



F.O.S.C.

Friends of Seabrook Community



2022-2023

SAZ REGISTRATION FORM

Nita M. Lowey 21st Century Community Learning Centers (21st CCLC) Program



STUDENT INFORMATION

STUDENT NAME: _____ DATE OF BIRTH: / /

AGE: _____ GENDER: Male Female Other HOMEROOM/TEACHER: _____

GRADE: K 1st 2nd 3rd 4th 5th 6th 7th 8th BUS #: _____

ADDRESS (RESIDENCE) : _____

ADDRESS (MAILING) : _____

STUDENT EMAIL: _____ (Please Write Clearly)

STUDENT PHONE # (OPTIONAL): _____

FREE/REDUCED LUNCH

SAZ provides ALL students in SAZ with daily FREE afterschool Lunch and Snacks, but funding is based on school Free/Reduced Lunch rates. ALL Information in this document is CONFIDENTIAL.

Please CHECK the BOX identifying if your child has....

FREE LUNCH

REDUCED LUNCH

FULL PRICE LUNCH

I NEED FREE/REDUCED LUNCH APPLICATION

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SAZ ENROLLMENT INFORMATION

SAZ is NOT a DROP-IN program and accurate student enrollment is necessary to be a participant in the Seabrook Adventure Zone.

Please CHECK THE DAYS below that your child will participate in the Seabrook Adventure Zone!

Enrollment can be changed or modified (unless there is a waiting list or certain days are full) by emailing the site-coordinator and requesting the change of enrollment.

**Enrollment changes are NOT complete UNTIL the Site-Coordinator sends a confirmation email back to parents confirming the modified enrollment changes.*

MONDAYS

TUESDAYS

WEDNESDAYS

THURSDAYS

FRIDAYS

REGISTRATION FORMS without enrollment will NOT be processed!

Please ensure ALL registration form areas are completed before returning to SAZ.

CHILD CARE SCHOLARSHIP PROGRAM (DHHS)

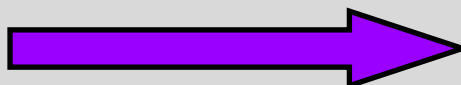
SAZ is a FREE afterschool program for all youth residing in Seabrook, NH.
IF SAZ were to adopt a FEE with a Sliding Scale, has your child been accepted into the Child Care Scholarship program through the Department of Health & Human Services?

Yes, my child is enrolled in the Child Care Scholarship Program through the DHHS.

No, My child is NOT enrolled in the Child Care Scholarship Program through the DHHS.

I am unaware of the Child Care Scholarship Program through DHHS and request information.

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ALLERGIES & MEDICATIONS

FOOD ALLERGIES: 1. _____ 2. _____ 3. _____

OTHER ALLERGIES: 1. _____ 2. _____ 3. _____

X (Initial) _____ The Seabrook Adventure Zone can make REASONABLE snack/lunch accommodations but in the case that students have severe or specific food allergies, parents/guardians must send students to the SAZ program with appropriate snacks/lunch items aligned with their allergy needs.

MEDICATIONS: 1. _____ 2. _____ 3. _____

X (Initial) _____ The policy of the Seabrook Adventure Zone is that prescription medication is NOT distributed by SAZ staff or volunteers to participants. If medication is needed during program hours, it must be administered by the participant or responsible party.

X (Initial) _____ I give permission for a 1st Aid/CPR certified SAZ staff member to administer ibuprofen or aspirin to my child as needed.

YOUTH VOICE (Non-Academic Surveys)

X (Initial) _____ I give permission for SAZ to survey my child about their experiences in the SAZ afterschool program, program ideas, student interests, and other non-academic questions in order to strengthen my child's **YOUTH VOICE!**

**All surveys are anonymous with NO personal indicators!*

PHOTO/MEDIA RELEASE

X (Initial) _____ I give SAZ permission for the use of various media representations of my child, including photo, audio, video, and written, for education, outreach and recognition purposes.

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PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Name: _____

Relationship to Student : Mother Father Grandmother Grandfather Other _____

Primary Phone #: _____ Secondary Phone # (Optional): _____

Address : _____

Email Address: _____ (Please Write Clearly)

Parent/Guardian #2

Name: _____

Relationship to Student : Mother Father Grandmother Grandfather Other _____

Primary Phone #: _____ Secondary Phone # (Optional): _____

Address : _____

Email Address: _____ (Please Write Clearly)

LEGAL/COURT DOCUMENTATION

X (Initial) _____ If for any reason a parent or guardian is court or legally ordered to not pick-up or visit my child while at SAZ, I will give notice with documentation to the Site-Coordinator immediately.

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EMERGENCY CONTACTS

1. Name: _____ Relationship to Participant _____

Address: _____ Phone #: _____

X (Initial) _____ I give permission for this contact to pick-up my child in case of emergency or as an alternate Pick-Up/Drop-Off Contact.

2. Name: _____ Relationship to Participant _____

Address: _____ Phone #: _____

X (Initial) _____ I give permission for this contact to pick-up my child in case of emergency or as an alternate Pick-Up/Drop-Off Contact.

STUDENT END-OF-THE-DAY PICK-UP

The Seabrook Adventure Zone ends at 6 PM and all students are expected to be picked up BEFORE or AT 6 PM!
End of the Day Pick-Up locations for the SAZ Elementary and Middle School Sites are the front office of the Seabrook Elementary School AND the front office of the Seabrook Middle School!

There is a WALKIE at each of the pick-up locations. Parents are to WALKIE their dismissal of their child using first and last name, wait for confirmation, and the student will be brought to the front for dismissal.

*ALL students in K-4th grade MUST have a parent/guardian signature for dismissal before the student can be released from SAZ.

**There are NO DISMISSALS at any other location UNLESS signage has been posted near the WALKIE identifying an alternate pick-up location.

X (Initial) _____ I understand the SAZ pick-up policies for my child attending the Seabrook Adventure Zone and will follow the pick-up protocols and guidelines. I understand that NOT following the student pick-up procedures could limit my child's ability to participate in the Seabrook Adventure Zone.

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SPECIAL EDUCATION & EQUITABLE SUPPORTS

SAZ partners with the Seabrook School District and Friends of Seabrook Community to provide the Seabrook Adventure Zone program to Seabrook students. SAZ follows and adheres to all FERPA and IDEA guidelines and regulations and maintain all parent, student, and family confidentiality in accordance with the Family Educational Rights and Privacy Act (FERPA) and Individuals with Disabilities Education Act (IDEA).

SAZ will make REASONABLE accommodations for ALL students, especially those with IEP's and 504 Plans, to ensure that all students have equitable supports, both academically and behaviorally, during the Seabrook Adventure Zone program.

INITIAL ONLY 1 Option Below...

X (Initial)_____ My child has an IEP or 504 Plan and I give the Seabrook Adventure Zone permission to obtain a copy of the document (s), including student academic and behavioral accommodations, from the Seabrook School District Special Education Department to ensure my child has the highest degree of programming supports during the Seabrook Adventure Zone.

~OR~

X (Initial)_____ I Do Not give the Seabrook Adventure Zone permission to obtain a copy of my child's IEP or 504 plan from the Seabrook School District Special Education Department.

~OR~

X (Initial)_____ My child is not a Special Education student BUT I do have accommodations that work at home or in other programs, academically or behaviorally, and they include.... (Please Write Clearly Below)

1. _____

2. _____

3. _____



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ACADEMIC SUPPORT & POWERSCHOOL

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SAZ offers DAILY Academic Supports during Brain Zone, but in order for SAZ staff to effectively support your child's academic proficiency and success, SAZ needs the tools to properly monitor and review your child's academic progress in Powerschool.

INITIAL ONLY 1 Option Below...

X (Initial) _____ YES, I give the Seabrook Adventure Zone permission to access and review my child's academics and student progress through the Powerschool program used in the Seabrook School District to monitor and track student academic progress.

~OR~

X (Initial) _____ NO, I do not give the Seabrook Adventure Zone permission to access and review my child's academics and student progress through the Powerschool program used in the Seabrook School District to monitor and track student academic progress.

**By selecting NO, I understand that SAZ will be limited in their ability to make academic progress with my child and that SAZ is not responsible for SAZ enrolled students falling behind in their academics due to not having the needed permissions to support student academic achievement in SAZ.*

PHOTO/MEDIA RELEASE

X (Initial) _____ I give SAZ permission for the use of various media representations of my child, including photo, audio, video, and written, for education, outreach and recognition purposes.

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TRANSPORTATION

SAZ encourages parents and families to utilize pick-up and car pooling strategies if they are available, and will work to connect parents with other parents that may be able to work together for transportation needs.

Transportation WILL NOT be a barrier for student participation in SAZ, so please reach out to your Site-Coordinator to discuss transportation needs and options.

X (Initial)_____ *I will TEXT or EMAIL the Site-Coordinator BEFORE 1 PM if I will be picking up my child early from the SAZ program.*

AND

X (Initial)_____ *My child DOES NOT need transportation home from SAZ and I will pick-up my child by 6 PM.*

OR

X (Initial)_____ *I will EMAIL the SAZ SES or SMS Site-Coordinator any transportation needs that may occur throughout the school year.*

**Identifying transportation needs does not guarantee transportation UNTIL the site-coordinator and parents/guardians confirm a schedule.*

WAITLIST POLICY

SAZ prides ourselves on our ability to avoid programming waitlists when possible, but in the case that a waitlist is in effect, the Seabrook Adventure Zone utilizes certain criteria to identify students most in need of programming that include...

Academic Need: Students scoring below proficiency in state standardized testing, showing difficulty with academic goals and objectives, and/or that are identified by the Seabrook School District and SAZ administration for academic supports.

Behavioral/Social Emotional Learning Need: Students that struggle with SEL skills aligned with their age and grade expectations, students with heightened behavioral challenges during the school day, and/or that are identified by the Seabrook School District and SAZ administration for behavioral/SEL supports.

Free/Reduced Lunch: Students that are identified with Free or Reduced Lunch in the Seabrook School District.

In the circumstance of a waitlist in effect, SAZ Site-Coordinators will reach out to parents/families and inform them that their registration is on a temporary hold until programming space is available.

SAZ will do everything within our ability to locate programming supports, additional staff, and/or work with community partners to move any child off of the waitlist and into the SAZ program as quickly as possible.

X (Initial)_____ *I have read and understand the Seabrook Adventure Zone WAITLIST Policy.*



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ATTENDANCE POLICY

SAZ is NOT a DROP-IN program and requires a one-time ANNUAL REGISTRATION (this document) and PROGRAM ENROLLMENT FORMS throughout the year.

Program Session dates are detailed on the SAZ Calendar and Program Enrollment Forms can be completed both electronically and written available on the SAZ website at www.seabrookadventurezone.com and in the Seabrook Elementary and Middle School Front Offices and Classrooms.

To fully appreciate the academic and behavioral programming components and exciting adventure zone options throughout the afternoon, we ask that parents and families encourage their children to stay the entire duration of the program as often as possible.

To maintain that all students have equitable access to the Seabrook Adventure Zone, SAZ mandates a CRUCIAL Attendance Policy detailed below.

EXCUSED ABSENCE:

Your child was absent from school, was dismissed early, was sent home on the bus at the end of the day by the nurse, or and EMAIL, CALL, or TEXT was sent to the Site-Coordinator prior to the beginning of the program.

**Students absent from School cannot participate in SAZ afterschool and is an EXCUSED ABSENCE.*

UNEXCUSED ABSENCE:

Your child was present in school but not present in SAZ on a day they were registered to be in SAZ, did not go home sick from school and was not dismissed early, and no prior EMAIL, CALL, or TEXT was made to the Site-Coordinator BEFORE the beginning of the program.

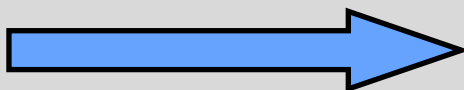
1-2 Unexcused Absences: SAZ Site-Coordinator will Email or Call home and discuss any barriers or challenges that may have prevented participation and communication, along with any resources or supports SAZ or our community partners may be able to provide.

3 or more Unexcused Absences: Student's enrollment will be put on an immediate freeze and the student will be added to the waiting list (if one is in effect) until parents/guardians can commit to a modified or changed REGISTRATION SCHEDULE with the Site-Coordinator in writing (Email or Written).

**If a Waiting List is in effect, the student will not be able to return to SAZ until their turn on the waiting list OR the waiting list has been lifted.*

X (Initial) _____ I have read and understand the SAZ Attendance Policy.

...YOUR ALMOST FINISHED! NEXT PAGE....





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YOUTH VOICE & CHOICE

One of the perks of registering for SAZ is that you get a **CUSTOMIZED SAZ INTRO PACK YOU CREATE** during your first week of SAZ!



**Items will be advertised during the end of the Summer 2022!*



CELL PHONE POLICY

Cell phones are **HIGHLY DISCOURAGED** in SAZ to maintain the maximum level of student engagement, focus, and safety.

Students have access to school phones and a SAZ Cell Phone at each site in the case of emergencies or making calls to home.

If a student **DOES** come to SAZ with a cell phone, the cell phone needs to stay in their backpack or locker at all times.

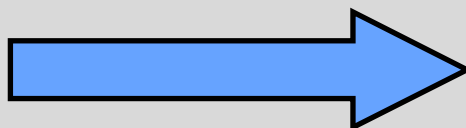
If a student continues to abuse the SAZ cell phone policy, the cell phone will be taken, locked in a secure holding, returned to parents during pick-up, and the Behavior Policy located in the SAZ Student and Parent Handbook will be followed.

X (Initial)_____ *My child WILL NOT bring their cell phone to SAZ.*

OR

X (Initial)_____ *My child WILL bring their Cell Phone to SAZ and I understand the guidelines, expectations, and potential consequences outlined in the SAZ Cell Phone Policy.*

...YOUR ALMOST FINISHED! NEXT PAGE....





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FINAL REVIEW & INITIAL

X (Initial)_____ I give permission for the receipt and release of information including student state testing scores, and behavioral data from/to SAZ, including but not limited to SAZ staff & facilitators, school officials, and medical practitioners assisting in serving my child for the purpose of academic and social emotional achievement. SAZ adheres to all FERPA guidelines and regulations.

X (Initial)_____ In the event of an emergency SAZ will attempt to contact me prior to any medical treatment. I give permission for my child to receive emergency medical treatment, including the use of anesthesia, as recommended by medical practitioners.

X (Initial)_____ I give permission for my child to be transported by SAZ, including their contracted providers, to/from program activities and/or home as needed.

BY SIGNING BELOW I AGREE THAT ALL INFORMATION PROVIDED IN THIS REGISTRATION FORM IS ACCURATE AND HONEST TO BEST OF MY KNOWLEDGE. INCOMPLETE FORMS ARE NOT ACCEPTED UNTIL INFORMATION AND SIGNATURES ARE COMPLETE.

**SAZ will contact you for verification of any omitted initials or information.*

X _____
Parent/Guardian Name (Please Print Clearly)

_____/_____/_____
Date

X _____
Parent/Guardian Signature

_____/_____/_____
Date

WHERE TO BRING/SEND COMPLETED FORMS!?

DROP-OFF Registration Form and Program Enrollment Forms to either Seabrook School's Front Offices
OR

EMAIL Registration Form and/or Program Enrollment Forms to the
SAZ SES Site-Coordinator (K-4th): Owen@friendsofseabrookcommunity.org

OR

SAZ SMS Site-Coordinator (5th-8th): Brittney@friendsofseabrookcommunity.org

Check-out our WEBSITE for programming updates and information!

WWW.SEABROOKADVENTUREZONE.COM