



Berrien County Schools
Nita M. Lowey 21st Century CCLC
810 South Dogwood Drive, Nashville GA 31639



August 1, 2025

We are thrilled to announce that all Berrien County Schools have been awarded the 21st Century Community Learning Centers (21st CCLC) grant by the Georgia Department of Education! This funding ensures that we can continue providing high-quality afterschool programming for Pre-K through 12th grade students across the Berrien County School System.

The 21st CCLC program opens the door to exciting opportunities for students and families to deepen their understanding of core academics, explore academic enrichment, and engage in youth development and prevention education. Our program does not mimic the school day, but supplements learning in a fun, safe, structured, and positive environment where students receive academic support and participate in hands-on enrichment activities that help them thrive both in and out of the classroom.

While the afterschool setting differs from the traditional school day, we maintain high expectations for student behavior and are committed to helping every child reach their full potential.

To enroll your child in the 21st CCLC afterschool program, please complete and return the full application. Be sure to note the following:

- All pages must be completed and submitted together.
- Incomplete applications will be returned, which is the most common cause of enrollment delays.
- All information provided is confidential.

 Registration Deadline: August 29, 2025

 Program Start Date: September 8, 2025

We are excited to partner with you and your child in this journey of learning and growth. If you have any questions, please don't hesitate to reach out, we're here to help!

Thank you,

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Name As It Appears on School Registration: _____

Preferred Name: _____

Date of Birth _____ Ethnicity (Race): _____

Male: ☐ Female: ☐ Primary Language (Circle One): English Spanish Other

This school year Current Grade Level: _____ Homeroom Teacher: _____

Parents/Guardians Names: _____

Physical Address: _____ City/Zip _____

Mailing Address (if different): _____ City/Zip _____

Phone: _____ Alternative Phone: _____

Legal Guardian (Circle One): Both Parents Mom Dad Step Mom Step Dad Grandparent Other

Does the student currently live with the legal guardian listed? Yes ☐ No ☐

Please list two (2) emergency contacts:

Name: _____ Relationship: _____ Phone: _____

Can pick up? Yes ☐ No ☐

Name: _____ Relationship: _____ Phone: _____

Can pick up? Yes ☐ No ☐

Please list any person that legally **cannot** pick up your child:

Name: _____ Relationship: _____ Age: _____

Reason: _____

Please list other siblings that participate in the After School Programs (List their name and grade):

Parent/Guardian Signature: _____ Date: _____

21st CENTURY PROGRAM TRANSPORTATION

Please note: the After School Program does not provide transportation to individual homes, but has drop off points in each of the surrounding areas.

Student Name

Grade

Site

Bus #

Listed below is your child's transportation schedule. If your child is a pick-up and you are not at your child's school by the designated time below, *your child will be taken to the Nashville Police Department.*

() **Parent Pick- Up (Time to be announced at each school)**

() **My child will ride the bus to one of the drop off points (circle one)**

Nashville

Ray City

Enigma

Alapaha

East Berrien

West Berrien

If you have any questions or concerns about the pick-up and drop off points for your child, please contact the Berrien County Board of Education Transportation Department at 686-2527.

I understand and agree that I will be responsible for notification of any transportation issues that might arise concerning my child in the After School program. If an emergency arises, staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand and agree to hold harmless the Berrien County Board of Education, Family Connection/CIS of Berrien County, and the 21st CCLC After School Program from any and all liability therefrom.

Parent / Guardian Signature: _____ Date: _____

PLEASE NOTE THE FOLLOWING RULES REGARDING OUR PROGRAM

1. I understand that the Berrien County 21st CCLC Program will operate from September 8, 2025 through April 23, 2025 on Monday, Tuesday, Wednesday, and Thursday from 3:00pm to 6:00pm. A snack and dinner will be served to all participants free of charge through Second Harvest of South Georgia.
2. We expect good behavior from the students in the Berrien County 21st CCLC Program. These expectations are the same as during the regular school day at the student's respective school. All regular school day rules apply during the after school program, including dress and behavior rules. Students who refuse to follow these procedures will not be allowed to continue in the program.
3. We follow the "3 strikes" rule. On the third offense, students will not be allowed to return to the program until the following school year. Parents and guardians will be notified after each offense.
4. Please note that Berrien County 21st CCLC Program is a cooperative effort of the community, Berrien County Board of Education, Family Connection/CIS of Berrien County, and the 21st Century Community Learning Center. Parents and guardians assume all liability for a student's actions.
5. My child has permission to participate in the program conducted by the Berrien County Board of Education. I understand that the Berrien County Board of Education and Family Connection/CIS of Berrien County are not liable for any accidents that occur during the program. My child and I are aware that he/she cannot leave the program premises during the time of the actual program unless the parent/guardian or designated person signs him/her out. I verify that my child is covered by health insurance provided by me as his/her parent/guardian. In the event of an emergency, I authorize permission to seek medical treatment for my child.
6. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.
7. I agree that if a health condition exists now or in the future which would impact the participation of the student, I will notify the 21st CCLC Program Director (Heather Nix) at the Berrien County Board of Education at 686-6248.
8. *Please read the parent/student handbook by visiting www.berrienschools.org and opening the 21st CCLC tab. Paper copies are available upon request.*
9. *I have read and understand policies and procedures concerning my child's participation in the Berrien County 21st CCLC School Program.*
10. *I have received the student/parent handbook provided by the Berrien County 21st CCLC Program.*

Parent / Guardian Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF STUDENT AND PARENT INFORMATION

Student's Name: _____ Parent/Guardian's Name: _____

The Berrien County Board of Education and Family Connection/CIS of Berrien County are required to conduct an evaluation of our services (including, but not limited to the 21st Community Learning Center Program). The purpose of the evaluation is to document the positive difference we are making in the lives of our county's children and families. We need to track the grades, absentee rates, disciplinary referrals, and other information before and after they have become involved in our various services and programs. We need to compare the student's information before and after they have become involved with our activities. We need to combine this information with other children in order to prepare the statistics we need to evaluate the programs. Please understand that your child's name and individual statistics will not be presented or released to anyone.

I hereby authorize the School Board to release educational, absentee, lunch status, and disciplinary referral information. All information will remain confidential and only be used for statistics on our programs.

Signature of Guardian: _____ Date: _____

I hereby authorize the Berrien County Board of Education and Family Connection/CIS of Berrien County to take pictures of my child for purposes of demonstrating his/her success in our programs (i.e. newspaper publications, Facebook posts, record keeping, and a community scrapbook).

Signature of Guardian: _____ Date: _____

I hereby authorize my child to gain supervised access to the internet while attending the after school program (including, but not limited to the 21st CCLC).

Signature of Guardian: _____ Date: _____

I understand and agree that interviews, photo, Facebook posts, and/or videotaping pertaining to 21st CCLC Programs including my student and myself may be used for public relations and advertising and are the property of the Berrien County Board of Education.

Signature of Guardian: _____ Date: _____

I understand and agree to the evaluation process for participants and parents, which include: interviews, surveys, and access to student records. These instruments are used to evaluate the academic progress of participating students. In addition, student and parent interviews are needed to determine what impact the program is having and to implement necessary changes in the program.

Signature of Guardian: _____ Date: _____

I give the 21st CCLC permission to view my child's school grades, attendance, discipline, and permission to consult with his or her teacher. I authorize my child to take part in surveys that could help the Berrien County Board of Education and/or 21st CCLC determine the effectiveness of the services provided. I authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident. Further, my signature indicates that I completely understand the above statements.

Signature of Guardian: _____ Date: _____

Medical Information

Student Name _____

Grade/Homeroom _____ Date of Birth _____

Address _____

Medical Conditions/Health Problems _____

Medications Received at Home _____

Student's Doctor _____

Insurance Status: Private _____ Medicaid _____ Peachcare _____ None _____

ALLERGIES _____

Medical Liability Release

I, the undersigned, acknowledge that I have been informed and understand that the 21st Century Community Learning Centers (21st CCLC) programs, Berrien County Board of Education, and Family Connection/Communities In Schools (CIS) of Berrien County do not provide a registered nurse on site during program hours or activities.

I understand and agree that by participating in the 21st CCLC programs, I assume full responsibility for the health and medical care of myself/my child. I acknowledge that it is my responsibility to make any necessary medical arrangements or provisions for the care of myself/my child in the event of a medical emergency.

I hereby release, waive, discharge, and hold harmless the 21st CCLC programs, Berrien County Board of Education, Family Connection/CIS of Berrien County, their officers, employees, agents, and representatives from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself/my child, or any property belonging to me/my child, while participating in the 21st CCLC programs, whether caused by the negligence of the releasees or otherwise.

I further acknowledge that I have read this release, understand its contents, and agree to its terms voluntarily.

Participant's Name: _____

Parent/Guardian's Signature: _____

