

**21st Century Community Learning Center Summer Enrichment Program 2017**

**Student Registration Form**

**Student Demographic Information:**

|  |  |  |
| --- | --- | --- |
| **First Name** | **Middle Name** | **Last Name** |
|  |  |  |

|  |  |
| --- | --- |
| **Home Address** | **Zip Code** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Date of Birth** | **Age** | **Gender** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Media Release** | **Homeroom Teacher** | **Former 21st Century Participant?** |
| I authorize 21st Century staff to take pictures/videos of my student during special events and projects. I authorize 21st Century to use these pictures/videos in 21st Century newsletters and website.  Yes No*
 |  |   Yes |   No |

|  |  |  |
| --- | --- | --- |
| **Race/Ethnicity** | **Grade Level** | **Free/Reduce Lunch** |
| African AmericanAsian AmericanCaucasian AmericanHispanic AmericanNative American2 or more racesOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Rising 6th *

 Rising 7th  Rising 8th  |  Free*

 Reduced Neither |
| **Student ID Number** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Parent/Guardian Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent(s)/Guardian(s) Name**  | **Relationship to Student** | **Phone Number(s)** | **Email Address** |
|  |  |  |  |
|  |  |  |  |
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**Additional Emergency Contact Information:**

By listing these emergency contacts, you are authorizing them to pick up your student in the event you are unable to be reached. No student will be released to any individuals without proper identification.

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| --- | --- | --- |
| **Name** | **Relationship to Student** | **Phone Number(s)** |
|  |  |  |
|  |  |  |
|  |  |  |

**Transportation Information:**

NO student will be allowed to walk home by themselves. A parent/guardian or authorized adult MUST come in to sign the student out.

|  |
| --- |
|  Bus Rider Car Rider |

**Evening Drop-Off Address (if different from home address):**

|  |  |
| --- | --- |
| **Street Address** | **Zip Code** |
|  |  |
| **Description of evening drop-off location (i.e. relative, daycare, babysitter, etc.):** |

**Student Health Information:**

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| --- |
| List any allergies or intolerances to food, medication, or any other substances. What are the symptoms and action to be taken if any? |
| If your child has asthma, do they require an inhaler?*(If yes, Parent/Guardian must provide an additional inhaler for after-school use)* YES NO | My child is allowed to self-apply sunscreen if needed: YES NO*Please note any adverse reaction to sunscreen of which you are aware:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | My child is allowed to self-apply insect repellent: YES NO*Please note any adverse reaction to insect repellent of which you are aware:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| List any chronic physical problems, pertinent development information and/or any specific accommodations your child may need: |
| In case of an emergency, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) give my permission for the 21st Century staff to administer CPR and First Aid until rescue Personnel arrive. Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Disclaimers:**

Registration Policy: Admission to the 21st Century program is by invitation only. Each site recommends students based on a variety of academic and social factors (as outlined in the 21st Century grant application.) Completing and turning in this application indicates that you are interested in having your child in the 21st Century program, but does not mean your child has been accepted. If accepted, you will receive a letter of acceptance notifying you of your student’s start date and bus information (if applicable). Enrollment in 21st CCLC Summer Enrichment Program is contingent upon acceptance to RCPS+ Summer Enrichment Program.

Demographic and contact information will ONLY be used for program and grant reporting purposes.

**Parent Statement of Understanding:**

The following is important for the safety and protection of your child. Please read this information and sign below.

* I understand the 21st Century Registration Policy.
* I understand that my child will not be released to any person(s) not listed on the registration form.
* I understand that all adults checking out my child are required to sign them out in the front office (or designated pick-up area) and are required to show proper identification.
* I understand that changes to my child’s permanent address and/or P.M. Drop Off Location must be given to the 21st Century Site Manager at least 1 week in advance.
* I understand that 21st Century employees are not allowed to transport students home.
* I understand that repeated late pick-ups may result in my child’s removal from the 21st Century program.
* I understand that the school nurse is not in the building during 21st Century program time. In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent guardian is unable to be reached, the child’s emergency contact will be notified. It is the responsibility of the parent(s)/guardian(s) to arrange for the child to be picked up as soon as possible.
* I understand that 21st Century staff members are not responsible for lost or damaged personal property that my child may bring to program.
* I understand that my child should dress appropriately for the activities scheduled. We recommend wearing athletic shoes.
* I understand that my child is required to follow the RCPS Student Code of Conduct at all times. Failure to do so will result in disciplinary action and may result in suspension or expulsion from the program. Parent(s)/Guardian(s) will be notified of any disciplinary incidents.

I have read and understand the statements above regarding 21st Century policies and procedures.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **For Office Use Only** |
| Date Received: |  | Received by:  |  |
| Start Date: |  | Bus Number: |  |