



# New York 21st Century Community Learning Centers

## SOARING BEYOND EXPECTATIONS

Dear Parent,

I am thrilled to inform you that the 21<sup>st</sup> Century community learning center at Watkins Glen has partnered with Cornell Cooperative Extension of Schuyler County to offer an exciting summer program. The program will follow the same 21<sup>st</sup> Century REACH model principles as the current after school programs. Each week we will offer enrichment activities that compliment your child's regular academic programs. They will spend time in recreation and learn through exciting enrichment activities.

The program will begin July 9<sup>th</sup> and end August 17<sup>th</sup>. Students are required to attend a minimum of two weeks and a minimum of four days each week they are enrolled in. The program will run from 9am to 2pm with bus transportation provided and drop-off between 9am and 10am. Lunch will be provided.

Each week enrichments will follow a theme. They are as follows:

### **Week 1** - Planes trains and Automobiles

Students will build solar paneled cars and explore the exciting science behind rocketry.

### **Week 2** – Music, Drama and Dance

This week will offer activities in Dance, Music and Theatre culminating in a performance on Friday.

### **Week 3** – Outdoor Adventures

Enrichments will include campfire cooking and survival skills. Students will learn about nature.

### **Week 4** – DIY

Enjoy enrichments in Arts and Crafts and cooking.

### **Week 5** – Super STEM week

See Science, Technology, Engineering and math in action with our new maker space tools.

### **Week 6** – Team Work and Time Travel

Only good teamwork can help you solve these mysteries from history.

This program will be separate from the current after school program, so prior participation does not guarantee a spot in the summer program. If you are interested in having your child participate, please fill in the attached application. Each week has limited spots and we will fill these on a first come first serve basis.

If you have any questions or need additional information, please feel free to call me directly or reach out by email.

Best Wishes,

Matthew J Bramall  
21st Century REACH After School Program Coordinator for Watkins Glen  
Cornell Cooperative Extension Schuyler County  
(607) 333-0302  
mjb527@cornell.edu



Cornell University  
Cooperative Extension  
Schuyler County



## 21st Century Watkins Glen Summer Program Enrollment Form

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

Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Gender:  Male  Female

Racial/ Ethnic Group (check all that apply);  American Indian/ Alaska Native  Black or African American

Hispanic or Latino  Pacific Islander  Asian  White  Other

Mailing address: \_\_\_\_\_

I would like my Child to attend the Watkins Glen Summer program (check all that apply):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1					
WEEK 2					
WEEK 3					
WEEK 4					
WEEK 5					
WEEK 6					

Please rank the weeks your child would like to attend the program from highest to lowest with 1 being the week your child most wants to attend:

WEEK 1     WEEK 2     WEEK 3     WEEK 4     WEEK 5     WEEK 6

### CONSENT

I give my child permission to participate in the **21st Century Watkins Glen Summer Program.**

Parent/ Guardian signature: \_\_\_\_\_

**PARENT/ GUARDIAN CONTACT INFORMATION**

<b>Parent/ Guardian #1 (Primary Contact)</b>		<b>Parent/ Guardian #2 (Secondary Contact)</b>	
Name:	_____	Name:	_____
Mailing Address:	_____ _____ _____	Mailing Address:	_____ _____ _____
Email Address:	_____	Email Address:	_____
Relationship to Student:	_____	Relationship to Student:	_____
Home Phone:	_____	Home Phone:	_____
Cell Phone:	_____	Cell Phone:	_____
Work Phone:	_____	Work Phone:	_____

## EMERGENCY MEDICAL TRANSPORTATION

In the event of illness or an accident requiring immediate medical care permission is granted for emergency medical transportation and treatment. I, \_\_\_\_\_, give permission to the Watkins Glen Summer staff to call 911 and arrange transportation of my child to/ from the closest medical facility, hospital or Physician's office.

**Parent/ Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Pediatrician/ Family Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

It is understood that every effort will be made to contact the parent and/or guardian promptly, however, in an emergency situation where a parent and/or guardian cannot be reached please contact the following:

### Contact 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

### Contact 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

## HEALTH INFORMATION

This confidential health information will only be used to ensure the safety of the children in this program. Please provide your child's medical history (if, yes please specify).

Allergies to food: Yes \_\_\_ No \_\_\_ Specify \_\_\_\_\_

Behavioral/Emotional: Yes \_\_\_ No \_\_\_ Specify \_\_\_\_\_

Physical Disabilities: Yes \_\_\_ No \_\_\_ Specify \_\_\_\_\_

Corrective Device: Yes \_\_\_ No \_\_\_ Specify \_\_\_\_\_

Asthma: Yes \_\_\_ No \_\_\_ Does your child use an inhaler: Yes \_\_\_ No \_\_\_

Allergies to penicillin: Yes \_\_\_ No \_\_\_ Allergy to plants: Yes \_\_\_ No \_\_\_

Allergy to insect stings: Yes \_\_\_ No \_\_\_ Hay Fever: Yes \_\_\_ No \_\_\_

Convulsions/seizures: Yes \_\_\_ No \_\_\_ Diabetes: Yes \_\_\_ No \_\_\_

Learning Disability: Yes \_\_\_ No \_\_\_

Other \_\_\_\_\_

Does your child have special health care needs that require treatment and/or medication? Yes \_\_\_ No \_\_\_

Please List if Yes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21st Century Watkins Glen Summer Program

**TRANSPORTATION AUTHORIZATION**

The **21st Century Watkins Glen Summer Program** will be offering transportation to the program and also upon dismissal from the program.

My child will:

- Take the Bus.                       Be picked up from the program by a parent/ guardian.                       Walk home alone.

The following individuals have permission to pick up my child:

Priority	Name	Relationship to child	Cell Phone	Phone #2
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				
4 <sup>th</sup>				
5 <sup>th</sup>				

If taking the bus, please specify what address your child will need to be picked up from and returned to (if different from mailing address):

---

---

---

I, \_\_\_\_\_, understand and give permission to the **21st Century Watkins Glen Summer Program** to release my child, \_\_\_\_\_, to the individuals listed above. If for any reason my child must be picked up from the program (i.e. illness, suspension, etc.) the Watkins Glen Summer staff may contact any of the persons listed above as having permission to transport my child.

**Parent/ Guardian signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

**PERMISSIONS**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Consent to Photograph, Film, or Videotape a student for Non-Profit use (Educational, Public Service or Health Awareness Purposes)**

\_\_\_\_\_ I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or  
Initial video tapes of the Student named above by **21st Century Watkins Glen Summer Program**.

\_\_\_\_\_ I also grant to **21st Century Watkins Glen Summer Program** the right to edit, use, and reuse said products  
Initial for non- profit purposes including use in print, on the internet, and all other forms of media.

\_\_\_\_\_ I also hereby release the **21st Century Watkins Glen Summer Program** and its agents and employees from  
Initial all claims, demands, and liabilities whatsoever in connection with the above.

**Student Data and Evaluation Consent Form**

In order to monitor the effectiveness of the Watkins Glen Summer 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 Watkins Glen Summer services help students and how they can be improved in order to meet the grant requirements.

Specifically, the CBO \_\_\_\_\_ and the evaluator, \_\_\_\_\_ asks permission to;

- Contact your child’s school to obtain records showing his or her progress, including information about grades and citywide and statewide test scores.
- Survey and/or interview you and your child about the Watkins Glen Summer program and its effects. Any information we collect will be used only to assess the Watkins Glen Summer program, or in any other way. We will not use your name or your child’s name in any report. At the end of the evaluation, we will destroy all records that include personal information. Participation in the study is completely voluntary and participants may withdraw at any time with no consequences.

Please select one of the options below;

\_\_\_\_\_ YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give permission for my child to participate in the evaluation of the Watkins Glen Summer program. I also consent for the evaluator and the CBO to obtain my child’s records (IEP’s, progress reports, report cards) and to interview me and my child.

\_\_\_\_\_ NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I do not give permission for my child to participate in the evaluation of the Watkins Glen Summer program.

If any time you change your mind about this decision, you may contact the CBO and/or evaluator directly at:

**Behavior Consent Form**

\_\_\_\_\_ Yes, I give permission to the **21st Century Watkins Glen Summer Program** to remove my child from the program, if program rules are not followed and/or behavior becomes an issue.

I have read and understand all of the **21st Century Watkins Glen Summer Program** permissions, I reviewed them with my child and agree to abide them.

**Parent/ Guardian signature:** \_\_\_\_\_ **Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_