

## PROGRAM OVERVIEW AND INFORMATION

**This is a FREE afterschool and summer program!**

*21<sup>st</sup> CCLC programs provide structured, academically focused, safe learning environments for students during non-school hours.*

### **What is the 21<sup>st</sup> CCLC Program?**

The 21st Century Community Learning Center (21<sup>st</sup> CCLC) initiative is a key component of the Elementary and Secondary Education Act, as amended. It is an opportunity for students to enhance and reinforce academic lessons of the regular school day, while also allowing them to learn new skills and discover new opportunities after the regular school day has ended. The specific purposes are to:

**TO PROVIDE OPPORTUNITIES FOR COMMUNITIES TO ESTABLISH OR EXPAND COMMUNITY LEARNING CENTERS THAT:**

- **PROVIDE OPPORTUNITIES FOR ACADEMIC ENRICHMENT, INCLUDING TUTORIAL SERVICES TO HELP STUDENTS, PARTICULARLY STUDENTS WHO ATTEND LOW PERFORMING SCHOOLS, MEET CHALLENGING STATE ACADEMIC STANDARDS**
- **OFFER STUDENTS A BROAD ARRAY OF ADDITIONAL SERVICES, PROGRAMS AND ACTIVITIES THAT ARE DESIGNED TO REINFORCE AND COMPLEMENT THE REGULAR ACADEMIC PROGRAM OF PARTICIPATING STUDENTS; AND**
- **OFFER FAMILIES OF STUDENTS SERVED OPPORTUNITIES FOR ACTIVE AND MEANINGFUL ENGAGEMENT IN THEIR CHILDREN'S EDUCATION, INCLUDING OPPORTUNITIES FOR LITERACY AND RELATED EDUCATIONAL DEVELOPMENT.**

Since the inception of the federal 21<sup>st</sup> CCLC initiative, Florida's 21<sup>st</sup> CCLC programs have been among the most structured and diverse out-of-school programs for students attending Florida's low-income, Title I school-wide-program-eligible schools. The program provides a full repertoire of wrap-around services, to include (1) academic remediation in reading, math, and science; (2) physical education and recreation; (3) dropout prevention and character education; (4) service learning; (5) homework help; (6) arts and music education; and (7) technology education.

### **Who is Eligible?**

Florida's 21<sup>st</sup> CCLC after school programs are designed to help students throughout Florida meet state and local academic achievement standards in core academic subjects, particularly those who attend low-income, low-performing schools. The 21<sup>st</sup> CCLC program serves only those students attending schools eligible for Title I School-Wide Program services and/or attending schools with at least 40% low-income families (as demonstrated by free and reduced-price lunch status).

**ALL GIRLS ATTENDING JFG- ELEMENTARY ARE ELIGIBLE TO PARTICIPATE.**

### **Program Location:**

JUST FOR GIRLS- EAST BRADENTON- 1011 21<sup>ST</sup> STREET EAST-BRADENTON, FL 34208

**STUDENT ENROLLMENT FORM  
2020-2021**

**General Information**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name (Student)	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade	Gender ("X" Only One) <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
<input type="text"/>	Citizenship (Optional)	Primary Language
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City (Florida)	Zip Code
<input type="text"/>	<input type="text"/>	
Just For Girls- Elementary School Name (Home School)	Student Identification Number	

**Student Demographics**

<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Free / Reduced Price Lunch <b>Eligible?</b>	Identified w/ Special Need or Disability?	Identified as LEP, ELL or ESOL?
<input type="text"/>	← How many people live in your household?		

←How many children (under 18) live in your household?

Is this a single parent family?

No

Yes (Female Headed)

Yes (Male Headed)

What is your child's Race/Ethnicity?

*Federally-Defined*

*("X" All that Apply)*

American Indian / Alaskan Native

Asian / Pacific Islander

Black or African American

Hispanic or Latino(a)

White or Caucasian American

Emergency Contact Information			
	( ) -	( ) -	
_____ Parent / Guardian Name	_____ Home Phone	_____ Work/Cell Phone	_____ Email Address
	( ) -	( ) -	
_____ Parent / Guardian Name	_____ Home Phone	_____ Work/Cell Phone	_____ Email Address
	( ) -	( ) -	
_____ Other Emergency Contact	_____ Home Phone	_____ Work/Cell Phone	_____ Email Address

**Parent or Guardian Statement:**

I hereby certify, to the best of my knowledge, the above information is accurate. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the 21<sup>st</sup> CCLC program. I understand the information is subject to verification and agree to provide documentation, if requested.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*



**GENERAL OPERATIONS AGREEMENT**

**2020-2021**

**Student Name:** \_\_\_\_\_

Please read the following information carefully. You must sign at the bottom of this agreement, indicating that you have read, understand and agree to each of the following.

1. 21<sup>ST</sup> CCLC Program Operation:
  - **School Year:** The 21<sup>ST</sup> CCLC program will operate Monday- Friday during the school year.  
Before School 6:30am -9:00am and After School: 3:30-6:00.
  - **Non School Day:** On selected non school days the 21st CCLC program will operate 6:30am- 6:00pm
  - **Saturdays:** On pre-determined Saturdays the 21st CCLC program will operate.
  - **Summer:** 21st CCLC programs will be offered Monday-Friday 6:30am-6:00pm
2. Your child must be picked up promptly at the end of the 21<sup>ST</sup> CCLC Program. Students should remain for the entire program to receive the full benefit. Early release is available on a case- by-case basis. If your child has a regularly scheduled weekly appointment, please ensure the Site Coordinator is aware of this situation.
3. Students are expected to actively participate and stay for the entire program each day. Students who have three (3) unexcused absences may be dropped from the program. Children may have an excused absence for medical appointments. You are required to provide a signed note when your child is absent from the 21<sup>ST</sup> CCLC Program. Students must bring a medical note if they miss three (3) or more days from the 21<sup>ST</sup> CCLC Program.
4. Safety is a top priority in the 21<sup>ST</sup> CCLC Program; therefore, only a person identified on the *Student Transportation and Release Form* is able to pick up a child from the program. All individuals must provide a government-issued identification (e.g., Driver's License), must be at least 18 years of age, and must sign the student out.
5. A nutritious snack is provided for all students during the 21<sup>ST</sup> CCLC Program. Parents may also send a daily non-refrigerated snack (no glass bottles) that does not require cooking or heating. Students need to bring the snack with them to the site and/or school. A healthy snack is encouraged.
6. Multiple late pick-ups may result in your student(s) being dropped from the 21<sup>ST</sup> CCLC Program. Late fees may be charged for children not picked up at the end of the program in the amount of \$5.00 for every 15 minutes, or any portion thereof, per child. Late fees must be paid by check or money order within one week of notification. If assessed, fees cover costs of staffing costs. If more than one hour late, your child may be transferred to the custody of the Sheriff's Office.
7. Participation in the 21<sup>ST</sup> CCLC Program is a privilege, fully funded by the federal government. It is extremely important to have clearly defined discipline procedures to guarantee a safe and positive environment for all participants. The following steps will be taken for behavioral offenses:
  - Minor Offenses (teasing, minor argument, etc.):
    - First time – warning by staff, letter of apology, and/or loss of privileges (15 min.).
    - Second time – behavior notice, counseling with staff, conversation with parents/guardians, letter of apology, and/or loss of privileges (30 min).
    - Third time – behavior notice, counseling with staff, conversation with parents/guardians, and possible suspension from program.
  - Major Offenses (physical abuse such as fighting or hitting other students or staff): All major offenses will be dealt with on a case-by-case basis. Disciplinary actions range from suspension to dismissal from the program.
8. Medication policy: Students are not allowed to carry or administer their own medication during 21<sup>ST</sup> CCLC operating hours. If your student requires prescribed medication during the program, the parent/guardian must have a physician complete a medical release form. Please see the Medical Information Form for more information.

**Parent or Guardian Signature:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**FAMILY LEARNING AGREEMENT**

**Student Name:** \_\_\_\_\_

**Student Agreement**

- I will attend the program everyday that I go to school, and I will stay until the program is over.
- I will actively participate in all program activities, including academics and homework help.
- I will follow all program rules, and will act according to my school's student handbook.
- I will sign in everyday with a 21<sup>st</sup> CCLC staff member.
- I will respect myself and others.
- I will respect the supplies and materials of the school, program and others.
- I will complete my school assignments and ask for help when I need it.
- I will practice good citizenship.
- I will read at home every day for at least 15 minutes, including weekends.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**Parent/Guardian Agreement**

*I will support my student's academic enrichment and personal development by:*

- Ensuring my child attends the after school program every day until the program ends.
- Maintaining good communication with the 21<sup>st</sup> CCLC Program Staff and Teachers.
- Picking my child up on time, if necessary.
- Encouraging my child to read at home at least 15 minutes a day.
- Providing quiet study time and encouraging good study habits.
- Talking with my child about school and after school activities and reviewing homework daily.

\_\_\_\_\_  
*Parent / Guardian Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*





**21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTERS  
Academic Enrichment Program  
Afterschool / Summer**



**HOLD HARMLESS WAIVER**

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

**Student Name:**

\_\_\_\_\_

In consideration of Just for Girls permitting my child to participate in these 21<sup>st</sup> CCLC activities, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any all rights and claims to damages which I may have against you, the municipality through these activities will take place, as well as any others connected with these activities their heirs, executors, administrators, successors and assigns for any and all injuries which my child may suffer while taking part in these activities or as a result thereof. In case of a medical emergency, I understand that every effort will be made to contact me or the person previously named. In the event one of us cannot be reached, I hereby give permission to the person in charge to select a physician, to hospitalize, secure proper treatment, or whatever is deemed necessary for the health of my child.

**Parent or Guardian Signature(s)**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**MEDICAL INFORMATION FORM**

**2020-2021**

Please complete and return this form with your application. **Just For Girls** will make every attempt to provide reasonable accommodations for disabled students and/or arrange for special dietary requirements. Note that these are not intended to disqualify your child from the program, only to ensure the most accurate information is given to health care providers should there be a medical emergency.

Last Name (Student)	First Name	M.I.	Birth Date
			Age _____
Height	Weight	Hair Color	Eye Color
			Gender (Male/Female)
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Mother / Guardian Name	_____		Phone: (    ) - _____
Father / Guardian Name	_____		Phone: (    ) - _____
Other Contact Name	_____		Phone: (    ) - _____

**Other Medical Problems or Diseases (Check all that apply with "X"):**

Asthma / Breathing Problems (*Explain*) \_\_\_\_\_

Heart Condition (*Explain*) \_\_\_\_\_

Seizures (*Please Explain*) \_\_\_\_\_

Diabetes (*Please Explain*) \_\_\_\_\_

Cancer (*Please Explain*) \_\_\_\_\_

Visual / Hearing Impaired (*Explain*) \_\_\_\_\_

<input type="checkbox"/>	Physical Disability <i>(Explain)</i>	
<input type="checkbox"/>	Emotional / Mental Disorder <i>(Explain)</i>	
<input type="checkbox"/>	Other Medical Condition <i>(Explain)</i>	
<input type="checkbox"/>	Special Dietary Needs <i>(Explain)</i>	

**Allergies (Check all that apply with "X"):**

<input type="checkbox"/>	Nuts / Peanuts <i>(List)</i>	
<input type="checkbox"/>	Phenylketonuria (PKU)	
<input type="checkbox"/>	Other Food <i>(Please List)</i>	
<input type="checkbox"/>	Medications <i>(Please List)</i>	
<input type="checkbox"/>	Insect Stings <i>(Please List)</i>	
<input type="checkbox"/>	Others <i>(Please List)</i>	
<input type="checkbox"/>	No Treatment Needed (Reaction not Severe)	
<input type="checkbox"/>	Treated with EpiPen <i>Comments:</i>	

Treated with Oral Antihistamine (e.g., Benadryl) *List:* \_\_\_\_\_

Other Treatment (Explain): \_\_\_\_\_

**Special Accommodations / Special Assistance:**

*Does your child need any special assistance or special accommodations during the 21<sup>st</sup> CCLC program?*

NO | YES (*Please explain*)

MEDICATIONS: Students are not allowed to carry or administer their own medication during 21<sup>st</sup> CCLC operating hours, except inhalers for asthma. If your student requires prescribed medication during the program, the parent/guardian must have a physician complete a medical release form. Any required prescription medications should be administered while the child is at the regular school and has access to the school nurse or other trained staff. If the child requires medication at the 21<sup>st</sup> CCLC site, the parent/guardian must come to the site to administer the medication or arrange for and fund training of site staff to administer the medication. All medication must be clearly labeled with the child's name, medication brand name, date, dosage, doctor's name and telephone number. Please note the 21<sup>st</sup> CCLC staff will not administer medication unless trained by medical personnel at the parents' expense.

**Parent/Guardian signature, affirming the medical information provided is complete and accurate:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*



21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTERS  
Academic Enrichment Program  
Afterschool / Summer



**AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS**

**Student Name:**

---

**Social Security Number:**

Or Student ID Number

Grade:

---

**Home School:**

---

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal Law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records, which then transfer to the student when he/she reaches the age of 18 or attends a school beyond the high school level. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record.

**Just For Girls.**, is required by federal and state rules and regulations to collect specific academic data (e.g., course grades and FSA scores), attendance records (e.g., absences, tardies), behavioral data (e.g., disciplinary records, referrals, suspensions), and other relevant student data. These data are used for the evaluation and improvement of specific 21<sup>st</sup> CCLC activities and the overall 21<sup>st</sup> CCLC program. Such continuous evaluation helps ensure your students receive the highest quality programming tailored to their actual needs. Data will be collected from schools multiple times throughout the year. Data will be provided to an external evaluation firm for compiling and analysis. Data are also reported in aggregate to the U.S. Department of Education for purposes of tracking overall participation and impact.

I, the undersigned parent or guardian of the above-named child, hereby authorize and request the **Manatee County School District**, district administrators, individual school administrators, and/or any district employee to disclose and/or release my child's educational records to **Just for Girls**, including their administrators, employees, and external evaluator. In so doing, I authorize the release of any and all aspects of the student educational records requested by Just For Girls including (i) cumulative record (including scholastic record, transcript, test scores, attendance, tardiness, referrals, suspensions, expulsions, and other relevant data), (ii) health record (with immunization record or statement/certification of exemption and health log); (iii) psychological record; and (iv) transportation record.



21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTERS  
Academic Enrichment Program  
Afterschool / Summer



**Parent or Guardian Signature**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**Witness Signature**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**MODEL/INFORMATION RELEASE**

**Student Name:** \_\_\_\_\_

For and in consideration of my engagement as a model by Manatee County Girls Club, Inc. d/b/a Just for Girls, hereinafter referred to as the agent, on terms hereinafter stated, I hereby give its legal representatives and assigns, those for whom the photographer is acting, and those acting with permission or its employers, the right and permission to copyright and/or use, reuse, and/or publish, and republish photographic pictures or portraits of me, or in which I may be distorted in character or form, in conjunction with my own or a fictitious name, on reproductions thereof in color, or black and white made through any media by the photographer at his studio or elsewhere, or any purpose whatsoever, including the use of any printed matter in conjunction therewith.

I hereby release, discharge and agree to hold harmless the Manatee County Girls Club, Inc., d/b/a Just for Girls, photographer, its representatives, assigns, employees or any person or persons, corporation or corporations, acting under its permission or authority, or any person or persons, corporation or corporations, for whom the agent might be acting, including any firm publishing, and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publications or distributions of the same.

And it is mutually agreed that no compensation is required

Records relating to services provided may be public records under Chapter 119, Florida Statutes, and may be released for purposes of monitoring and evaluating services and to comply with state requirements.

I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

I hereby certify that I am the parents and/or legal guardian of the aforementioned, a child under the age of twenty-one years; I hereby consent that any photographs which have been, or are about to be taken by the photographer, may be used by him/her for the purpose set forth in original release hereinabove.

**Parent or Guardian Signature**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**Witness Signature**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*



**EQUIPMENT USE AGREEMENT**

*Complete Only if Checking Out Equipment*

The 21<sup>st</sup> CCLC program is pleased to offer students the at-home use of certain equipment to complete projects and activities for the 21<sup>st</sup> CCLC program (e.g., digital cameras). Students must obtain parental permission and must sign and return this permission form to the 21<sup>st</sup> CCLC Program Director prior to receiving authorization to take home any equipment.

Students are responsible for using school equipment at home with care, just as if they were in a classroom. The equipment is provided for students to assist them in their academic work. Access to the equipment is given to students who agree to use it in a considerate and responsible manner. Parent permission is required. Home use is a privilege; not a right. Home use entails responsibility. Individual users of 21<sup>st</sup> CCLC equipment are responsible for this equipment while in their possession. The equipment will be returned in a timely fashion and in the same condition as when checked out, except normal wear and tear. It is presumed users will comply with school standards and will honor the agreements they have signed. Misuse of school equipment while at the 21<sup>st</sup> CCLC site or at home may result in loss of future use, as well as other disciplinary or legal action. In addition, the student/parent shall be held financially responsible should the equipment be lost or damaged.

<b>Equipment Information:</b>		
Equipment Type:		
Equipment Description:		
Replacement Costs:		
<div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> <span>_____</span> </div>	<i>Printed Name</i>	<i>Date</i>

**STUDENT:**

As a user of the 21<sup>st</sup> CCLC equipment, I hereby agree to comply with the above rules.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**PARENT / GUARDIAN:**

As the parent or legal guardian of the student signing above, I grant permission for my son or daughter to use 21<sup>st</sup> CCLC equipment at school and at home. I understand that individuals and families may be held liable for misuse, loss, and/or damage. I accept responsibility for guidance of such use.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**ACCEPTABLE COMPUTER USE AGREEMENT**

**To the Parent or Legal Guardian:**

Electronic information resources are available to qualifying students in the 21<sup>st</sup> CCLC program. These resources include the use of the computer, access to the Local Area Network, online software programs for academic practice, and Internet services. Our goal, in providing electronic services to students, is to promote educational excellence by facilitating resource use, innovation, communication and acceptable use. The 21<sup>st</sup> CCLC Internet System is being filtered by a proxy server. Student use of the Internet is carefully monitored, and websites visited are tracked when possible. Students who abuse acceptable use are subject to discipline as outlined in the operational agreement. Unacceptable use includes, but is not limited to, accessing copyrighted material, viewing/downloading threatening or obscene material and/or pornography, gambling, and use of inappropriate language. To qualify for electronic information resource services, students must be willing to abide by the rules of acceptable use. Please help your student understand and abide by these simple but important rules of appropriate use.

**To the Student:**

Acceptable use means, as a student in the 21<sup>st</sup> CCLC program, you will promise to use the computer, cameras and other special learning tools with respect (such as the Internet). It means you will promise to abide by rules as outlined here, as well as those taught to you by your teachers and computer instructors. Please understand that these electronic teaching and learning tools are designed to support your education. If rules are broken, you may lose your privilege to use the computer and the Internet. Always be polite, respectful, and honest. Remember that everything you do on the computer can be tracked and nothing is ever private on the computer. Do not give personal information about yourself or your family. Never talk to strangers or visit unknown sites.

**AGREEMENT**

As the parent or legal guardian, I have read and I have reviewed with my child the 21<sup>st</sup> CCLC Acceptable Use Agreement. I understand that the use of these electronic information resources is for educational purposes. I recognize the program has initiated reasonable safeguards to filter and monitor inappropriate materials. I understand that, while the program has taken steps to restrict student access on the Internet to inappropriate information and sites, it is impossible to restrict access to all controversial materials. I further recognize that if my child does not abide by the rules of acceptable use, he/she may be disciplined as outlined in the operational agreement. I will not hold **Just for Girls** or including its officers, employees, volunteers, contractors, or affiliates, responsible for materials my child may acquire on the Internet. I hereby give permission to the 21<sup>st</sup> CCLC program to permit my child to have access to the Local and Wide Area Networks and the Internet.

**Parent or Guardian Signature:**

---

Signature

---

Printed Name

---

Date

## COMPLAINT PROCEDURES

If you, as a participant, feel your rights are being violated due to an act of discrimination based on race, sex, national origin, religion, disability, age, political affiliation or belief, beneficiaries only, citizenship or participation in programs funded by this agency and or its affiliates, you may file a complaint of discrimination with either the Department of Labor and Employment Security (DLES), Director, Office of Civil Rights and Minority Affairs (OCRMA), 2670 Executive Center Circle West, 200 Sutton Building, Tallahassee, Florida 32399-2157 or directly with the U. S. Department of Labor (USDOL), Office of Civil Rights, Sam Nunn Atlanta Federal Center, 61 Forsyth Street, NE, Suite 6B25, Atlanta, Georgia 30303, within 180 days of the alleged occurrence.

If you elect to file your complaint with the DLES Director, OCRMA, you must wait until the Director issues a decision or until 60 calendar days have passed, whichever is sooner, before filing with the USDOL/OCR. If the Director has not provided you with a written decision within 60 calendar days from the date your complaint was filed, you may file a complaint with USDOL/OCR within 30 calendar days of the expiration of the 60-day period. If the Director's resolution of your complaint is unsatisfactory, you may file a complaint with the USDOL/OCR. The complaint must be filed within 30 calendar days of the date the notice of the Director's proposed resolution was received.

### **Grievance Procedure (Participants)**

If you, as a participant, have a problem that arose in connection with receiving services by **Just for Girls**, you should first discuss the matter with the 21<sup>st</sup> CCLC Program Director. If the problem cannot be resolved, you may complete a formal grievance form or submit a letter of grievance to **Just for Girls**. If you do not receive a decision within 60 calendar days of filing the grievance, or if there is an adverse decision, you may request a review within 10 days of the receipt of the adverse decision or, within 15 days from the date, you should have received a timely decision. The request for review should be filed with the Department of Labor and Employment Security, Office of General Counsel, 2012 Capital Circle Southeast, Suite 307 Hartman Building, Tallahassee, Florida 32399-2189. The Office of General Counsel shall issue a decision within 30 calendar days of receipt of the request. The Office of General Counsel's decision constitutes final Vendor action. If the Department of Labor and Employment Security, Office of General Counsel fails to provide a decision within the 30 day time limit, you may request a determination by the Secretary of the United States Department of Labor on whether reasonable cause exists to believe that the Act or its regulations have been violated. A grievance must be filed within **ONE** year of the alleged violation.

**Intimidation and retaliation prohibited**

*Just for Girls* shall not discharge, intimidate, retaliate, threaten, coerce or discriminate against any person because such person has filed a complaint, furnished information, assisted or participated in any manner in an investigation, review, hearing or any other activity related to administration of, or exercise of authority under, or privilege secured by 29 CFR Part 34.

---

***Parent or Guardian Statement:***

As a participant of the JFG 21<sup>st</sup> CCLC Academic Enrichment Initiatives program, I certify that I have read the aforementioned information and understand my rights and responsibilities as detailed on this form.

---

*Signature*

---

*Printed Name*

---

*Date*