



# Project Read and Reach

A School Age Community Engaged in  
Literacy, Character, and Service



St. Charles City School District

## 2015-2016 Application and Enrollment Form

(READ THIS FORM CAREFULLY AND FILL IT OUT IN IT'S ENTIRETY – ONE FORM PER STUDENT)

### Student Information

Participant Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Student's primary language spoken: \_\_\_\_\_

Ethnicity (please circle): Caucasian Asian Native American  
African American Hispanic Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Number and Street) (Apt. #)

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street) (Apt. #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer or School Attended: \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Number and Street) (Apt. #)

Work/School Schedule: \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary Parent/Guardian Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street) (Apt. #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer or School Attended: \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Number and Street) (Apt. #)

Work/School Schedule: \_\_\_\_\_ Email: \_\_\_\_\_

(Please note: We **MUST** have **WORKING** telephone numbers where someone can be reached during the time that your child is participating in Project Read and Reach.)

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**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO PICK UP CHILD (One emergency contact other than parent is required. Addresses must be included.)**

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Number and Street) (Apt. #)  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Number and Street) (Apt. #)  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

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**Authorization for Emergency Medical Care:**

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize the school staff of Project Read and Reach to contact the following:

**Physician or Clinic:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

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**Physical limitations/medical needs/special needs of participant:** \_\_\_\_\_

**Does your child have a current IEP?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
**Does your child have a current 504 Student Accommodation Plan?** \_\_\_\_\_ Yes \_\_\_\_\_ No

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Building Student Attends: \_\_\_\_\_ **Lincoln Elementary** \_\_\_\_\_ **Blackhurst Elementary**

Regular Day Teacher Name(s): \_\_\_\_\_

Is your child eligible for Free/Reduced Lunch: \_\_\_\_\_ Yes \_\_\_\_\_ No

Days Attending: \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F Session: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ AM & PM

**For Office Use: Date Application Rec'd & Accepted:** \_\_\_\_\_ **Enrollment Fee Rec'd/Amt:** \_\_\_\_\_



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## 2015-2016 PRR Program Information and Fee Schedule

- **Enrollment** is open to all students attending Blackhurst and Lincoln Elementary Schools.
- **Registration Fee** of \$40 per family is due and payable at the time of registration and is non-refundable. This holds your child's space in the program.
- **PRR is open** on the first day of school, August 12, 2015.
- **Opening time** of 6:30 am for morning attendees. Reminder that parents must come into the building and sign their child in and out each day.

## 2015 – 2016 Weekly Program Fees

*(Payments must be made monthly on the 1<sup>st</sup> of the month, or on the 1<sup>st</sup> and the 15<sup>th</sup> of each month. Payments delinquent more than 5 days will be charged a late fee of \$10, and after 10 days delinquent, your child's attendance in the program will be suspended.)*

Attendance Options	4-5 Days	1-3 Days	Add'l Fee for Early Release Days	Drop-In Fee for PM Early Release Days*
Weekly Fee: AM & PM	\$65	\$40	\$8	\$10
AM Only	\$45	\$30	\$8	\$10
PM Only	\$45	\$30	\$8	\$10
Free/Reduced Lunch Weekly Fee	\$30	\$25	\$8	\$10

*Note: Days and sessions must be consistent and cannot rotate. No additional discount for am or pm or 1-3 day options on Free/Reduced status rates. A second child discount of 10% is offered. DSS child care assistance will be accepted.*

*\* For families who only need care on an ERD. All students must be pre-registered with registration fee paid to our Adult & Community Education office and advance notice of attendance.*



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## Student Contact Info Sheet

Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

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

Child's Primary Address: \_\_\_\_\_

Primary Parent/Guardian Name(s): \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email address: \_\_\_\_\_

Child's Secondary Address: \_\_\_\_\_

Secondary Parent/Guardian Name(s): \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email address: \_\_\_\_\_

### Physical limitations/medical needs/special needs of child:

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

### Adults who have permission to pick up from PRR:

NAME/RELATIONSHIP

CELL/DAYTIME PHONE #s

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Individuals who ARE NOT authorized to pick up from PRR:

\_\_\_\_\_



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## Release Agreement

2015-2016 School Year

By initialing the following statements, you are giving Project Read and Reach permission to use your child's images, creative work, use technology, and complete any pre- and post-surveys.

Child's Name:		
Parent—Only initial if approved:	<u>Description of Use</u>	
	I give Project Read and Reach permission to photograph, video, and record my child for program promotion and educational purposes only and to be released for such purposes.	
	I give Project Read and Reach permission to photograph, video, and record items my child creates for program promotion and educational purposes only and to be released for such purposes.	
	I give Project Read and Reach permission to post pictures, videos, recordings, writings, or blogging of my child on the PRR website.	
	I understand that all pictures, videos, and recordings are the property of Project Read and Reach and that no child or family will be compensated for PRR usage.	
	I give Project Read and Reach permission for my child to use technology/Internet, under SUPERVISION, for educational purposes only.	
	I give Project Read and Reach permission for my child to participate in pre- and post-surveys for data collection for purposes of meeting SAC grant requirements.	
Parent Signature:		Date:



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## 2015-2016 Technology Acceptable User Policy for Lincoln and Blackhurst Schools

### *St. Charles School District Guidelines:*

1. Students will treat computer and Nook equipment, software, networks, and people with care and respect.
2. Students will access only the assigned web address.
3. Each Student will always use his or her own username and password and assigned Nook.
4. Students will not share personal information, such as last name, address, age, grade, or school's name with anyone on the internet or agree to meet with anyone they contact on the internet.
5. All material that is used from the internet will be properly cited.

**Parents and students please both sign and return to your child's PRR Learning Leader.**

**Thank you!!!**

Student sign here \_\_\_\_\_

Parent sign here \_\_\_\_\_

Parents--if you have any questions, please email Mrs. Shelley Geiger at [sgeiger@stcharlessd.org](mailto:sgeiger@stcharlessd.org) or Ms. Chrissy Fitzpatrick [cfitzpatrick@stcharlessd.org](mailto:cfitzpatrick@stcharlessd.org)

