



F.O.S.C.

Friends of Seabrook Community



# 5th—8th

## 2021-2022 ANNUAL REGISTRATION FORM

Nita M. Lowey 21st Century Community Learning Centers (21st CCLC) Program



Student Name: \_\_\_\_\_ Date of Birth:     /     /

Age: \_\_\_\_\_ Grade:     5th  6th  7th  8th  Gender: Male  Female  Other

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

Student Email: \_\_\_\_\_ (Please Write Clearly)

Mother/Guardian Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone # (Optional): \_\_\_\_\_

Email Address: \_\_\_\_\_ (Please Write Clearly)

Father/Guardian Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone # (Optional): \_\_\_\_\_

Email Address: \_\_\_\_\_ (Please Write Clearly)

### EMERGENCY CONTACTS

1. Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

*X (Initial) \_\_\_\_\_ I give permission for this contact to pick-up my child in case of emergency or as an alternate Pick-Up/Drop-Off Contact.*

2. Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

*X (Initial) \_\_\_\_\_ I give permission for this contact to pick-up my child in case of emergency or as an alternate Pick-Up/Drop-Off Contact.*



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### ALLERGIES & MEDICATIONS

**FOOD ALLERGIES:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**OTHER ALLERGIES:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*X (Initial)* \_\_\_\_\_ The Seabrook Adventure Zone can make REASONABLE snack/lunch accommodations but in the case that students have severe or specific food allergies, parents/guardians must send students to the SAZ program with appropriate snacks/lunch items aligned with their allergy needs.

**MEDICATIONS:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*X (Initial)* \_\_\_\_\_ The policy of the Seabrook Adventure Zone is that prescription medication is NOT distributed by SAZ staff or volunteers to participants. If medication is needed during program hours, it must be administered by the participant or responsible party.

*X (Initial)* \_\_\_\_\_ I give permission for a 1st Aid/CPR certified SAZ staff member to administer ibuprofen or aspirin to my child as needed.

### FREE/REDUCED LUNCH

SAZ provides ALL students in SAZ with daily FREE Lunch and Snacks, but funding is based on school Free/Reduced Lunch rates. ALL Information in this document is CONFIDENTIAL.

Please CHECK the BOX identifying if your child has....

FREE LUNCH

REDUCED LUNCH

FULL PRICE LUNCH

I NEED FREE/REDUCED LUNCH APPLICATION

...NEXT PAGE





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### TRANSPORTATION

SAZ encourages parents and families to utilize pick-up and car pooling strategies if they are available, and will work to connect parents with other parents that may be able to work together for transportation needs.

The Seabrook Adventure Zone ends at 6 PM and all students are expected to be picked up BEFORE or AT 6 PM! End of the Day Pick-Up location for the SAZ Middle School Site is the Back Parking Lot near the 5th Grade Exit of the Seabrook Middle School!

Transportation WILL NOT be a barrier for student participation in SAZ, so please reach out to your Site-Coordinator to discuss transportation needs and options.

X (Initial) \_\_\_\_\_ My child has permission to walk or bike home from the Seabrook Adventure Zone program at the end of the SAZ day.

OR

X (Initial) \_\_\_\_\_ My child DOES NOT have permission to walk or bike home from the Seabrook Adventure Zone program at the end of the SAZ day.

AND

X (Initial) \_\_\_\_\_ My child DOES NOT need transportation home from SAZ.

OR

X (Initial) \_\_\_\_\_ I will EMAIL the SAZ SMS Site-Coordinator:  
Brittney Gentile at [Brittney@friendsofseabrookcommunity.org](mailto:Brittney@friendsofseabrookcommunity.org)  
or SEND IN WRITING any transportation needs that may occur throughout the school year.

### WAITLIST POLICY

SAZ prides ourselves on our ability to avoid programming waitlists when possible, but in the case that a waitlist is in effect, the Seabrook Adventure Zone utilizes certain criteria to identify students most in need of programming that include...

**Academic Need:** Students scoring below proficiency in state standardized testing, showing difficulty with academic goals and objectives, and/or that are identified by the Seabrook School District and SAZ administration for academic supports.

**Behavioral/Social Emotional Learning Need:** Students that struggle with SEL skills aligned with their age and grade expectations, students with heightened behavioral challenges during the school day, and/or that are identified by the Seabrook School District and SAZ administration for behavioral/SEL supports.

**Free/Reduced Lunch:** Students that are identified with Free or Reduced Lunch in the Seabrook School District.

*In the circumstance of a waitlist in effect, SAZ Site-Coordinators will reach out to parents/families and inform them that their registration is on a temporary hold until programming space is available.*

*SAZ will do everything within our ability to locate programming supports, additional staff, and/or work with community partners to move any child off of the waitlist and into the SAZ program as quickly as possible.*

X (Initial) \_\_\_\_\_ I have read and understand the Seabrook Adventure Zone WAITLIST Policy.



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### SPECIAL EDUCATION & EQUITABLE SUPPORTS

SAZ partners with the Seabrook School District and Friends of Seabrook Community to provide the Seabrook Adventure Zone program to Seabrook students. SAZ follows and adheres to all FERPA and IDEA guidelines and regulations and maintain all parent, student, and family confidentiality in accordance with the Family Educational Rights and Privacy Act (FERPA) and Individuals with Disabilities Education Act (IDEA).

SAZ will make REASONABLE accommodations for ALL students, especially those with IEP's and 504 Plans, to ensure that all students have equitable supports, both academically and behaviorally, during the Seabrook Adventure Zone program.

#### INITIAL ONLY 1 Option Below...

*X (Initial)\_\_\_\_\_ My child has an IEP or 504 Plan and I give the Seabrook Adventure Zone permission to obtain a copy of the document (s), including student academic and behavioral accommodations, from the Seabrook School District Special Education Department to ensure my child has the highest degree of programming supports during the Seabrook Adventure Zone.*

**~OR~**

*X (Initial)\_\_\_\_\_ I Do Not give the Seabrook Adventure Zone permission to obtain a copy of my child's IEP or 504 plan from the Seabrook School District Special Education Department.*

**~OR~**

*X (Initial)\_\_\_\_\_ My child is not a Special Education student BUT I do have accommodations that work at home or in other programs, academically or behaviorally, and they include.... (Please Write Clearly Below)*

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_



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### ATTENDANCE POLICY

SAZ is NOT a DROP-IN program and requires a one-time ANNUAL REGISTRATION (this document) and PROGRAM ENROLLMENT FORMS throughout the year.

Program Session dates are detailed on the SAZ Calendar and Program Enrollment Forms can be completed both electronically and written available on the SAZ website at [www.seabrookadventurezone.com](http://www.seabrookadventurezone.com) and in the Seabrook Elementary School Front Office and Classrooms.

To fully appreciate the academic and behavioral programming components and exciting adventure zone options throughout the afternoon, we ask that parents and families encourage their children to stay the entire duration of the program as often as possible.

To maintain that all students have equitable access to the Seabrook Adventure Zone, SAZ mandates a CRUCIAL Attendance Policy detailed below.

#### ***EXCUSED ABSENCE:***

Your child was absent from school, was dismissed early, was sent home on the bus at the end of the day by the nurse, or and EMAIL, CALL, or TEXT was sent to the Site-Coordinator prior to the beginning of the program.

*\*Students absent from School cannot participate in SAZ afterschool and is an EXCUSED ABSENCE.*

#### ***UNEXCUSED ABSENCE:***

Your child was present in school but not present in SAZ on a day they were registered to be in SAZ, did not go home sick from school and was not dismissed early, and no prior EMAIL, CALL, or TEXT was made to the Site-Coordinator BEFORE the beginning of the program.

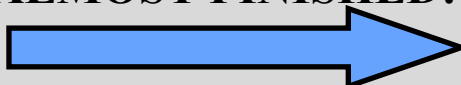
**1-2 Unexcused Absences:** SAZ Site-Coordinator will Email or Call home and discuss any barriers or challenges that may have prevented participation and communication, along with any resources or supports SAZ or our community partners may be able to provide.

**3 or more Unexcused Absences:** Student's enrollment will be put on an immediate freeze and the student will be added to the waiting list (if one is in effect) until parents/guardians can commit to a modified or changed REGISTRATION SCHEDULE with the Site-Coordinator in writing (Email or Written).

*\*If a Waiting List is in effect, the student will not be able to return to SAZ until their turn on the waiting list OR the waiting list has been lifted.*

X (Initial) \_\_\_\_\_ I have read and understand the SAZ Attendance Policy.

**...YOUR ALMOST FINISHED! NEXT PAGE....**





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### PHOTO/MEDIA RELEASE

*X (Initial)\_\_\_\_\_ I give SAZ permission for the use of various media representations of my child, including photo, audio, video, and written, for education, outreach and recognition purposes.*

### YOUTH VOICE (Non-Academic Surveys)

*X (Initial)\_\_\_\_\_ I give permission for SAZ to survey my child about their experiences in the SAZ afterschool program, program ideas, student interests, and other non-academic questions in order to strengthen my child's YOUTH VOICE!*

*\*All surveys are anonymous with NO personal indicators!*

### COVID-19/HEALTH & WELLNESS

SAZ follows all COVID-19 and Health & Wellness guidance from the Seabrook School District to maintain a healthy, safe environment during all SAZ programming.

*X (Initial)\_\_\_\_\_ I have read and understand the SAZ COVID-19/HEALTH & WELLNESS guidelines.*

*\*For current protocols and updates on COVID-19, please see the Seabrook School District website*

OR

*the Seabrook Adventure Zone website at [www.seabrookadventurezone.com](http://www.seabrookadventurezone.com) for guidance on Masks (Indoors, Outdoors, Transportation, etc.), Health and Hygiene, Cleaning Protocols, and other safety standards and regulations.*

***Please EMAIL Program Director: Forrest E Carter Jr with any COVID-19 related questions at [forrest@friendsofseabrookcommunity.org](mailto:forrest@friendsofseabrookcommunity.org)***

### CELL PHONE POLICY

Cell phones are HIGHLY DISCOURAGED in SAZ to maintain the maximum level of student engagement, focus, and safety.

Students have access to school phones and a SAZ Cell Phone at each site in the case of emergencies or making calls to home.

If a student DOES come to SAZ with a cell phone, the cell phone needs to stay in their backpack or locker at all times. If a student continues to abuse the SAZ cell phone policy, the cell phone will be taken, locked in a secure holding, returned to parents during pick-up, and the Behavior Policy located in the SAZ Student and Parent Handbook will be followed.

*X (Initial)\_\_\_\_\_ My child WILL NOT bring their cell phone to SAZ.*

OR

*X (Initial)\_\_\_\_\_ My child WILL bring their Cell Phone to SAZ and I understand the guidelines, expectations, and potential consequences outlined in the SAZ Cell Phone Policy.*



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### YOUTH VOICE & CHOICE

This page is for your CHILD to fill out!



*One of the perks of registering for SAZ is that you get a CUSTOMIZED SAZ INTRO PACK given to you on your first day of SAZ that includes...*

- ◆ **Full Set of MARKERS, CRAYONS, and COLORED PENCILS**
    - ◆ **6 PENCILS and a PENCIL SHARPENER**
    - ◆ **\$50 SAZ DOLLARS (Wait till you see the SAZ Store!)**
    - ◆ **WATERCOLOR SET**
  - ◆ **SAZ-I-TIZER (SAZ Hand Sanitizer given the name SAZ-I-TIZER by a SAZ Student!)**
- ANNNNNDDDDDD....The Items Below that YOU CHOOSE!!!**  
*Have FUN!*

#### Check One Box for Each Item!

##### ~SAZ CINCH BAG~

BLACK <input type="checkbox"/>	ORANGE <input type="checkbox"/>	LIGHT PINK <input type="checkbox"/>
BURGUNDY <input type="checkbox"/>	CAROLINA BLUE <input type="checkbox"/>	NAVY BLUE <input type="checkbox"/>
PURPLE <input type="checkbox"/>	LIME GREEN <input type="checkbox"/>	

##### ~FLEXIBLE RULER~

BLUE <input type="checkbox"/>	GREEN <input type="checkbox"/>	ORANGE <input type="checkbox"/>
YELLOW <input type="checkbox"/>	PURPLE <input type="checkbox"/>	

##### ~SAZ WATER BOTTLE~

CHARCOAL <input type="checkbox"/>	FUCHSIA <input type="checkbox"/>	BLUE <input type="checkbox"/>
GREEN <input type="checkbox"/>	PURPLE <input type="checkbox"/>	

#### Check One Box for Each Item!

##### ~SAZ WALLET~

BLUE <input type="checkbox"/>	GREEN <input type="checkbox"/>	ORANGE <input type="checkbox"/>
YELLOW <input type="checkbox"/>	PURPLE <input type="checkbox"/>	PINK <input type="checkbox"/>

##### ~SAZ CLOTH FACE MASK~

LIGHT PINK <input type="checkbox"/>	BLACK <input type="checkbox"/>	ORANGE <input type="checkbox"/>
HUNTER GREEN <input type="checkbox"/>	RED <input type="checkbox"/>	PURPLE <input type="checkbox"/>

##### ~SAZ SUN GLASSES~

###### **BLACK FRAMES**

BLUE TEMPLES <input type="checkbox"/>	PURPLE TEMPLES <input type="checkbox"/>	PINK TEMPLES <input type="checkbox"/>
BLACK TEMPLES <input type="checkbox"/>		

**OR**

###### **WHITE FRAMES**

NEON GREEN TEMPLES <input type="checkbox"/>	PURPLE TEMPLES <input type="checkbox"/>
ORANGE TEMPLES <input type="checkbox"/>	



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### ACADEMICS/EMERGENCIES/TRANSPORTATION

X (Initial) \_\_\_\_\_ I give permission for the receipt and release of information, including academic performance through POWER SCHOOL, State Testing Scores, and Behavioral Data from/to SAZ, including but not limited to SAZ staff & facilitators, school officials, and medical practitioners assisting in serving my child for the purpose of academic and social emotional achievement. SAZ adheres to all FERPA guidelines and regulations.

X (Initial) \_\_\_\_\_ In the event of an emergency SAZ will attempt to contact me prior to any medical treatment. I give permission for my child to receive emergency medical treatment, including the use of anesthesia, as recommended by medical practitioners.

X (Initial) \_\_\_\_\_ I give permission for my child to be transported by SAZ, including their contracted providers, to/from program activities and/or home as needed.

**BY SIGNING BELOW I AGREE THAT ALL INFORMATION PROVIDED IN THIS REGISTRATION FORM IS ACCURATE AND HONEST TO BEST OF MY KNOWLEDGE. INCOMPLETE FORMS ARE NOT ACCEPTED UNTIL INFORMATION AND SIGNATURES ARE COMPLETE.**

***\*SAZ will contact you for verification of any omitted initials or information.***

X \_\_\_\_\_  
**Parent/Guardian Name** (Please Print Clearly)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

X \_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

### WHERE TO BRING/SEND COMPLETED FORMS!?

**DROP-OFF** Registration Form and Program Enrollment Forms to the Seabrook Middle School Front Office

**OR**

**EMAIL** Registration Form and/or Program Enrollment Forms to the SAZ SMS Site-Coordinator: [Brittney@friendsofseabrookcommunity.org](mailto:Brittney@friendsofseabrookcommunity.org)

**OR**

**MAIL** Registration Form & Program Enrollment Forms to PO Box 2901, Seabrook, NH 03874

*Check-out our WEBSITE for programming updates and information!*

**[WWW.SEABROOKADVENTUREZONE.COM](http://WWW.SEABROOKADVENTUREZONE.COM)**