



ROANE COUNTY SCHOOLS SOAR MORNING AND AFTERSCHOOL 21ST CCLC 2026 – 2027 REGISTRATION

I am registering for

☐

SOAR Morning

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SOAR Afterschool

Today's date:		Student's Grade Level (2026-2027) (CIRCLE ONE) : K 1 st 2 nd 3 rd 4 th 5 th				
STUDENT INFORMATION						
Student's Last name		First	Middle			
Street Address	City	State and Zip Code		Student's birth date / /	Age	Gender ☐ M ☐ F

Language Spoken in the home: _____

Mother's Name	Mother's Address if Different from Student's	Mother's Home Phone	Mother's Cell Phone
Mother's Email address		Mother's work Phone	
Father's Name	Father's Address if Different from Student's	Father's Home Phone	Father's Work Phone
Father's Email Address		Father's Cell Phone	

Referred by (**please circle one**): Self Guidance Counselor Principal Administrator Teacher Other _____

Other family members attending Roane County Schools SOAR: _____

AUTHORIZED PERSONS FOR PICK-UP

I authorize the following individuals to pick-up my child at any time. I know these persons and agree to allow Roane County SOAR 21st CCLC staff to release my child into their care upon providing valid identification for verification purposes:

Name:	Home Ph. Number	Cell Phone Number	Work Ph. Number	Relation to child:

ROANE COUNTY SCHOOLS SOAR AFTERSCHOOL TRANSPORTATION

The county-approved transportation will drop-off students to an authorized person at designated locations throughout the county. Please check the appropriate box of how you would like your child transported. **Please initial only the appropriate box.**

_____ (please initial only one) I want my child to **ride the bus** home:

_____ (please initial only one) I will **pick-up** my child from the site location each day.

I realize I MUST PICK MY CHILD UP NO LATER THAN 5:30 PM at the school. Students must be signed-out inside the school. Parents must bring ID when signing student out.

_____ (Please initial)

PERMISSION TO OBTAIN INFORMATION

_____ (Please initial) I give permission for surveys, access grades and standardized test information, release student's characteristics (gender, race, etc.) along with other educational information, including but not limited to IEP and 504 accommodations and modifications.

IF YOU HAVE QUESTIONS, PLEASE CONTACT 21st CCLC Director, Amy Cole, at 304-927-6400 OR email at amy.cole@k12.wv.us.



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STUDENT MEDICAL HISTORY

Are there any special medical needs that your child has that we need to be aware of?		YES	NO	If YES, please describe:
Any Allergies?	YES	NO	If yes, allergic to what?	
(Food Allergies)				
Any special education services?				
Corrective lenses for vision?	YES	NO	Hearing aids or FM system?	YES NO

Roane County Schools SOAR 21st CCLC

Roane County Schools SOAR 21st Century Community Learning Center (21st CCLC) is a before and afterschool educational support and enrichment program that focuses on: homework help and tutoring, ELA and math support, enrichment activities, social-emotional learning activities, and/or physical recreation. Roane County Schools SOAR 21st CCLC is made possible by a Federal Grant from the U. S. Dept. Of Education. This program supports the creation of afterschool learning centers that provide academic enrichment opportunities during non-school hours for children. The program helps students meet state and local student standards in core academic subjects, such as reading and math; offers students a broad array of enrichment activities that can complement their regular academic programs; and offers literacy and other educational services to the families of participating children. This is a voluntary program and not a requirement of the school district.

Roane County Schools SOAR 21st CCLC GOAL AGREEMENT

The goal of Roane County Schools SOAR 21st CCLC is to enrich the lives of students and provide assistance to each student's learning. I understand that as a parent/guardian I am responsible for assisting my child's learning. I agree that I will help Roane County SOAR 21st CCLC and Roane County Schools to attain this goal. I have read the above information regarding Roane County SOAR 21st CCLC and agree to attend a **minimum of three** activities to show my involvement and support.

_____ (please initial) I will attend at least three family enrichment activities

ATTENDANCE POLICY

- I understand that the Roane County SOAR 21st CCLC site operates within the hours of:
 - 7:00 – 7:30 a.m. Monday – Friday
 - 3:30 – 5:30 Tuesday – Thursday.
- I understand that Roane County SOAR 21st CCLC will not be open on holidays or when school is cancelled. On half days, SOAR Morning will be available, but SOAR Afternoon will be cancelled.
- I understand that my child **must attend a minimum of 2 days per week**. If my child does not attend at least two days per week, they may not be allowed to continue in the program. You must present a photo ID for student pick-up.
- In the event of an emergency, I will contact the SOAR Lead Teacher (Lori May 304-927-6400) by 3:00 PM to make other arrangements other than my child's normal pick-up routine.
- I understand that my child will ride the bus or other approved school transportation to approved functions or activities in the School District. I also know that if attending a field trip outside of the School District, I will be notified in writing.
- My child plans to attend the SOAR Morning program: _____ Occasionally _____ One to Two Times a Week _____ Three to Five Times a Week
- My child plans to attend the SOAR Afterschool program: _____ Occasionally _____ One to Two Times a Week _____ Three Times a Week

BEHAVIOR AND DISCIPLINE AGREEMENT

In order to provide a productive learning environment all students will be expected to follow the rules and procedures of Roane County SOAR 21st CCLC, **bus** and Roane County Schools.

PERMISSION TO BE PHOTOGRAPHED, VIDEO TAPED, AND USE INTERNET DOCUMENTATION AGREEMENT

_____ (Please initial) I agree to allow my child to be photographed for a number of activities. Pictures will often be taken. These pictures could be used in newsletters, media, on our website, and in our afterschool portfolio. My child may be photographed for this purpose and no names will be posted on the internet. My child may utilize the internet at the afterschool program and also be videotaped.

SELECTION CRITERIA

The target population for the program will be students attending Roane County Elementary School. Priority will be given to students identified as academically deficient in math and/or reading according to HB 3035 standards, with a special emphasis on meeting the needs of foster, homeless, and economically disadvantaged students. All students are encouraged to apply. I agree to all of the above policies, rules, and procedures of Roane County Schools SOAR Morning and SOAR Afterschool 21st CCLC program. I realize that Roane County Schools SOAR Morning and SOAR Afterschool 21st CCLC is a voluntary program and not required. I also agree to support my child's learning progression by adhering to the items contained on this registration and in the handbook.

Parent/Guardian _____
Print

Signature

Date _____