**21st CCLC Site Update Form for 2018-2019**

**Directions:** Complete one form per site.

**Sub-grantee Information**

Complete this information for the first site only.

**Name of Grantee:** type the name of the grantee here

**Name of Superintendent/CEO:** type name here **Email:**

**Name of Program Director:** type name here **Email:**

**Name of Finance Director:** type name here **Email:**

**Name of Data (Cayen) Specialist:** type name here **Email:**

|  |  |
| --- | --- |
| **Name of site**:**Physical address of site**: **Mailing address, if different**: **County**: **Schools served by this site:** | **Name of Site Coordinator**: **Email**: **Phone numbers** (work):(mobile):  |
| **Check all that apply: This site will operate \_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| After school |  | Holidays |  |
| Summer  |  | Before School |  |
| Inter-session |  | Saturday |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| **Regular School Year Information** | **School Year** | **Summer School Information** | **Summer** |
| Target # of students to be served at this site |  | Target # of students to be served at this site |  |
| Grade levels to be served at this site |  | Grade levels to be served at this site |  |
| Staff to student ratio at this site |  | Staff to student ratio at this site |  |
| Days of Week Site in operation (i.e. M-Th) |  | Days of Week Site in Operation (i.e. M-Th) |  |
| Hours of Operation each day (i.e. 3:00 - 6:00) |  | Hours of Operation each day (i.e. 8:00-12:00) |  |
| Total # of hours per week at this site (i.e. 12)  |  | Total # of hours per week at this site (i.e. 20 hr) |  |
| Site start date for school year 2018-2019 |  | Site start date for summer 2019 |  |
| Site end date for school year 2018-2019 |  | Site end date for summer 2019 |  |
| Total # of days for school year 2018-2019 |  | Total # of days for summer 2019 |  |