



Baldwyn High School  
21<sup>st</sup> CCLC Director: Raymond Craven  
Site Coordinator: Jerion Smith  
512 N. 4<sup>th</sup> Street-Baldwyn, MS 38824  
Phone No. 662.365.1020 or 662.365.1015-Fax No. 662.365.1028

TO: Parents/Guardian of \_\_\_\_\_

FROM: Jerion Smith, 21<sup>st</sup> CCLC, BHS Site Coordinator

Date: August 17, 2015

We are excited to announce that we will be operating a 21<sup>st</sup> Century Community Learning Center Before and After-School Program called Project Step Up. We are set to begin August 31, 2015 through May 19, 2016. Project Step Up will operate both Monday-Friday 6:50 to 7:35 a.m. and Monday-Thursday from 3:15 to 5:30 p.m.

We wish to invite your child to participate in this program at no cost to you. Enrollment is limited, however, and will be on a "first come, first serve" basis. Therefore, it is important that you return the attached pre-registration form as soon as possible.

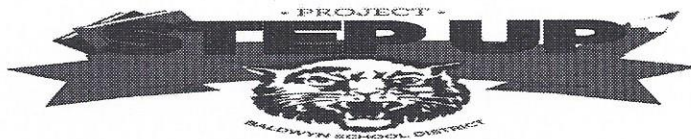
The service will provide your child with the following:

- Academic tutoring in individually and in a small group setting in the areas of Math and Reading/Language Arts
- Homework Help Sessions
- Fun activities with an academic focus to include, fitness and exercise, leisure reading, performing arts, crafts, decision making, and problem solving

We plan to offer additional training and services for our parents and families of the after-school students. You will be notified of dates and times later.

Please complete the attached pre-registration form and return to the school as soon as possible, if you would like for your child to participate in Project Step Up.

We hope your child will be able to participate in this great opportunity. Should you have questions regarding the program, please call Jerion Smith at the number listed above.



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2015-2016  
Pre-Registration Form

STUDENT'S NAME: \_\_\_\_\_ Grade \_\_\_\_\_

Criteria used in the selection process:

1. Student must reside within the Baldwin School District attendance area and/or have teacher and principal recommendation that meet the grant requirements and guidelines.
2. Students scoring Basic or Minimal on the Mississippi Curriculum Test 2 or Subject Area Tests will receive priority for admissions to the program. Additionally students academically at-risk as determined by report card grades and/or two or more grades below their peer group, current classroom performance, risk of dropping out-poor school attendance, behavior issues, free/reduced lunches, and faculty/staff referral will receive priority consideration. All other available program admission slots are on a "first come, first serve" basis.
3. All required pre-registration and admission (enrollment) paperwork is received by the program site. Any changes to this information must be communicated to the office immediately so that current information is always on file. This is for the safety of your child.
4. Space availability.
5. Student's ability to cooperate and work in small group settings, display appropriate behavior, and adhere to staff expectations.
6. Consequences for any behavior problems will be automatic dismissal from the program.

Please place an X on the appropriate line listed below.

\_\_\_\_\_ My child will attend the 21<sup>st</sup> CCLC After-School Program

\_\_\_\_\_ My child will not attend the 21<sup>st</sup> CCLC After-School Program

If your child attends the program, there will be additional information needed on the admission (enrollment). This form must be signed and returned to the school office.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Enrollment Form  
2015-2016

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

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Student's Specific Activity or Interest \_\_\_\_\_

Do you want your child to receive transportation following the after school classes? YES NO

Please initial the following.

\_\_\_\_\_ I give my permission for my child to be transported by the bus to the child's residence/or drop off point following the after school classes.

\_\_\_\_\_ I give my permission for my child to be transported by bus to and from educational field trips with the school staff and chaperones.

\_\_\_\_\_ I agree for evaluation staff to have access to my child's grades, scores, and attendance for the purpose of monitoring the progress of the grant initiatives.

\_\_\_\_\_ I hereby grant a publicity release for my child for educational purposes in a variety of media consisting of television, radio, internet, newspaper, DVD distribution, and photographs.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_