

21st Century Community Learning Center (CLC)

After School STUDENT Participation Registration Form 2016-2017

Last Name _____ **First Name** _____ **Middle** _____

Gender (check one): Female Male **Grade** _____

Student ID _____ **Date of Birth** ____/____/____

Lunch Status (check one): Free Full Reduced Unknown

Ethnicity (check one): American Indian/Alaskan Native Asian

Black (not of Hispanic origin) Hispanic Other/Unknown

White (not of Hispanic origin) Other _____

Primary Language (check one): English Spanish Other _____

Address _____ **Zip Code** _____

Phone _____ **Email** _____

School _____ **Teacher Name** _____

Lives With (check one): Both Parents Foster Care Grandparent(s)

Guardian Joint Custody Single Parent Father

Single Parent Mother Other _____

Transportation (check one): City Bus CLC/School Bus Picked Up

Walk Home Other _____

Special Needs/Special Education (Allergies, Medications, Diet, etc.):

Household Information

Parent 1

Last Name_____ **First Name**_____

Home Phone_____ **Work Phone**_____

Relationship_____

Pick Up Emergency Contact Lives With

Parent 2

Last Name_____ **First Name**_____

Home Phone_____ **Work Phone**_____

Relationship_____

Pick Up Emergency Contact Lives With

ADDITIONAL CONTACTS: List additional contacts for the child and use the check boxes to indicate if these individuals are authorized to pick up the child and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick up the student.*

Last Name_____ **First Name**_____

Home Phone_____ **Work Phone**_____

Relationship_____

Pick Up Emergency Contact Lives With

Last Name_____ **First Name**_____

Home Phone_____ **Work Phone**_____

Relationship_____

Pick Up Emergency Contact Lives With

Parent/Guardian Permission for CLC

****PLEASE READ CAREFULLY****

Must be signed by Parent/Guardian for participants 18 and under

Must be signed by Parent/Guardian for participants 18 and under if you have any questions please contact your 21st CCLC Director prior to completing the permission form.

I hereby give permission for the participant(s) listed on the reverse side to take part in the 21st Century community Learning Centers (CLC) activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all necessary steps 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. I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the 21st Century Community Learning Center staff.

I give my consent to the School District and the 21st Community Learning Centers (CCLC) programs to take the participant's photograph during program activities, to be used for education and public relations purposes. I further give my consent to the School District and the 21st Community Learning Centers (CCLC) to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that the 21st Century Community Learning Center will use participant records to evaluate individual progresses and improvement, as well as to evaluate the impact of the program on student achievement. The student data will also be used to fulfill the State and Federal annual progress reporting requirements to obtain continued funding for the program.

I release Bethune Institute and Pleasant Green Baptist Church as an organization, as well as its employees and volunteers from any liability suit or claim for property damage or loss, or personal injury to my child.

I hereby certify that I have read and do understand the above information:

Signed _____ Date _____

Print Name _____