

Flickinger Learning Center

413 Mulberry Avenue
563-288-9000

Student Application and Information Confidential Information

Student Last Name: _____ First Name: _____ Male/Female

Age _____ Birthday _____ Race _____ Teacher _____

Grade _____ School _____

Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Work Location: _____

E-mail address _____

May we call you there, or is there someone else we should contact in an emergency? _____

How will your child be getting to the Flickinger Learning Center?

Walking from home _____

Dropped off by parent or someone else designated by the parent _____

Will your child be utilizing the FLC-NET transportation system to 413 Mulberry from their home school (excluding Jefferson)? _____ **If Yes, a transportation waiver must be signed.**

How will your child leave the center?

Walking alone _____

Walking with someone designated by the parent _____ Who? _____

Picked up by the parent/guardian or person designated by parent _____

Is there anyone else who has permission to pick up your child? _____

Phone Number _____ Cell phone _____

Is there anyone who DOES NOT have permission to pick up your child?

Name _____

COVID-19 Procedure: It is your responsibility to inform Flickinger if anyone in your family tests positive for COVID-19, so that we may take proper precautions for our students and staff.

All paperwork must be turned in for the child to attend the program.

EMERGENCY CONTACT:

Name _____ Relationship to student _____

Home phone _____ Cell phone _____

BACK UP EMERGENCY CONTACT:

Name _____ Relationship to student _____

Phone _____

With what subjects does your student need special help? _____

Your signature on this form will give the Flickinger Learning Center authorization to exchange information (FAST, MAP; attendance) with the Muscatine Community School District.

You may revoke this authorization, in writing, at any time. (Please be sure you have read and understood this document before signing.)

Any and all personally identifiable information regarding children receiving special education services funded under the IDEA is protected from unauthorized disclosure under the Family Educational Rights and Privacy Act (FERPA) All special education providers comply with these procedures.

Is there anything about your child we need to know? (learning habits/medication/etc.) Yes/No

May we use your child's photo in publications concerning the Flickinger Learning Center? Yes/No

Are there any games or activities in which your child should not participate? Yes/No

Any allergies or other health conditions we need to know about? If yes, please list and provide the emergency procedures we should follow:

Computer Information: Your child will have access to the Internet at the Learning Center. We monitor the use and have provided safety blocks, but there is always a possibility of them seeing inappropriate material. We will do everything in our power to protect your children.

Does your child have an Individualized Education Plan (I.E.P.) during the school day? No ___ Yes ___

Academic ___ Behavioral _____

If you answered yes, please arrange a private meeting with the site coordinator prior to your child starting the Flickinger program. This will help to ensure we can adequately meet your child's needs.

Does your child take any daily medications? _____

Does your child qualify for free or reduced lunch at school? Yes/No

Parents/Guardians: I have read and answered every question and agree that my child can participate in the After-School Program at Flickinger Learning Center. If there are any questions or concerns about my child I can be contacted and will help in any way I can.

Parent/Guardian Signature

Date

All paperwork must be turned in for the child to attend the program.

Flickinger Learning Center
413 Mulberry Avenue
563-288-9000
Student Transportation Waiver
Confidential Information

Student Last Name: _____ First Name: _____ Male/Female

Age _____ Birthday _____ Race _____ Teacher _____

Grade _____ School _____

Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Work Location: _____

E-mail address _____

Emergency Contact: _____ Phone: _____ Relation: _____

Emergency Contact: _____ Phone: _____ Relation: _____

If your child is ill or will not be using the services on any given day you **MUST** contact Flickinger Learning Center at 563-288-9000 to let us know. If you do not, transportation may be revoked. Your child must maintain good attendance to continue to receive transportation services as there are limited spaces available.

If services are canceled for any reason, Flickinger Learning Center will make contact with you prior to the end of the school day.

With this signature, I give my child permission to utilize the Non-Emergency Transport system from school to Flickinger Learning Center located at 413 Mulberry Ave. **I understand that I must pick up my child from the above location by 5:15 PM each program day.**

I have read and understood the above statements and agree:

Parent/Guardian Signature

Date