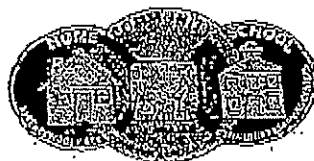


School _____

Year _____



21st CCLC Program Fall EZStudent Registration

(You must fill out a separate registration form for each child attending the program)

Registration Date _____

Homeroom Teacher: _____ Homeroom Teacher's Email Address _____

Grade: _____ Child's Birthday _____ Gender: Male / Female

Child's Full Name _____ Mailing Address _____ City _____ Zip Code _____

Home Number _____ Cell Number _____ Other Number _____

Race: White _____ Black _____ Indian _____ Asian _____ Hawaiian/Pacific Islander _____

Other _____ (specify) _____ Primary Language _____

Is this student Hispanic or Latino? Yes / No _____ Is this student Arab or Middle Eastern? Yes / No _____

Does your child receive free/reduced lunch? Yes / No _____

Does your child have any special needs/disabilities (ADD, Vision/Hearing, Gifted, etc)? List _____

Child lives with _____ both parents _____ Mother _____ Father _____ Other (please specify) _____

Father's Name _____ Mother's Name _____ Guardian _____

PICK UP INFORMATION: List persons other than parents, who are authorized for pick-up, or who can be called in case of an emergency when parents can not be reached. Children will not be released to anyone who is not listed below. Persons listed below should be prepared to show photo ID when picking up child.

Name

Relationship

Phone Number/cell

Please list anyone who is NOT permitted to pick-up your child:

Please select all that apply: I give permission for my child to:
_____ have his/her picture taken and published in regards to the 21st CCLC after school care publications.
_____ be filmed during activities at the summer program for the purpose of making a video for the program.
_____ use the internet for educational purposes while at the summer program.

It is imperative that all spaces below are filled. Registration is considered incomplete if all spaces are not completely filled. If any area does not apply please use "N/A".

Medical Information:

Medical problems/ physical activity restrictions: _____

Please list any food your child is allergic to: _____

Any "self-administered" inhalers/epi-pens? Yes / No

Is your child allergic to bee stings? Yes / No

Doctor's Name and phone number _____

Hospital preferred _____

Name of insurance company _____ Policy # _____

Inclement Weather/Emergency Dismissal:

Please be advised that the 21st CCLC after School Care will NOT be in operation in the event of any emergency closing or inclement weather. Notification of such a dismissal or closing will be broadcast over the local radio or television stations. Please be weather alert for this information.

If bad weather should occur after the summer program has already begun, please make arrangements for immediate pick-up so your child and our staff may get home safely.

Parent/Guardian acknowledgements of 21st CCLC Policies and procedures, and guidelines as presented to me by the 21st CCLC staff, and have been given a parent/student handbook which outlines all rules for the 21st CCLC. I understand the discipline policy, the payment procedures, and I understand that my child will not be able to attend this program if inappropriate behavior occurs and if applicable fees are not received by the due dates.

Medical Release

In the event your child needs emergency or medical treatment, every attempt will be made to contact you, the parent or guardian. In the event I/we cannot contact you, please give your permission to the 21st CCLC to secure prompt treatment.

Note: Failure to sign does not relieve parent/guardian and/or student from compliance.

I understand and will comply with all 21st CCLC and Jackson County Schools policies and procedures.

Signature: _____ Date: _____