



BOYS & GIRLS CLUBS
IN INDIANA



Boys & Girls Club of Michigan City / 21st Century Community Learning Center Intake Form – 2018 -2019

Youth's First Name _____ Middle Initial _____ Last Name _____ Suffix (Ex: Jr.) _____

Youth's Home Address _____ City _____ State _____ Zip _____

Parent's Email Address _____ Home Phone Number _____ Parent Cell Phone Number _____

Youth's Date of Birth _____ Gender: Male Female Is child in foster care __Yes __No

Youth's Shirt Size: Youth Sm Y Med. Y Large Adult Small A Med. A Large A XL A XXL

Are you interested in receiving programmatic text messages/alerts? _____Yes _____No

Are you interested in receiving programmatic email messages/alerts? _____Yes _____No

Race African American/Black Asian American Indian/Alaskan Native Caucasian/White
 Hispanic/Latino Native Hawaiian/Pacific Island Middle Eastern
 Multi-Racial Other: please specify _____

Primary Language: English Spanish Other _____

Ethnicity: Hispanic/Latino Not Hispanic or Latino

Education Information:

What Grade is your Youth/youth in (please circle): PreK K 1 2 3 4 5 6 7 8 9 10 11 12

Name of School Youth Attends: _____

Name of Youth's Teacher: _____

Does your Youth struggle or have problems in Reading/English? Yes No

Does your Youth struggle or have problems in Math? Yes No

Is your Youth enrolled in Special Education? Yes No

Does your Youth have an IEP (Individualized Education Plan)? Yes No

Is your Youth in gifted/talented classes? Yes No

Does your Youth receive free/reduced lunch: Yes No

Is homework the first priority for your Youth when at the Club? Yes No

Is your Youth allowed to get on the computers at the Club? Yes No

Does your Youth have any food allergies? Yes No

We serve healthy snacks at the Club, if allergies we will need a doctor's note to let us know the alternative food items they can have.

Please list any medications, allergies, or any medical conditions which would prohibit any activities: _____

How will your Youth return home? walk home be picked up other: _____

For the 21st CCLC program, we must have your permission for the school to share your Youth's information.

The Indiana Department of Education ("IDOE") would like to collect data on activities and events taking place in classrooms, schools, and school related programs throughout the state. The Family Educational Rights and Privacy Act ("FERPA") requires the IDOE and 21st Century Community Learning Center ("21st CCLC") to obtain prior written consent from the parent, guardian, or eligible student before releasing any personally identifiable information about a student. The information requested will be used to calculate the impact
Revised 7/13/2018 LMT

the 21st CCLC has on student performance and to meet reporting requirements as a result of receiving state and federal funds.

Boys & Girls Clubs in Indiana (Boys & Girls Clubs of Michigan City, Boys & Girls Clubs of Greater Northwest Indiana (Lake Station and Portage), Wells Community Boys & Girls Clubs, and Boys & Girls Club of Tipton) is dedicated to establishing a community learning center designated to provide students with academic and enrichment opportunities, as well as additional activities to complement their regular academic programs. Quality programs are those that demonstrate a high daily attendance rate and engagement with family members of active participants. Programs that demonstrate these characteristics are more likely to have higher student growth, increased passage rates of local and state assessments, and students pursue post-secondary education.

I understand that this authorization is made pursuant to the Family Educational Rights and Privacy Act ("FERPA"), set forth in 20 USC §1232g and its regulation in 34 CFR Part 99 (as amended in 2012). Furthermore, I understand that this consent is made pursuant to 34 CFR 99.30(a), which requires that (1) the parent or eligible student's consent specify the records to be disclosed, (2) state the purpose of the disclosure, and (3) identify the party or parties to whom the disclosure may be made.

By signing this form, I grant the school my student attends permission to disclose to the 21st CCLC the following information. I also grant permission to the 21st CCLC to re-disclose the following information to the re-disclosure parties.

1. **Records Disclosure:** School Registration Information/Demographic Data, Assessment Data, Student Grades, School Day Attendance, Survey Data, Free and Reduced Lunch Status, Attendance Data Student Grades, Assessment Data, Demographic Data, High School credits earned, graduation and advancement data.
2. **Disclosure Parties:** 21st CCLC
3. **21st CCLC Re-disclosure Parties:**
 - a. Indiana Department of Education
 - b. IDOE contracted statewide evaluator
 - c. United States Department of Education
4. **Purpose of Each Disclosure:** Collect data to calculate the impact 21st CCLC has on student performance.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the 21st CCLC and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization.

This authorization, to receive services from the 21st CCLC and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the 21st CCLC, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the 21st CCLC has already acted in reliance upon this consent. Written revocations shall be sent to: Lana Taylor, State Alliance Director, Boys & Girls Clubs in Indiana, 973 N Shadeland Avenue, Box 296, Indianapolis, IN 46219, Phone: (317) 356-2308 and Fax: (317) 356-2320, Email: Itaylor@indianabgc.org

I understand the 21st CCLC program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.

Student Name: (Please Print) _____

Parent/Guardian Name: (Please Print) _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Student: _____

Staff Signature

Staff Printed Name

Date

<p>Received by Indiana Alliance:</p> <p>_____ Date Received</p> <p>_____ Date Entered into EZ Reports</p>
