



21st  
Century  
STEAMM  
Club



Brown Local Schools

Home of the

**MALVERN  
HORNETS**

Excellence in Education!

**STINGERS After School**

Students & Teachers Interacting & Networking for Growth, Excellence, Rewards & Success

2013-14

## REGISTRATION PACKET

21<sup>st</sup> Century Grant for After School Programs  
In Collaboration with NEOMED

### Registration Information for Enrollment in the After School Program

Middle & High School 2:30 p.m. – 5:30 p.m. Mon.-Thurs.

Elementary School 3:15 p.m. – 6:15 p.m. Mon.- Fri.

#### Registration Process:

1. All paperwork must be completed and processed by the 21<sup>st</sup> Century Coordinator before any K-12 student is permitted into the program.
2. Classes will consist of 18 students to 1 teacher and/or tutor.  
In the event of high volume registration, a waiting list will be generated or possible rotating schedule. Students will be enrolled on a first come basis having complete registration packets.
3. A confirmation of enrollment and scheduled start time will be communicated to families.
4. Transportation home must be provided by parent/guardian and method identified.
5. Completed packets can be turned in to the ES,MS/HS Offices, Dr. Lynette Angeloni, or homeroom/classroom teacher.

Questions may be directed to: Dr. Lynette Angeloni, 21<sup>st</sup> Century CCLC Program Coordinator  
[angelonil@brownlocalschools.com](mailto:angelonil@brownlocalschools.com) 330-863-1355, ext. 258



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## 2013-14 REGISTRATION CHECKLIST

Student's Name: \_\_\_\_\_ AGE: \_\_\_\_\_ Grade: \_\_\_\_\_

Homeroom Teacher's Name: \_\_\_\_\_ Room # \_\_\_\_\_

### Completed Document Checklist:

Parent/Guardian Checked

School Official Checked

\_\_\_\_\_ ODJFS Child Enrollment & Health Information p.1 \_\_\_\_\_

\_\_\_\_\_ Allergies, Special Health/Medical Conditions p. 2 \_\_\_\_\_

\_\_\_\_\_ ODJFS # 01234 p. 3 of 3 \_\_\_\_\_

Note: Medications will not be administered.

ODJFS Form #01236

\_\_\_\_\_ Parent Consent, Transportation, Media Release & Waiver \_\_\_\_\_

\_\_\_\_\_ Student Behavior Expectations Form \_\_\_\_\_

\_\_\_\_\_ Special Circumstance Form \_\_\_\_\_

Parent/ Guardian Signature Submitting Application: \_\_\_\_\_

Sent or Delivered to School on: \_\_\_\_\_ (date)

#### OFFICE USE:

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Checked-in/ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

All documents completed: Yes No

If no, submitter was notified: Yes No

FORWARD TO: Dr. Lynette Angeloni (mailbox)

Received by Dr. Lynette Angeloni, Program Coordinator on: \_\_\_\_\_

Date and processed: \_\_\_\_\_

NOTES: \_\_\_\_\_