



New Castle Area School District 21st Century Community Learning Center C.A.N.E.S. APPLICATION 2019-2020



PROGRAM ACCEPTANCE & ENROLLMENT:

By completing this application I understand that it does not guarantee immediate enrollment in the CANES program. I understand that enrollments are prioritized based on various eligibility criteria. If your child is selected for enrollment, you will receive a letter notifying you of your child's acceptance and start date with the C.A.N.E.S. Program. That letter will include parent and student information for your student's C.A.N.E.S. participation.

STUDENT INFORMATION:

Last Name: _____ First Name: _____ Birth Date: _____
Grade for Upcoming School Year: _____ School Attending: _____
Lunch #: _____ Sex: M F
Race: Alaskan Asian African American Bi-Racial Hisp./Latino Native American Pacific Islander White
Credit Recovery Needed: YES NO Course(s): _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Names: _____
Street Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____ FaceBook: _____ Twitter: _____

ADDITIONAL EMERGENCY CONTACT INFO: Please list an additional person that will be available during CANES hours in case we need to reach them for urgent/emergency situations.

Name: _____
Relationship: _____
Home Phone: _____ Cell Phone: _____

BUS TRANSPORTATION: Bus transportation is available from the CANES program. All students will be dropped off at a bus stop near to home. I understand that I am responsible for ensuring my child's safety from the bus stop to home every day. I also understand that if I am the parent of a Kindergarten student, I am responsible for ensuring an approved person listed on this application meets my child at the bus stop daily, all year round! If I am the parent of a 1st- 4th grade student, I am responsible for ensuring an approved person listed on this application meets my child at the bus stop every day during DAYLIGHT SAVINGS MONTHS (Late October-Early March).

Please Select Transportation Option (First Student must use the approved address on file with the district):

Bus Transportation: YES NO
Daily Car Rider: YES NO
Daily Walker: YES NO

Please Complete Reverse Side

STUDENT MEDICAL INFORMATION:

Does your child have any Allergies or Health conditions? YES or NO

Explain Condition: _____

Is your child taking any Medication? YES or NO

Medication _____ Dose _____ Time _____

Medication _____ Dose _____ Time _____

FAMILY INSURANCE INFORMATION:

Please list Insurance Coverage Information:

Insurance Provider: _____

Policy/Group Number: _____

Primary Physician/Phone Number: _____

Please identify persons approved to pick up student at the C.A.N.E.S. program or at Bus Stop (in addition to parent/emergency contact person).

Name _____ Address _____

Phone# _____ Relationship _____

Approved for bus/school pick up? YES or NO

Name _____ Address _____

Phone# _____ Relationship _____

Approved for bus/school pick up? YES or NO

SIBLING/FRIEND INFO:

Does your child have siblings they would like to attend the program also? YES or NO

If yes, did you fill out an additional application each child? YES or NO

If yes, please list name and grade: _____

Does your child have a friend they would like to attend the program also? YES or NO

If yes, please list name and grade: _____

PARENTAL CONSENT: My son/daughter has permission to enroll in the C.A.N.E.S. program Monday through Thursday. If accepted for enrollment, my student commits to attending daily unless I provide an excuse. I verify that information contained in this application is true and correct. I agree to provide a current phone number and contact information and will notify C.A.N.E.S. staff immediately if any information changes. I give permission for the release of necessary information for coordination of services with CANES community partners and give permission for photos to be taken of my child during program.

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____

Office Use Only: (please do not write in this box)

(circle all that apply) Grade: _____ Teacher/Room #: _____ Meets income eligibility: Y N

Needs: Homework Tutoring: R M Credit Recovery Attendance/Tardy Behavior Social/Familial SRI PSSA
(SRI or PSSA Scores: Read _____

Math _____)

App: Bus Nurse Security Site Accept Pack Mailed: / / Target Start: / /

Permission to Start Recv'd: / / Bus Route: _____ Power Hour #: _____