



# 21<sup>st</sup> Century Community Learning Center

## Holtville Middle School Student Application Form

### 2017-2018 After-School Program

Site Director, Lori Terrell

334-569-1596

<b>Student's Name</b>					
<b>Grade</b>		<b>Age</b>		<b>Birth Date</b>	
<b>Sex</b>	<b>M F</b>	<b>Race</b>			
<b>Parents/Guardians</b>		_____ relationship _____			
		_____ relationship _____			
<b>Student's Primary Street Address</b>					
<b>City, State, Zip</b>					
<b>Home Phone</b>				<b>Work Phone</b>	
<b>Parent(s) Cell</b>					
<b>Parent(s) Email</b>					
<b>Emergency Contact</b>					
<b>Relationship to Student</b>					
<b>Street Address</b>					
<b>City, State, Zip</b>					
<b>Home Phone</b>				<b>Work Phone</b>	
<b>Cell Phone</b>					

*See Other Side*

<b>List those ALLOWED to pick up student:</b>			
<b>List those NOT ALLOWED to pick up student:</b>			
<b>Family Doctor</b>			
<b>Doctor Phone</b>			
<b>Insurance Company</b>			
<b>Policy Number</b>		<b>Group Number</b>	
<b>Does child take any medications? (Circle one)</b>			<b>Yes    No</b>
<b>If yes, please list.                      <i>(*Teachers cannot distribute meds to students)</i></b>			
<b>Special Needs? Allergies? Restrictions? Please explain.</b>			
<b>Other special instructions:</b>			

***I understand that I am seeking to enroll my child in a voluntary program that operates under different rules/guidelines than the regular school establishment. I also understand that I am responsible for my child's transportation home by 6:00 pm each weekday and weekly tuition payments of \$35.00.***

\_\_\_\_\_

***Parent Signature***

\_\_\_\_\_

***Date***

**Return this form with the first week's tuition fee to the Site Director located at Holtville Middle School.**

*Applications are accepted on a first come, first serve basis.*