## 21<sup>st</sup> Century Community Learning Centers After-School Program Pre-Registration Form 2018-2019

Grade\_\_\_\_\_

My signature below indicates that I wish for my child to attend the after-school program at his/her school.

 $\Box$  My child will attend the program

I wish for my child to attend the program, but she/he can only attend on the following days and times\_\_\_\_\_\_.

☐ My child may drive himself/herself home from the after-school program.

My child may be picked up by any of the below listed persons.

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**<u>Relationship to Student</u>** 

I understand there may be additional information that needs to be provided when my child is picked up from After-School (insurance information; emergency contacts; medical information, including allergies, etc.)

This form must be returned to the School Office by \_\_\_\_\_.

## 21<sup>st</sup> Century Community Learning Centers Registration Form – 2018–2019

Name			
Last Name	First Name	Middle Name	
Address:	City	Zip	
Date of Birth	Home Telephone #		
Parents'/Guardians' Names			
(If	living with father and mother, pl	lease list both names)	
		ne following persons: 1 this form will be allowed to pick	
Person's Name	R	Relationship to Child	
Person's Name	R	Relationship to Child	
Person's Name	R	Relationship to Child	
Person's Name	R	Relationship to Child	
Employer/Work Telephone			
Father's Employer	Work Telep	Work Telephone #	
Mother's Employer	Work Telep	Work Telephone #	
Emergency Contact (Please list	at least 2 contacts)		
1 <sup>st</sup> Contact:		phone #	
2 <sup>nd</sup> Contact:	Teler	Telephone #	
3 <sup>rd</sup> Contact:	Teler	Telephone#	
4 <sup>th</sup> Contact:	Telep	Telephone#	
Is child covered by a health insu If yes, pleas Local Personal/Family Physician	rance provider?  Yes Se list provider	□ No	
	lrugs		
Medical problems of which staff	should be aware		
Current medications			
		Date	
Parent's Signature			