



**SCHOOL NAME MAHS PLEASE RETURN TO MS. F. JOHNSON PURPLE HALL ROOM 244B**

**21<sup>st</sup> CCLC Participant Registration Form – 2019-2020 School Year**

**\*\*\* PLEASE PRINT\*\*\***

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Date of Birth</b>	<b>Student ID</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**\*\*\* New REGISTRANTS AREA - PLEASE COMPLETE FOR ALL PARTICIPANTS IN THE HOUSEHOLD - PLEASE PRINT \*\*\***

<b>Grade</b> _____	<b>Ethnicity</b> (check 1) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other	<b>Primary Language</b> (check 1) <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<b>Address</b> _____ _____ _____ <b>Zip Code</b> _____ <b>Phone</b> _____ <b>E-mail</b> _____	<b>Lives With</b> (check 1) <input type="checkbox"/> Both parent <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<b>Transportation</b> (check 1) <input type="checkbox"/> Picked up <input type="checkbox"/> School Bus Bus will not drop student off in location other than location in day school registration. <b>Medical Information</b> (Please list any allergies or other medical conditions.) _____ _____
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Parent/Guardian Last Name	First Name	Home Phone	Work Phone	Cell Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**ADDITIONAL CONTACTS:** List additional contacts for the child (ren) and use the check boxes to indicate if these individuals are authorized to pick up the child (ren) and/or will serve as an emergency contact. ID's will be checked before the student will be released. 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(s)..


Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick Up?	Emergency Contact	Lives With?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[ ] Check box if medical or legal restrictions are in effect. List persons not allowed to see students at Site and/or persons not allowed to pick up students per legal restrictions.

**Explain**

X	I agree to participate in the 21 <sup>st</sup> Community Learning Center activities and I hereby give permission for the participant(s) listed on the reverse side to take part in the School Districts 21st Century Community Learning Centers program I hereby release, indemnify and hold harmless 21 <sup>st</sup> CCLC/LEAP, its employees, operators, counselors and instructors from any and all claims and demands, cost, charges and expenses for harm, injury, damage or loss which may be sustained by participation as a result of or relation to participation in LEAP/21 <sup>st</sup> CCLC.
X	If a medical 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 that I will be responsible for any transportation charges and medical expenses incurred.
X	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..
X	I hereby give my consent to the School District's 21st Century Community Learning Centers to take the participant's photograph during program activities, to be used for education and public relations purposes in conjunction with the School District's 21st CCLC.
X	I hereby give permission for my child's artwork, poetry or other work produced in conjunction with the School District's 21st Century Community Learning Centers to be used for education and public relations purposes.
X	I understand that the information to be posted to the public may include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that this information does not include other personal identifiable information such as my child's address, phone number, or social security number.
X	I further give my consent to the School District and the 21st Century Community Learning Centers to share the participant's student records with each other and state and national data bases for purposes of providing program evaluation, educational support and assistance.
X	I understand that the School District will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.
X	I hereby give permission for my child to participate in the activities of 21 <sup>st</sup> Century Community Learning Center Program, which may include indoor and outdoor recreation activities and/or lessons utilizing food products and that I am responsible for letting the program staff know of any food allergies or medical issues related to such activities.
X	I understand that the 21 <sup>st</sup> CCLC / LEAP program follows a strict behavior policy due to small group learning environment and that one discipline referral could result in removal from the program at anytime..
X	I understand that there is zero tolerance regarding behavior on the bus. Furthermore, I understand that suspension or removal from the 21 <sup>st</sup> CCLC / LEAP bus could result in removal from the day school bus as well.

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


**Parent Signed** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

### 21<sup>st</sup> CCLC ADULT Participant Registration

<b>Last Name</b> _____ <b>First Name</b> _____ <b>Middle</b> _____ <b>I have family member(s) that attend this school during the day</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Family Members Name</b> _____	<b>Gender</b> (check 1) <input type="checkbox"/> F <input type="checkbox"/> M	<b>Ethnicity</b> (check 1) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Data Not Available <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other _____	<b>Primary Language</b> (check 1) <input type="checkbox"/> Data Not Available <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	<b>Address</b> _____ _____ <b>Zip Code</b> _____ <b>Phone</b> _____ <b>E-mail</b> _____
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Carefully read and sign below: I agree to participate in the Community Learning Center programs and activities. If a medical emergency arises, staff will take steps necessary to ensure my safety and will call, if needed, a public emergency vehicle to transport me to a medical facility. I understand that I will be responsible for any charges and medical expenses incurred. I also give my consent to the CCLC program to take my photograph during CCLC activities, to be used for educational and public relations purposes. I further give my consent to the CCLC program to share my participant records with each other for purposes of educational support and assistance. In addition, I understand that the CCLC may use my participant records to evaluate individual progress, as well as to evaluate the overall impact of the program to obtain continued funding for the program.

**Signed** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_