

We Can Help

21st Century Community Learning Centers/After School Career Academies is a pre-graduation program which provides academic support for 9th through 12th grade students attending the Academy of Health Science (HARP), Academy of Law & Public Safety (LPS), Academy of Sports Business, Management & Administration (SBA), or PANTHER Academy.

The 21st Century program provides leadership, mentoring, learning, and summer work opportunities that introduce high school students to career choices while providing academic support.

The program supports students in developing strong skills in math and language arts. Students will also participate in career planning, leadership, team building, cultural, and recreational activities, as well as a variety of employer-led workshops and college fairs.

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The Passaic County Workforce System, including Passaic County One-Stop Career Centers, is operated under the auspices of the Passaic County, New Jersey Board of Chosen Freeholders and overseen by the Workforce Investment Board of Passaic County. We work together to provide programs and strategies to help businesses find the right people and people find the right jobs.

Auxiliary aids and services are available upon request to individuals with special needs.

Workforce
Investment Board of Passaic County
930 Riverview Drive
Suite 250
Totowa, NJ 07512

21st Century Community Learning Centers/ After School Career Academies

Registration Application Program Year 2010-2011

- Academy of Health Science (HARP)
- Academy of Law & Public Safety (LPS)
- Academy of Sports Business, Management & Administration (SBA)
- PANTHER Academy

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Workforce
Investment Board of Passaic County

*Where businesses find the right people
and people find the right jobs.*

www.wibpc.org

Application

Student Name _____
Date of Birth _____
School _____
Grade _____
Gender _____
Race _____
Address _____
City _____ State ____ Zip _____
Home Phone _____
Cell Phone _____
Lunch Subsidy: Free/Reduced (circle one)
Language spoken at home _____
Parent/Guardian Name _____
Work Phone _____
Cell Phone _____
Emergency Contact Name _____
Emergency Contact # _____
Emergency Contact Name _____
Emergency Contact # _____
Parent/Guardian Signature _____
Date _____

Medical Information

Insurance Co. _____
Policy # _____
Physician _____
Phone Number _____
Allergies _____
Medical conditions and/or other medical information

Authorization for emergency medical treatment:
YES _____ NO _____
Release Application:
Student _____
Soc. Sec. # _____
Address _____
City _____ State ____ Zip _____
Home Phone _____
Date of 8th Grade Graduation _____
School _____
High School _____
Grade _____
Year of Graduation _____
Please forward the records including a transcript of credits, current grades, test scores, health records, and any personal data which may be helpful. Please send to the address on the back of this form. I authorize the release of the information requested above.
Parent/Guardian Signature _____
Date _____

Public Relations and Marketing Authorization

General Information

The ASCA Program will support the cultural and educational development of our students. Over the course of the school year the students will attend career academies, receive tutoring as well as homework help and participate in character and cultural development workshops and seminars.

Notification

No information will be released that will compromise the reputation of the student or prevent them from furthering themselves in or out of the classroom. There will be no taping or recording of the students without their knowledge and prior consent.

Profile Content (Items to be released or used)

Student's Name
Student's Age
Student's Address (City and State only)
Student's Grade Level
Student's Picture

Privacy Guarantee

We will not use medical information, street addresses, telephone numbers, or release any other personal information without further consent from the student and parent/guardian. I consent the release of my child's profile for the use of promotional materials such as brochures, videos, posters, or web sites.

Student Signature _____
Date _____
Parent/Guardian Signature _____
Date _____