



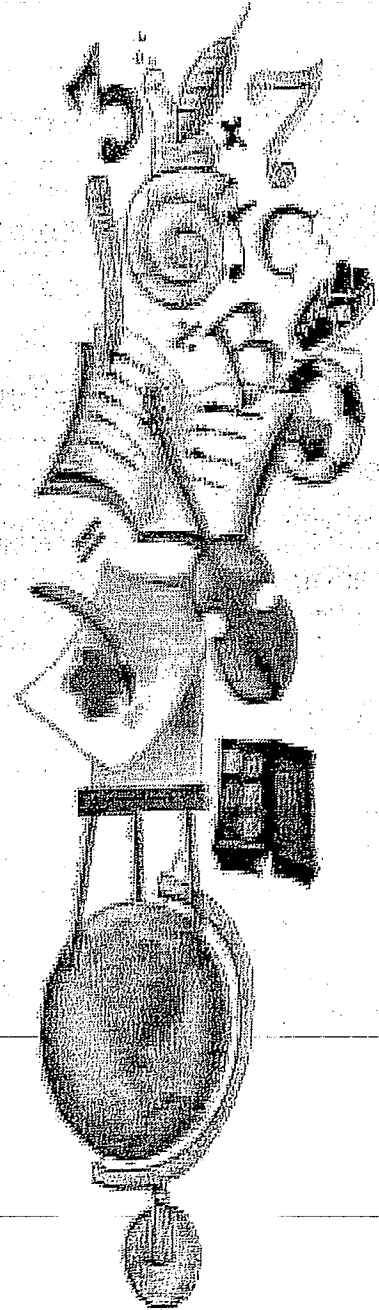
July 22nd, 2013

The Lakeland Housing Authority 21st CCLC Program is now accepting applications for the 2013-14 After-School Program year.

Applicants must currently be enrolled in school at Jeesse Keen Elementary, Southwest Elementary, Blake Academy, St. Luke's Christian Academy, or Mckeel Academy North. Residents within the 33815 area are also eligible to apply. All forms must be filled out completely in order for the application to be accepted. **If you turn in an incomplete application it will not be processed!**

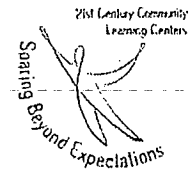
Applications may be picked up at the Lake Ridge Center located at 325 W 2nd Street, or in the offices of the schools listed above. Applications must be turned in to the Lake Ridge office.

For Further information, Please call 863-413-3449





Lakeland
Housing Authority



Lakeland Housing Authority 21st Century Community Learning Center 2013-2014 After-School Registration Form

Please fill out a separate form for each child enrolling in the After School Program.
Fill in ALL information before turning in. Incomplete applications will not be processed.

Student: _____ ID#: _____

Gender: _____ Age: _____ Birth date: _____

Student Address: _____

City: _____ State: _____ Zip Code: _____

What Grade will the student in during the 2013-2014 school year? _____

Teacher Name: _____

School: _____

Parent/ Guardian: _____ Phone Day: _____ Evening: _____

Parent/ Guardian: _____ Phone Day: _____ Evening: _____

What is the head of household's relationship to the student: _____

Please provide the names, grade, and school attended of all siblings in the family:

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Please provide the names and phone numbers of any adults who are able to pick up your child or to contact if the parent cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

What form of transportation will your child use to get home from the After School Program each day? (Check one)

Bus Car rider Walker

Student's Lunch Status: (circle one) FREE REDUCED REGULAR FEE

Does the student have any medical needs, dietary needs, or allergies? (Circle one) YES NO

Briefly explain: _____

Does your child require a disability accommodation? (Circle one) YES NO

If necessary, please describe accommodation:

ONLY MEDICATION FOR ALLERGIES OR EMERGENCIES WILL BE ADMINISTERED BY THE STAFF.

Can your child participate in a Health & Fitness Assessment and Fitness Program designed specifically for your child? YES NO (circle one) *If yes please sign the statement below.*

PLEASE NOTE: IF YOUR CHILD CANNOT PARTICIPATE IN A HEALTH & FITNESS ASSESSMENT AND FITNESS PROGRAM, HE/ SHE CANNOT PARTICIPATE IN THE AFTER-SCHOOL PROGRAM.

I give my permission for my child to participate in the Lakeland Housing Authority 21st CCLC's Health & Fitness Assessment, and fitness activities that are specifically designed for my child as a result of the assessment. I understand that these activities may include, but are not limited to, weight training on weight machines or free weights, using resistant bands, stretching, aerobic exercise and/ or walking/ jogging. I understand and agree, that in the event of injury to my child as a result of these activities, I will be responsible for any medical service fees.

Parent/ Guardian Signature: _____ Date: _____

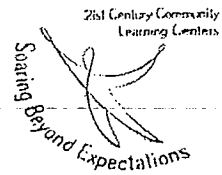
Can your child be photographed for publication and recognition related to the LHA 21st CCLC After School program? YES NO (circle one)

Can your child's work be published on the internet web site, identified by the first and last name? YES NO (circle one)

Can your child access the School/ District Network and the internet? (Access to instructional software, local files, and teacher led activities, etc.) YES NO (circle one)



Lakeland
Housing Authority



I, _____, understand that one of the purposes of the after-school program is to enhance my child's educational experience. In order to evaluate progress, I give my permission for authorized Lakeland Housing Authority 21st Century Community Learning Center After-School Program staff to periodically review and obtain my child's Report Card, FCAT, Discovery and any academic and discipline records. I understand that authorized staff will not disclose any identifiable student information unless given explicit permission by the parent.

Student Name: _____

Student School ID#: _____

Parent/ Guardian Signature: _____ Date: _____

Parent Involvement

Though our program staff are committed and qualified, your help is needed to make the program the very best it can be. It is required that parents volunteer at least 20 hours per year. You are an important partner in our program's success. We look forward to your help with field trips, events & activities, tutoring, mentoring, and other projects. **You can also obtain your 20 hours by attending parent classes offered and parent meetings.** Please indicate below how you would like to be involved in your child's program:

Activities I would like to be involved in:

- Sports/ Recreation: _____
- Homework Assistance/ Tutoring: _____
- Mentoring
- Field Trips
- Other Projects/ Activities: _____

I am available to volunteer on the following days: (circle all that apply)

Monday Tuesday Wednesday Thursday Friday

You must be an approved volunteer through the school board and have a volunteer application on file in the office in order to work with students.

The Lakeland Housing Authority 21st CCLC also offers classes free to the parents. Please indicate below any class interests you might have. (i.e. computer, keyboarding, job skills, financial literacy, parenting courses, GED, etc.) If enough parents are interested we will schedule adult classes in the evening.

Parent Survey on Characteristics of Youth Participants

Please respond to the following questions by providing basic background information on your family

How many children do you have at this program? _____

Please provide the following information for each child you are applying for to be in the 21st CCLC

Gender	Age	Grade	Height	Weight

How would you describe the race of your children in the program? (Circle your response)

Department of Education required

American Indian	Asian-Pacific Islander	Black	Hispanic	White	Multiracial or Other
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What is your household income?

Less than \$5,000	\$5,000- \$9,999	\$10,000- \$14,999	\$15,000- \$19,999	\$20,000- \$24,999	\$25,000- \$29,000	\$30,000- \$39,000	\$40,000- \$49,000	\$50,000- \$74,999	\$75,000 or higher
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How many people live in your household? _____

How long have you lived in this community? _____

Is the Head of Household a Male or Female? (circle one) Is this a single parent home? _____

Who would watch your children if they did not attend our After School program? _____

How do your children usually get home from the 21st CCLC site? _____

If you wish, place additional comments on the back of this sheet.

LHA
21st CCLC
2013-2014 After-School
Emergency Contact Form

Student Name: _____ Birth date: _____ Gender: _____

Student Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

In case of an emergency please contact:

Contact Person: _____ Contact Number: _____

Does the student have any medical concerns or allergies? _____ Yes _____ No

If yes please explain: _____

The following are able to pick up my child or to contact if I cannot be reached.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

RELEASE-In Case of an Accident

I give my permission for my child to participate in the 21st Century After School Learning Program. I have read and understand the conditions of my child's participation in the 21st Century Program. In case of a serious accident or illness, I request the LHA to contact me. If I am unavailable, I authorize the LHA to attempt to contact one of the contacts provided above. In the event that I, or one of the above contacts is unavailable, the school personnel has my permission to make whatever arrangements necessary to provide care and treatment for my child. The school has my permission to make or request transportation for my child to be taken to the nearest emergency room. Under these circumstances school personnel has my permission to release the information on this form to emergency personnel. I understand and agree that I will be responsible for any medical service fees.

Parent/Guardian Signature: _____ Date: _____

The Housing Authority of the City of Lakeland
21st Century Community Learning Center
Blanket Field Trip Permission Form

TO WHOM IT MAY CONCERN:

_____ Has my permission to participate in
Name of student

All field trips being taken by the Lakeland Housing Authority 21st Century Community

Learning Center during the 2013-14 After-School within Polk County.

As parent/guardian I acknowledge the following:

1. Program staff is authorized to obtain emergency medical treatment for this student as necessary.
2. During the field trip, the Lakeland Housing Authority will not be liable for injury to this student as a result of the negligence, errors, and omission of others (i.e., charter bus owner and drivers, or amusement park owners or workers)
3. If your child takes personal belongings on this field trip, he or she will be responsible for them. The Lakeland Housing Authority accepts no responsibility for personal items, such as watches, purses, money, cameras, and/or wallets, etc.

(Signature of parent/guardian)

Date

NOTE: FOR ALL OUT-OF-STATE TRIPS, A NOTARIZED MEDICAL TREATMENT AUTHORIZATION FORM MUST ALSO BE AVAILABLE. IT SHOULD BE COMPLETED PRIOR TO THE STUDENT'S FIRST OUT-OF-COUNTY TRIP AND RETAINED FOR THE REMAINDER OF THE SCHOOL YEAR.

**MEDICAL TREATMENT AUTHORIZATION FORM
AFTER SCHOOL PROGRAM**

To Whom It May Concern:

I the undersigned parent/guardian of _____
hereby authorize any necessary medical treatment for this student while participating in field trips
conducted under the sponsorship of the **Lakeland Housing Authority 21st CCLC** during the **2013-14**
School year and guarantee payment of all charges incurred as a result of this medical treatment.

INFORMATION:

ALLERGIES TO FOOD, MEDICATION, ETC. (if none, so state.) _____

SPECIAL MEDICAL CONDITIONS (if none, so state.) _____

Family Physician _____

Office Address _____

Parent/guardian name _____

Home Address _____

Home Phone _____

Work Phone _____

Insurance Company _____

Policy No. or Group No. _____

Parent/Guardian Signature _____ Date _____

State of Florida, County of _____

I hereby certify that the foregoing was executed before me this _____ day of _____

_____, by _____, who is personally known to
me or who has produced _____
as identification and who did (did not) take an oath.

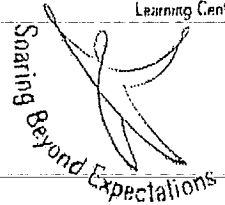
Notary Public, State of Florida

THIS FORM IS TO BE USED FOR ALL OUT-OF-COUNTY FIELD TRIPS EXCEPT ATHELETIC
ACTIVITIES. THE FORM SHOULD BE COMPLETED PRIOR TO THE STUDENT'S FIRST OUT-OF-
COUNTY TRIP AND RETAINED ON FILE FOR THE REMAINDER OF THE SCHOOL YEAR.



Lakeland
Housing Authority

21st Century Community
Learning Centers



PERMISSION TO TRANSPORT

I the undersigned parent/guardian of : _____
give the Lakeland Housing Authority 21st CCLC After -School Program
permission to transport my child from Jesse Keen Elementary or
_____ Elementary School to the 21st CCLC located at 325 w.
2nd St, Lakeland FL 33805. I also give permission for my child to be transported
back to Jesse Keen or Dropped off at home (circle one).

Parent Acknowledgment:

By signing this form below, I Parent (print): _____
acknowledge the fact that it is my responsibility to make sure myself or someone is
home or at the bus stop for my child(ren) and that the bus driver is not responsible
for checking if parents/guardians are home. In addition, the bus driver is not
responsible for any student, once he/she has been are dropped off at their
designated location.

Parent/Guardian Signature

Date



EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
 CERTIFICATION OF ELIGIBILITY TO TAKE FOOD HOME

Name: _____
 Address: _____

Number of People in Household: _____

County: _____

The following shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food. The chart below is effective July 1, 2011 - June 30, 2012.

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$14,157	\$1,180	\$273
2	\$19,123	\$1,594	\$368
3	\$24,089	\$2,008	\$464
4	\$29,055	\$2,422	\$559
5	\$34,021	\$2,836	\$655
6	\$38,987	\$3,249	\$750
7	\$43,953	\$3,663	\$846
8	\$48,919	\$4,077	\$941
For each additional family member add:	+\$4,966	+\$414	+\$96

You are eligible to receive food from TEFAP if your household meets the income guidelines above or participates in any of the following programs. Please place a checkmark in the space next to the category that applies.

- Income eligibility
- Supplemental Nutrition Assistance Program (SNAP) (fka Food Stamps)
- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI)
- Medicaid

Read the following statement carefully and then sign the form and write in today's date. You only need to meet one of these statements to be eligible to receive USDA foods.

I certify that my yearly household gross income is at or below the income listed on this form for households with the same number of people as my household. OR that I participate in the program(s) that I have checked on this form. I also certify that as of today, I reside in the State of Florida. This certification is being submitted in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State agency for the value of the food properly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Signature: _____ Date: _____

CERTIFICATION IS VALID FOR A PERIOD OF ONE YEAR and may be renewed as needed. Any changes in the household's circumstances must be reported to the distributing agency immediately.

I authorize _____ to pick up USDA foods on my behalf.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410 or call (866) 632-9992 (voice). Individuals who are deaf or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-1400 (voice). USDA is an equal opportunity provider and employer.