



**Redland Elementary School's**  
**21<sup>st</sup> Century Community Learning Center Afterschool Enrichment Program**  
**495 Scholars Drive Wetumpka, AL 36093**

Student Application – I am registering my child for check below:

- Afterschool \_\_\_\_\_ (\$40.00 per week) 1 child
- Afterschool \_\_\_\_\_ (\$60.00 per week) 2 children
- Afterschool \_\_\_\_\_ (\$70.00 per week) 3 children

**Please submit application with your first week's tuition**

**Parent Advisory Committee**

- \_\_\_\_ Yes, I will serve on the Parent Advisory Committee  
\_\_\_\_ No, I am unable to serve currently

Teachers Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Gender:  Boy  Girl Lunch Status:  Paid  Free  Reduced

My child is:  Native American / Alaskan  Hispanic  Asian/Pacific Islander  White  African American  
 Other  Multi-Race

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

My child lives with:  Both Parents  Mother/Stepfather  Father/Stepmother  Mother  Father  
 Other Relative:  Foster Care  Group Home  Legal Guardian

List **ALL PERSONS** who have permission to pick up your child from the afterschool program: (THEY **MUST HAVE A PICTURE ID**)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**List ANY PERSONS NOT ALLOWED TO PICK UP STUDENT:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

List any fears, allergies, medical or special conditions that may affect his / her stay during the program. Please attach an explanation of any physical, emotional, behavioral or medical condition to this application. (Continue the list on the back if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Does your child take any medications? If yes, please list: \_\_\_\_\_

**Official Use Only: Application received on:** \_\_\_\_\_ **with or without 1<sup>st</sup> month tuition**

**by:** \_\_\_\_\_ **Receipt Number:** \_\_\_\_\_