



August 16, 2021

Dear Parents/Guardians,

We are excited for our fifth year of the iLearn program to begin! We will continue to follow all district policies and calendar throughout the school year. The first day of our program will be Monday; September 20, 2021 and our last day is Friday; May 13, 2022. Listed below are the days/times for this school year:

Elementary A.M. iLearn: Monday, Tuesday, Wednesday, Thursday and Friday = 7:15-8:45

Elementary P.M. iLearn: Monday, Tuesday, Wednesday and Thursday = 3:20-5:30

Middle School iLearn: Monday, Tuesday, Wednesday and Thursday = 2:15-5:30

High School iLearn: Monday, Tuesday, Wednesday and Thursday = 2:20-5:30

We will follow the same procedure for parent pick-up this school year and they will be dismissed in the back of the building. You may call 740-469-1234 to reach an iLearn employee for parent pick-up. Bus transportation will be in the front of the building. If you have an elementary student a parent/guardian will need to be at the bus stop/home when the child is dismissed from the bus.

Acceptance to the program this year will be based on academic need first. Remaining spots will be filled accordingly. The acceptance letter will be sent home with your child along with the iLearn student/parent handbook. Please review the handbook and send the yellow signature page back to school with your child.

Please do not hesitate to contact me if you have any questions. You may reach me via email at joy.wolfel@crooksville.k12.oh.us or by phone at 740-982-7010 ext. 2326. Abby Anderson, our Family/Community Liaison is also available to the families and students. Her email address is abby.anderson@crooksville.k12.oh.us and her phone number is 740-982-7015 ext. 1103.

I am looking forward to a great school year with your children in the iLearn Program!

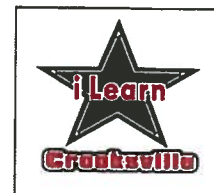
Respectfully,

A handwritten signature in black ink that reads "Joy Wolfel". The signature is written in a cursive style.

Joy Wolfel

iLearn Coordinator

Crooksville iLearn
School Year 2021-2022



Student Name _____

Grade _____ Homeroom/Flex Teacher _____

Check One:

Parent Pick-Up _____ Ride the Bus _____

Student Address _____

**Days Your Student Will Attend
A.M. Program (K-4 Only):**

7:30 a.m. to 8:45 a.m.

Monday _____

Tuesday _____

Thursday _____

Friday _____

**Days Your Student Will
Attend P.M. Program:**

Elementary 3:30-5:30

Middle School 2:20-5:30

High School 2:20-5:30

Monday _____

Tuesday _____

Thursday _____

****My student is currently/will be enrolled in:**

___ Archery (4-12) ___ eSports (5-12) ___ Marching Band (7-12) ___ Power Lifting (HS Only)

___ Indoor Track (HS Only) ___ Drama Club (6-12) ___ Driver's Ed (HS Only)

iLearn Email Sign-Ups

iLearn utilizes emails to communicate with families about important announcements, program information and changes, and changes to program schedules, such as closing dates. If you would like to receive these emails, please sign up below.

Note: This is totally optional, but encouraged for those who regularly utilize email in your daily/professional life. Your email will not be shared with outside sources, and you will receive as few emails as possible. We are not interested in spamming your inbox; we just want to communicate effectively with our iLearn families.

Please print legibly.

Email 1: _____

Email 2: _____

Email 3: _____

Email 4: _____



Crooksville iLearn

School Year 2021-2022

Enrollment Form and Emergency Medical Information Crooksville Exempted Village School District



Please be sure to fill out **both** sides of this form

Student Name _____ DOB ___/___/___ Grade ___ Gender ___

Address _____

Parent/Guardian Phone _____ Student Phone (if any) _____

Does the Student have an IEP or a 504 Plan? Y ___ N ___

Student lives with: (Please check one) Father & Mother ___ Mother Only ___ Father Only ___

Mother & Stepfather ___ Father & Stepmother ___ Grandparent ___ Legal Guardian ___ Foster Parent ___

Mother/Guardian information	Father/Guardian information
Name _____	Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email Address _____	Email Address _____

PLEASE SPECIFY IF CHILD HAS AN ALLERGY, IS ALLERGIC TO A MEDICATION, OR IS ON ONE CURRENTLY
Allergies: _____

Medications Taking: _____

Any Medical Conditions: _____

Parent Communication

Any changes in your child's iLearn daily routine **MUST** have a **REQUIRED NOTE** to the Coordinator, Joy Wolfel, informing her of the changes in attendance or pick-up. She must receive the written note in the morning. If you are calling the school for changes the Coordinator must receive a phone call by **1:30 p.m.** If we do not receive any communication about possible changes, your child will be sent to iLearn.

Attendance Policy

(Please select ONE from below and initial)

My student will attend the afterschool program on an as-needed basis.

I do not wish to be contacted on days that he/she does not attend.

Parent/Guardian Initials _____

OR

My student will attend the afterschool program every day that it is open, unless I have excused him/her with a note, phone call, etc.

I wish to be contacted every day that he/she does not attend.

Parent/Guardian Initials _____

LIST THREE PERSONS WHO ARE AUTHORIZED TO PICK UP THE STUDENT
Three people are the state required minimum. More can be listed on a separate sheet of paper.

Name and Relationship _____	Name and Relationship _____	Name and Relationship _____
Home Phone _____	Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____	Work Phone _____
Address _____	Address _____	Address _____

DO NOT RELEASE – The following people are not allowed to take my student (court papers required)

Name/Relationship _____ Papers received on _____

Name/Relationship _____ Papers received on _____

State Licensing requires that we have the following information for each student:

Preferred Physician _____ Preferred Dentist _____

Does student have any food, medication, or environmental allergies? ____ If yes, please list and explain:

EMERGENCY MEDICAL AUTHORIZATION – Choose ONE

Crooksville iLearn HAS PERMISSION to secure emergency transportation for my student in the event of illness or injury. The emergency transportation service will determine the facility to which my child will be transported Initials _____	OR	Crooksville iLearn DOES NOT HAVE PERMISSION to secure emergency transportation for my student in the event of illness or injury which requires emergency treatment Initials _____
---	-----------	--

ACKNOWLEDGEMENT OF POLICIES & PROCEDURES

I, the afterschool student, understand that the Crooksville iLearn Program is an extension of the school day and has the same high expectations for student success and behavior. I also understand that my participation in homework help, clubs, field trips, and other activities are based on my actions and attitude during afterschool **and** the regular school day. As a Crooksville student and a Crooksville iLearn enrollee I agree to respect my peers, afterschool staff, equipment and myself.

Student Signature _____ **Date** _____

I, the parent or guardian, give my student permission attend iLearn-Crooksville Exempted Village School District afterschool program. I will read the **Crooksville iLearn Parent/Student Handbook** that describes the policies of the program. I will discuss that information with my student, specifically the behavior policy

- Y ___ N ___ My student has permission to access the Internet for educational purposes under supervision of the staff.
 Y ___ N ___ I give permission for my student's photograph to be taken during activities and used for program promotion.
 Y ___ N ___ I give permission for my student to watch suitable PG-13 movies.

Parent/Guardian Signature _____ **Date** _____

Office Use Only _____