



Registration Form

Afterschool Program

21st Century Community Learning Center

Student Information

Participant Name: _____ Student ID #: _____

Address: _____ City: _____ Zip: _____

Mailing: _____ City: _____ Zip: _____

Grade: _____ Age: _____ Birth date: _____ Gender: Male Female

Ethnicity: Hispanic/ Latino Caucasian (White) Native American
 African American Asian American Pacific Islander/ Native Hawaiian

Does participant qualify for free/reduced lunch program? Yes No
Is the participant in Special Education or have an Individualized Education Plan (IEP)? Yes No
Is the participant considered Limited English Proficient/ Is primary language Spanish? Yes No
Is the participant new to the school district this school year? Yes No

Student Day School: _____ Teacher names: _____

Parent Information

Parent/ Guardian: _____

☎ Best telephone number: _____ Alternate telephone number: _____

Email address: _____

Emergency Information

Emergency contacts (other than parents):
Names: _____ Phones: _____

Persons allowed to pick up child: _____

Persons NOT allowed to pick up child: _____

Student Health Information

Medical conditions, special needs, physical limitations, or allergies:

Prescriptions: _____

Hospital: _____

Family Doctor: _____ Telephone: _____

Dentist: _____ Telephone: _____

Permission Form

I give permission for my child's picture to be taken for the purpose of presentations, websites, & public gatherings.

✍ Signature: _____ Date: _____

I give permission for the 21st Century staff to access my child's grades, attendance, test scores, and behavior referrals for evaluation purposes.

✍ Signature: _____ Date: _____

I give permission for my child to have access to the internet during the 21st Century program under staff supervision.

✍ Signature: _____ Date: _____

Regular attendance in the program will assist in greater participant success.

