

## San Juan Foundation 21<sup>st</sup> Century Community Learning Center After School Program

### Albert R Lyman Middle School

**Monday-Thursday 2:30-5:20 p.m.**

**Location: Star Lab Room**

**Services offered: Tutoring in Math, Science, History and Language Arts ~ Why Try program and STEM enrichment activities ~ Snacks are provided**

Dear parent/Guardian:

You are receiving this letter because your child is interested in attending the San Juan Foundation 21<sup>st</sup> Century Community Learning Center After School Program at Albert R Lyman Middle School.

The program is excited to be hosted at ARL and its purpose is to help your students with completing their homework, along with learning about STEM careers and doing activities that teach students the value of these careers in their future. This is an open enrollment program which means that your student can come any day of the school year that the program is running. We only ask that if your student attends that they are there for the full time that day, unless you or another designated person comes and checks them out early. They can also leave to go to participate in another activity or sport as long as they have permission from the coach and afterschool program staff.

Because the program is in the school, we will be following policies and procedures that the school has (you can find the rules in the student's planner or online.) The one rule we have added above the school's policies is that the student gets three strikes for breaking school rules, then they are not welcome back to the program again.

Here is the schedule for the program:

2:30 4:00- Homework

4:00-4:15- Break/snack

4:15-5:20- Enrichment activity

5:30-Activity bus leaves

Bus students will receive a bus pass at 5:20 p.m. Students cannot leave the building before 5:20 and bus passes will only be provided to students who attend the program from 2:30-5:20 p.m.

We are excited to get to know your student and have them participate in our program. We hope it's an amazing program that will help them with homework completion and teach them about careers and opportunities.

Please don't hesitate to call if you have questions. Contact ARL at (435) 678-1101 Ask for Justina or David Hale

#### **Student expectations:**

- Be respectful, polite, and all students must participate
- Follow rules and instructions
- Cell phone use is not allowed unless a student needs to contact a parent (school rules still apply at the 21<sup>st</sup> Century Community Learning Center)
- Bus students will receive a Bus Pass at 5:20 p.m.
- Students cannot leave the school building before 5:20 p.m., unless checked out by parent/guardian or someone designated on form (see below)
- Bus passes will only be provided to students who attend the 21<sup>st</sup> Century Community Learning Center program from 2:30 -5:20 p.m.

# Release of information/Permission form

## San Juan Foundation 21<sup>st</sup> Century Community Learning Center After School Program

### At Albert R Lyman Middle School

**\*Please return this form filled out with student:**

I, \_\_\_\_\_ (parent/guardian) allow my student \_\_\_\_\_ to participate in the 21<sup>st</sup> Century Community Learning Center After School Program at Albert R Lyman Middle School. I have read the letter and understand what the 21<sup>st</sup> Century Community Learning Center After School Program is and know who to contact if I have any questions. If I have said YES to the medical treatment question, I give permission for the 21<sup>st</sup> Century Community Learning Center After School Program staff in charge to act on my behalf to take necessary measures in the event of sickness or injury during program hours.

Student name: \_\_\_\_\_ Email address: \_\_\_\_\_

Parent Email address: \_\_\_\_\_ Parent Phone No. \_\_\_\_\_

- Current medical condition (allergies, asthma, diabetes, etc.) and medications, and name of person to contact in case of accident or illness:

Condition/Medication: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

- Do you consent to have staff provide medical treatment in necessary?

Yes \_\_\_\_\_ No \_\_\_\_\_

I give my permission to obtain student's information, such as birthday, school ID and grades

Yes \_\_\_\_\_ No \_\_\_\_\_

- Do you consent to allow your student to leave campus for activities associated with the 21<sup>st</sup> Century Community Learning Center After School Program at Albert R Lyman Middle School. Walking or School District busing will be provided for these activities.

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of person(s) who can check my student out from the program before 5:20 p.m.:

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian