



Site Name: Lewis-Cobb Community Center



21st Century
Community Learning Centers(CCLC)
Participant and Parent/Guardian
Statement of Commitment

(Please complete a separate form for each child)

Student Name: _____ Student ID#: _____ Grade: _____

School _____ Last 4 digits SSN: _____ DOB(MMDD): _____

Parent (Legal Guardian): _____

Address: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Parent (Legal Guardian): _____

Address: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

***Note: All High School Students must submit a copy of their current transcript at the start of services.**

Emergency Contact: Name and address of adult to be contacted in case of an emergency:

Name: _____ Relationship to child: _____

Walkers: My student has permission to walk home at the end of the program daily. Please note that students will be dismissed at the end of the program. Students who need to leave early must be signed out by a parent or authorized person. **Sign if the student is a walker** _____

Persons authorized to pick student up from program:

Name: _____ Phone: _____

Name: _____ Phone: _____

Program/Student Evaluation:

- _____ (initial) I received a copy of the Informed Consent to Participate in Evaluation form and give my permission to use my child's data for Program/Student Evaluation.
- _____ (initial) I hereby give my consent to allow Empowerment Academy, Inc., DCPS, and the school to which my child is attending, to mutually share information about my child between each other and with EA's 21st CCLC program partners, for the purposes of creating a fitness plan, individualized academic plans, and tracking school progress and academic performance that will be used to enhance my child's performance in school and on standardized assessments. I also understand that all information shared between DCPS, my child's school, Empowerment Academy, Inc. and its 21st CCLC program partners, will be kept strictly Confidential and will not be used for any other reason.
- _____ (initial) I give permission to EA, to use my child's image, photo's and creative efforts.
- _____ (initial) I give my child permission to utilize EA's Internet services to access various media including, but not limited to, stories on web pages, social media, and/or in media outlets.
- _____ (initial) I give my child permission to watch age-appropriate movies for enrichment purposes.

(Parent or Guardian Signature)

Date