



21st Century Community Learning Center Program

**2017 - 2018 Columbus Elementary School
Registration Form**

The Mount Vernon S.T.R.O.N.G. (Students Taking Responsibility and Ownership Now and Graduating) is a collaborative effort of the City of Mount Vernon Youth Bureau and the City of Mount Vernon School District to provide services to the students of Columbus Elementary School. A New York State Department of Education Grant to the City of Mount Vernon Youth Bureau funds this program. Participation in the program is free.

The Mount Vernon S.T.R.O.N.G. Program will be a work in progress by design that will be refined and changed by involvement of all stake – holders: students, parents, program staff, the Mount Vernon School District, Mount Vernon City Hall, and community members. At this time, the program partners envision the program as a safe and comfortable place that fosters the academic, personal, and social growth of each student.

Student Information:

Student Name _____ Grade _____ Date of Birth _____
Cell Phone # _____ Email Address _____
Guidance Counselor _____ Primary Language Spoken at Home _____
Student ID # _____ Gender _____ Ethnicity: African American _____ Latino _____ Caucasian _____ Asian _____ Other _____

Parent/ Guardian Information:

Parents/ Guardian Name _____ Home Phone # _____
Cell Phone # _____ Email Address _____
Mailing Address _____ Mount Vernon, NY (Zip Code) _____

Participant Pickup Policy:

The program hours are from 3:00 p.m. to 6:00 p.m., Monday – Friday. Parents/Guardians are expected to pick up and sign out their children by 6:00 p.m. Failure to abide by this policy could result in your child’s suspension or removal from the program.

Parental Consent for Photo/ Media Release:

As the Parent / Guardian of _____, I consent to the use of my child’s name, photo, image, and voice in publicity for the Mount Vernon S.T.R.O.N.G. Program. All media releases will be used to promote the program and celebrate the accomplishments of the participants of the Mount Vernon S.T.R.O.N.G. Program. This release covers your child’s participation in the program through June 30, 2018. You have the right to revoke this release at any date.

Signature of Parent/ Guardian: _____ Date: _____

Parental Consent for Field Trips:

Students will be invited to participate in field trips and activities off site through out the year. You will receive a permission slip for each individual field trip so that you are aware of when and where your child will be going with the Mount Vernon S.T.R.O.N.G. Program.

(Please complete the other side also)

The Mount Vernon S.T.R.O.N.G. Program will consist of academic, enrichment and recreational activities provided during the after school hours, vacation periods and during the summer vacation period. Field trips and clubs are some of the planned activities. Each student participating must agree to participate in the academic component for four days a week for a total of 30 days during the program year. The academic component includes tutoring, homework help, arts, and craft.

Student Agreement for Program Participation:

1. I agree to participate in the academic component for four days a week for a total of 30 days during the program year.
2. I agree to behave responsibly and follow the school's discipline code and policies as well as rules established by the Mount Vernon S.T.R.O.N.G. Program during all program activities.
3. I agree not to use my cell phone during program hours unless there is an emergency.

Print Students Name: _____

Date _____

Signature of Parent/ Guardian: _____

Date: _____

Emergency Contacts

Please indicate whom we can contact in the event of an emergency when a parent/ guardian are not available:

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Allergies/ Medical Conditions (Please list anything we should be aware of):

Parental Consent for Participation in the Program and Consent to Share Information:

By signing below, I am consenting for my child to participate in daily programming within the Mount Vernon S.T.R.O.N.G. Program. I also give permission to the program to obtain necessary medical treatment for my child in the event of an emergency.

I grant the Mount Vernon City School District permission to release relevant academic and attendance information to the Mount Vernon S.T.R.O.N.G. Program's collaborating community agencies. The City of Mount Vernon Youth Bureau is responsible for tracking the educational progress of my child and the evaluation of the program.

Signature of Parent/ Guardian: _____

Date: _____

If you have any questions or concerns you may reach the Mount Vernon S.T.R.O.N.G. Program Main Office.

100 California Road, Room 237
Mount Vernon, New York 10552
(914) 358 – 2594

MOUNTVERNONSTRONG@GMAIL.COM

[HTTP://YOUTH.CMVNY.COM](http://YOUTH.CMVNY.COM)

[FACEBOOK.COM/MVYOUTHBUREAU](https://www.facebook.com/MVYOUTHBUREAU)

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