



Central Park Unity Center 2019-2020

Your student is eligible to participate in after school programming at Central Park Unity Center! Central Park Elementary is one of four of Roseville’s schools chosen to receive 21st Century Community Learning Center funding. The goal of this grant is to bring ‘learning to life’ by uniting as a community to see that all of our students have the opportunity to learn, earn and lead.

We will offer a variety of unique academic, artistic and cultural enrichment opportunities that focus on building 21st century skills i.e. self-direction, perseverance, leadership and critical thinking. We will do this through programming in the following areas:

- S.T.E.A.M. – Science, Technology, Engineering, Arts and Math
- Health and Wellness
- Leadership Development and Team Building
- Problem Solving and Critical Thinking
- Career Development
- Academic Support (Targeted Services)

| | |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who is Eligible | 4-6 th grade students who attend school within the Roseville Area Schools attendance area – including public, private and charter schools |
| Cost | No cost to your family –the program is federally funded |
| Food | An after school snack provided by nutrition services |
| Transportation | Transportation is provided for Central Park students living within the Central Park attendance area |
| Location/Dates/Time | Central Park Elementary Monday – Thursday 9/23/19 – 5/29/20 3:20 – 5:30 PM |
| Contact | Dosh MaGee Out of School Time Site Coordinator Disheona.MaGee@isd623.org 651-481-0745 |

Nardos Tesfalidet, OST Coordinator NARDOS.TESFALIDET@isd623.org 651.604.3812

Cynthia Arneson, OST Manager CYNTHIA.ARNESON@isd623.org 651.604.3760

Central Park Unity Center Registration 2019/2020 School Year Program

Register only one student per form

| | | |
|--------------------------|-------------|------------------------|
| Student Name: | | Grade: |
| Parent/Guardian Name(s): | | Parent/Guardian Email: |
| Home Phone: | Work Phone: | Cell Phone: |
| Emergency Contact: | | Phone: |

Your site leadership will be contacting the parent/guardian to discuss site specific schedule information. Please indicate your preferred method of communication and language. _____

Please list any special needs, allergies, or health concerns for the student:

My student has:

- An Individual Education Plan (IEP) – Special Education Services
- A 504 Accommodation Plan
- A Behavior Plan
- Allergies, a chronic medical condition
- An Individualized Health Plan (IHP)
- A modified diet, a regular medication they take (you must complete a Medication Form if your child will need to take medication while at UC)

Please provide more information for any area checked above: _____

Please provide hospital preference and insurance carrier: _____

Transportation:

- Bus Transportation – Please drop my student at the stop closest to this address:

- My student will be picked up at 5:45 PM by: _____
- My student will walk/bike home

Field Trip Information:

- I understand that students in the Unity Center may leave school premises with Unity staff for neighborhood walks or field trips in an authorized vehicle (school bus or district van). If I do not want my child to participate in field trips, I understand that I must communicate this to the site leader in writing. I understand that by checking this box, I give permission for my student to participate in these off-site activities.

Parent/Guardian signature: _____ **Date:** _____

*Parent/guardian and student signatures are also required on the back of this form for registration.
Return completed Unity Center registration form to your Central Park site coordinator – Dosh MaGee.*

21st Century Community Learning Center Data Privacy Notice

The State of Minnesota provides funding through the 21st Century Community Learning Center (21CCLC) grant program to organizations that administer out-of-school time programs for young people. 21CCLC organizations record personal information about the individuals who attend their programs and activities in order to (1) track demographics and participation, and (2) conduct research and evaluation on the quality and effectiveness of activities, including their impacts on participants' social and academic skills. Collecting this information is part of a larger effort to improve the quality and availability of programs that support youth and their families in Minnesota.

What personal information will be collected?

- Students' demographic information, which will be used by the Minnesota Department of Education to link with student outcome data.
- Students' out-of-school time program participation data, including number of days of attendance. Responses to the Survey of Academic and Youth Outcomes (SAYO), which includes questions related to your child's experience in the after-school or summer program. This includes data from two surveys and will be collected on a random sample of participants.
 - **Youth Survey (SAYO-Y):** Your child may be invited to complete a brief survey in the spring of this year. It will ask questions about what your child thinks of the program and about some of the ways he or she may be benefiting from attending the program.
 - **Staff Survey (SAYO-S):** Program staff may complete a brief survey about your child in the fall and spring of this year. They will answer questions about observations of your child's positive behaviors likely to contribute to their success in school and life.

Who can see the personal information that is collected for research?

Access to private information about your child will be strictly limited and safeguards are in place to prevent any unauthorized disclosure of private information. Some of the people who may have access include:

- Staff in the organization that provides activities for your child so they can provide better programs.
- Auditors or those who have a legal right to review the work of this organization.
- Minnesota Department of Education staff who use the information to conduct research and write reports.
Private (identifiable) information about you or your child will never appear in reports.
- Others may see information if it is required by law (such as a court order or warrant) to release it.

What are your rights related to the data collected for 21CCLC?

- If you **do not** want your child's data to be included in 21CCLC research, please check the following box
This will NOT impact your child's participation in the program.
- You have the right to obtain a copy of the information that is maintained about your child.
- You have the right to correct any mistakes in the information about your child.
- If you think you or your child's privacy rights have been violated, you have the right to file a complaint with this organization or the Minnesota Department of Education (Data Practices Compliance Officer, Minnesota Department of Education, 1500 Highway 36 West, Roseville, MN 55113).



Roseville Area Schools

Quality Teaching & Learning for All...Equity in All We Do

Dear Roseville Area Schools Family,

To complete your Targeted Services registration, Minnesota state law requires Roseville Area Schools to use this form, a Continual Learning Plan, to verify your student's participation and to set goals for them during the program (s).

Parent/Guardian: Please sign and date below.

I support my child's participation in this optional Out of School Time program.

Parent/Guardian Signature _____ Date _____

Students: Please sign and date below to show that you attended and participated in the suggested program.

Student's Name (please print) _____

Student's Signature _____ Date _____

----- **STAFF USE ONLY** -----

Continual Learning Plan for 2019 – 2020

Student's Last Name _____ Student's First Name _____
Perm ID _____ Grade _____ School/Site _____

This student is enrolled in:

- Targeted Services School Year
- Unity Center School Year
- Targeted Services Summer Discovery
- Unity Center Summer

If CLP is missing parent/guardian signature, try three times to obtain the signature. Provide date, type of contact (phone, email, etc.) and your initials.

| | Date | Type of Contact | Employee Initials |
|------------|-------|-----------------|-------------------|
| Attempt #1 | _____ | _____ | _____ |
| Attempt #2 | _____ | _____ | _____ |
| Attempt #3 | _____ | _____ | _____ |

FOR STAFF:

Please confirm your plan and goals for this student by completing, signing and dating the form below.

1. What are the goal(s) and activities that will help the student be successful?
 - English language development
 - Additional practice with reading and/or math
 - Connectedness to school and peers

2. As a teacher, what are your requirements for student success?
 - Regular attendance
 - Active classroom participation
 - Successful completion of classroom activities and assessments

3. Which assessment data are you using to support the student's need for this program?
 - Minnesota Comprehensive Assessment (MCA) score
 - Formative Assessment System for Teachers (FAST)
 - Other academic information or assessments _____

4. What will be the student's primary goals (s) and activities while attending this program?
 - Academic and/or English language support
 - Social emotional learning
 - Academic Enrichment or Project Based Learning (Chess Club, LEGO League, Reader's Theater)

5. How will you know if the student has been successful?
 - Attendance
 - Participation
 - Completion of program activities

6. If any of these goals are not met during this program, how do you plan to help the student be successful in the future?
 - I recommend additional attendance in another Targeted Services Program.
 - N/A

I recommend that the student:

- Attend additional Targeted Service Programs

Staff Name (Please print) _____

Staff Signature _____ Date _____