

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

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

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

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.

**Individual's Name**

**Relationship to Student**

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

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

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 \_\_\_\_\_.**

