/Caucasian Hispanic/Latino Asian Multi-racial
 American Indian/Native Alaskan Native Hawaiian/Pacific Islander Other _____

Ethnicity: Hispanic Non-Hispanic

Highest Level of Education Reached by Parent(s) (check one)
____ High School Diploma/GED _____ Some College _____ Bachelors Degree
____ Masters Degree _____ Other

Pertinent Health Information: Please list any diagnosis, allergies, or medical concerns:

MOTHER/GUARDIAN Name: _____ Student Lives at This Address
First Last

ADDRESS: _____
Street City Zip

Cell Phone () _____ Home Phone () _____

E-mail Address _____

Place of Employment _____ Work Phone # _____

FATHER/GUARDIAN Name: _____ Student Lives at This Address
First Last

ADDRESS: _____
Street City Zip

Cell Phone () _____ Home Phone () _____

E-mail Address _____

Place of Employment _____ Work Phone # _____



Emergency Contact (name and number of someone we can contact in case you cannot be reached)

1. Name _____ Relationship _____ Phone No. _____
Permission to pick-up child? ___ Yes ___ No

2. Name _____ Relationship _____ Phone No. _____
Permission to pick-up child? ___ Yes ___ No

3. Name _____ Relationship _____ Phone No. _____
Permission to pick-up child? ___ Yes ___ No

Are there restrictions as to who can pick up your child? Yes No

If yes, please explain: _____

Please tell us your child's intended weekly schedule (3 day minimum): _____

Any information you would like us to know about your child?

Permission/Release Information: Please initial next to each statement.

_____ I release Blue River Services, Inc. (BRS) / Medora Community School Corp. (MCSC) from liability in case of accident during activities related to BRS/MCSC, as long as normal safety procedures have been taken.

_____ In the event that I cannot be reached in an emergency, I hereby give permission to the director of the program or the designee to secure emergency medical services, including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia or surgery for my child as named above. Medical and accident insurance is the responsibility of the parent or guardian.

_____ I give Blue River Services, Inc. permission to have access to information regarding my child's report card, test scores, IEP, demographic information, student ID #, and any other information that may be needed for reporting.

_____ I give BRS permission to use my child's photograph and/or work internally and on program's Facebook page.

_____ I give permission for BRS to use my child's photograph and/or work in any media format.

_____ I have received and reviewed the parent handbook and agree to support the regulations communicated as well as to direct any questions to the Blue River Services, Children's Services Department **812-364-1142**.

To the best of my knowledge, the information on this form is complete and accurate. I have read and agree to these terms and conditions

By checking this box and typing my name below, I am electronically signing this document.

Parent/Guardian Signature _____ Date _____



Blue River Services, Inc. Participant Profile

Student Name: _____ **Parent/Guardian Name:** _____

Household Address: _____

Income Guidelines:

1. **Step 1** – Indicate the number of persons in your household : _____
2. **Step 2** - Indicate your household gross monthly income range : _____

	100% Or Under	101% Thru 109%	110% Thru 118%	119% Thru 127%	128% Thru 136%	137% Thru 145%	146% Thru 154%	155% Thru 163%	164% Thru 172%	173% Thru 181%	182% Thru 190%
Size of Family 1	\$990 Or Under	\$991 thru \$1,079	\$1,080 thru \$1,168	\$1,169 thru \$1,257	\$1,258 thru \$1,346	\$1,347 thru \$1,436	\$1,437 thru \$1,525	\$1,526 thru \$1,614	\$1,615 thru \$1,703	\$1,704 thru \$1,792	\$1,793 thru \$1,881
Size of Family 2	\$1,335 Or Under	\$1,336 thru \$1,455	\$1,456 thru \$1,575	\$1,576 thru \$1,695	\$1,696 thru \$1,816	\$1,817 thru \$1,936	\$1,937 thru \$2,056	\$2,057 thru \$2,176	\$2,177 thru \$2,296	\$2,297 thru \$2,416	\$2,417 thru \$2,537
Size of Family 3	\$1,680 Or Under	\$1,681 thru \$1,831	\$1,832 thru \$1,982	\$1,983 thru \$2,134	\$2,135 thru \$2,285	\$2,286 thru \$2,436	\$2,437 thru \$2,587	\$2,588 thru \$2,738	\$2,739 thru \$2,890	\$2,891 thru \$3,041	\$3,042 thru \$3,192
Size of Family 4	\$2,025 Or Under	\$2,026 thru \$2,207	\$2,208 thru \$2,390	\$2,391 thru \$2,572	\$2,573 thru \$2,754	\$2,755 thru \$2,936	\$2,937 thru \$3,119	\$3,120 thru \$3,301	\$3,302 thru \$3,483	\$3,484 thru \$3,665	\$3,666 thru \$3,848
Size of Family 5	\$2,370 or Under	\$2,371 thru \$2,583	\$2,584 thru \$2,797	\$2,798 thru \$3,010	\$3,011 thru \$3,223	\$3,224 thru \$3,437	\$3,438 thru \$3,650	\$3,651 thru \$3,863	\$3,864 thru \$4,076	\$4,077 thru \$4,290	\$4,291 thru \$4,503
Size of Family 6	\$2,715 or Under	\$2,716 thru \$2,959	\$2,960 thru \$3,204	\$3,205 thru \$3,448	\$3,449 thru \$3,692	\$3,693 thru \$3,937	\$3,938 thru \$4,181	\$4,182 thru \$4,425	\$4,426 thru \$4,670	\$4,671 thru \$4,914	\$4,915 thru \$5,159
Size of Family 7	\$3,061 or Under	\$3,062 thru \$3,336	\$3,337 thru \$3,612	\$3,613 thru \$3,887	3,888 thru \$4,163	\$4,164 thru \$4,438	\$4,439 thru \$4,714	\$4,715 thru \$ \$4,989	\$4,990 thru \$5,265	\$5,266 thru \$5,540	\$5,541 thru \$5,816
Size of Family 8	\$3,408 Or Under	\$3,409 thru \$3,714	\$3,715 thru \$4,021	\$4,022 thru \$4,328	\$4,329 thru \$4,634	\$4,635 thru \$4,941	\$4,942 thru \$5,248	\$5,249 thru \$5,554	\$5,555 thru \$5,861	\$5,862 thru \$6,168	\$6,169 thru \$6,474
Size of Family 9	\$3,754 Or Under	\$3,755 thru \$4,092	\$4,093 thru \$4,430	\$4,431 thru \$4,768	\$4,769 thru \$5,106	\$5,107 thru \$5,444	\$5,445 thru \$5,781	\$5,782 thru \$6,119	\$6,120 thru \$6,457	\$6,458 thru \$6,795	\$6,796 thru \$7,133
Size of Family 10	\$4,101 Or Under	\$4102 thru \$4,470	\$4,471 thru \$ \$4,839	\$4,840 thru \$5,208	\$5,209 thru \$5,577	\$5,578 thru \$5,946	\$5,947 thru \$6,315	\$6,316 thru \$6,684	\$6,685 thru \$7,053	\$7,054 thru \$ \$7,423	\$7,424 thru \$7,792

I hereby certify that the information included on this form is correct to the best of my knowledge and that such information may be subject to verification by representatives of Blue River Services, Inc. and/or FSSA for purposes of meeting the state requirements of the 21st Century Community Learning Center / School Age Child Care grant. BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I AM AWARE THAT MAKING A FALSE STATEMENT TO OBTAIN BENEFITS TO WHICH I AM NOT ENTITLED TO IS A CRIME AND MAY SUBJECT ME TO BOTH CIVIL AND CRIMINAL PENALTIES.

By checking this box and typing my name below, I am electronically signing this document.

Parent/Guardian Signature: _____ **Date:** _____



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

The Indiana Department of Education (“IDOE”) 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 21st Century Community Learning Center (“21st CCLC”) 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 the 21st CCLC has on student performance and to meet reporting requirements as a result of receiving state and federal funds.

The 21st CCLC Reach For A Star Program at Medora Community Schools is 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 Educational 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.

By signing this form, I grant the school my student attends permission to disclose to the 21st CCLC the following information. I also grant permission to the 21st CCLC to re-disclose the following information to the re-disclosure parties.

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

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the 21st CCLC 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 21st CCLC and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the 21st CCLC, 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 21st CCLC has already acted in reliance upon this consent. Written revocations shall be sent to:

Blue River Services
Attn: Julia Baylor, Director of Children Services
21st CCLC Reach For A Star
14495 Huff St. NE
Palmyra, IN 47164
812-364-1142

I understand the 21st CCLC program requires ten (10) business days to process my 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.

By checking this box and typing my name below, I am electronically signing this document.

Student Name: (Please Print) _____

Parent/Guardian Name/Eligible Student: (Please Print) _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Student: _____